

OVERCOMING DEPRESSION

Understanding Depression and Developing a Plan to Overcome It



UNIVERSITY OF
SASKATCHEWAN



STUDENT WELLNESS CENTRE

What is Depression?

- A wide range of emotional experience and expression is normal. It is natural to respond to life experiences (either satisfying and fulfilling or distressing and painful) with emotion.
- At some point, everyone experiences problems which result in feelings of irritability, sadness or self-blame. Such responses are usually short-lived. Clinical depression occurs when these feelings, along with a set of additional symptoms, become
 - intense,
 - persist for several weeks and
 - interfere with academic, social, family or occupational functioning.
- Clinically significant depression is more than the emotional experience of sadness. When a person experiences depression, mood symptoms interact with cognitive, behavioral and physical symptoms.
- Some of the signs and symptoms of depression include:

FEELINGS	THOUGHTS	BEHAVIOR	BODY
Sad	Thoughts of worthlessness	Brooding	Change in appetite
Irritable	Negative interpretations	Restlessness	Reduced sex drive
Hopeless	Thoughts of death or suicide	Lack of motivation	Lack of energy
Helpless	Memory problems	Social withdrawal	Aches and pains
Pessimistic	Difficulty making decisions	Frequent tearfulness or inability to cry	Weight loss or gain
Guilty	Difficulty concentrating	Reduced participation in previously enjoyed activities	Disturbed sleep
Discouraged	Distorted thinking	Slowed speech and body movements	Increased sensitivity to external stimuli
Confused	Ruminating	Suicidal behavior	Restlessness/Agitation
Anxious	Self-criticism	Placing unusual or excessive demands on others	Stomach upset
Empty		Focusing on the negative	
Numb		Neglecting responsibilities	
Overwhelmed			
Angry/irritable			

- Suffering from depressed mood can feel overwhelming and confusing. It distorts the way people view themselves, others and the future.

Understanding depression is the first step toward feeling better.

Types of Depression

Major Depressive Disorder – at least two weeks of depressed mood or loss of interest in activities accompanied by at least five other symptoms of depression (e.g. significant weight loss or gain, disturbed sleep, decreased energy level, difficulty concentrating, feelings of worthlessness). The symptoms persist for most of the day, nearly every day and interfere with important areas of functioning (e.g. school, relationships). The symptoms are not a result of bereavement, substance abuse or a general medical condition (e.g. hypothyroidism). Depression may be categorized by specifiers such as seasonal pattern and peripartum onset.

Persistent Depressive Disorder – at least two years of depressed mood for most of the day, for more days than not, accompanied by at least two additional depressive symptoms. Because the depressive symptoms have become so much a part of day-to-day life, it may seem to the individual that “it’s always been like this.”

Bipolar Disorders – cause changes in a person’s mood, energy levels and day-to-day functioning. This category includes Bipolar I, Bipolar II and Cyclothymic disorder. These disorders result in extreme emotional states that can be classified as manic, hypomanic or depressive. Bipolar I is identified when an individual has manic episodes (that may be characterized by distinct periods of euphoria or significant irritability) along with periods of depression and normal mood. Bipolar II involves at least one depressive episode and one hypomanic episode with a return to normal functioning between episodes. Cyclothymic Disorder is seen as a more mild form of Bipolar Disorder that is characterized by numerous mood swings (i.e., hypomania and depressive symptoms) that occur fairly constantly.

How is Depression Different from Sadness?

Sadness:

- is a natural response to an emotionally painful experience
- naturally resolves over time
- does not usually disrupt everyday life in a significant way (i.e. you can continue to do your work, you maintain relationships with family and friends, etc.)
- does not disrupt your sense of hope for the future
- does not lower your self-esteem or sense of self worth
- does not significantly interfere with sleep, appetite, energy level, etc.

Premenstrual Dysphoric Disorder – symptoms can include significant mood swings, irritability/anger, depressed mood and anxiety. Decreased interest in activities, difficulty concentrating, lack of energy, changes in appetite, disturbed sleep, feeling overwhelmed and uncomfortable physical symptoms can also occur. Symptoms are regularly present in the week prior to menses and can cause impairment in the ability to function socially, occupationally or academically. The symptoms remit within a few days of the onset of menses and are minimal or absent in the week following menses.

Disruptive Mood Dysregulation Disorder – is a childhood condition marked by extreme irritability/anger and temper outbursts.

Substance/Medication – Induced Depressive Disorder – marked and persistent mood disturbance that develops in relation to substance intoxication/withdrawal or after exposure to a medication, and results in significant distress or impairment in functioning.

Depressive Disorder Due to Another Medical Condition – a significant period of depressed mood that is the direct pathophysiological result of a medical condition and results in significant distress or impairment in functioning.

American Psychiatric Association (2013). Diagnostic and Statistical Manual of Mental Disorders. (5th ed.). Washington, DC: Author.

American Psychiatric Association (2017, January). What are Bipolar Disorders? Retrieved from <http://www.psychiatry.org/patients-families/bipolar-disorders/what-are-bipolar-disorders>

How is Depression Different from Grief?

Grief:

- is a natural response to loss
- typically resolves over time
- does not lower your self-esteem or sense of self-worth
- involves reordering your sense of the world in the face of your loss
- functioning continues as rebuilding of life occurs

Do I Have Signs and Symptoms of Depression?

Individuals who are working to overcome depression commonly report these type of signs and symptoms. Check the items you are experiencing to help gain a better understanding of the symptoms you are experiencing.

FEELINGS	THOUGHTS	BEHAVIOUR	BODY
Sad Irritable Hopeless Helpless Pessimistic Guilty Discouraged Confused Anxious Empty Numb Overwhelmed Angry/irritable	Thoughts of worthlessness Negative interpretations Thoughts of death Thoughts of suicide Memory problems Difficulty making decisions Difficulty concentrating Distorted thinking Ruminating Self-criticism	Brooding Restlessness Poor motivation Poor follow-through Social withdrawal Complaining/focusing on the negative Frequent tearfulness Inability to cry Loss of interest in previously enjoyed activities Suicidal behaviour Focusing on the negative Neglecting responsibilities	Change in appetite Disturbed sleep Lack of energy Weight loss or gain Diminished sexual desire Aches and pains Slowed speech and body movements More sensitivity to external stimuli Restlessness/agitation Stomach upset

When to Seek Assistance

If you have concerns about your mood or are experiencing symptoms of depression for most of the day, nearly every day, and this has lasted for more than two weeks, contact a physician or therapist. It is important to rule out other causes for your symptoms and to develop a treatment plan.

Any thoughts of ending your life should be discussed with your doctor or counsellor.

If, at any time, thoughts of death or suicide are accompanied by

- a fear that you will hurt yourself
- securing a means to self-harm (e.g. finding pills or a gun),
- and/or a plan for suicide

SEEK HELP IMMEDIATELY

If thoughts of death or suicide are accompanied by

- a fear that you will hurt yourself
- securing a means to self-harm (e.g. finding pills or a gun),
- or a plan for suicide

CALL

- Suicide Crisis Line (306-933-6200)
- 911
- a trusted friend or family member to take you to the hospital
- your family physician or psychiatrist

More about Major Depressive Disorder

- While depression may appear at any age, the likelihood increases with puberty (American Psychiatric Association, 2013)
- Major Depressive Disorder is most prevalent in those aged 18-25 years (National Institute of Mental Health, 2019).
- In Canada, 6.5% of people between the ages of 15 and 24 experience major depression each year (Canadian Mental Health Association, 2013).
- Females experience 1.5 – 3 times higher rates of depression beginning in adolescence (American Psychiatric Association, 2013)
- Studies suggest that depression rates for Aboriginal people are higher compared to the general population in Canada. (Bellamy and Hardy, 2015).
- LGBTQ individuals face higher rates of depression than heterosexual people. (Canadian Mental Health Association, 2020).
- Mental health concerns such as substance abuse, anxiety disorders and eating disorders increase the risk of depression (American Psychiatric Association, 2013)
- The duration of depression is variable (American Psychiatric Association, 2013).
- The earlier treatment for depression begins, the more effective it is (National Institute of Mental Health, 2019)
- The risk of depression recurring reduces as the duration of remission increases (American Psychiatric Association, 2013)
- The risk of recurrence is higher in younger individuals, in those who have experienced multiple episodes of depression and when depressive symptoms in a preceding episode were severe (American Psychiatric Association, 2013).
- Depressed mood can contribute to thoughts of suicide. Suicide is the second leading cause of death for those between the ages of 15 and 24 (Government of Canada, 2019). Fifteen percent of those with chronic depression end their lives by suicide (Mood Disorders Society of Canada, 2019).
- Anxiety often accompanies depression; those with both depression and anxiety often have more severe symptoms (Mood Disorders Society of Canada, 2019).
- Major Depressive Disorder is an illness that requires treatment. It is one of the most treatable mental health disorders (American Psychiatric Association, 2017)
- When depression is treated, almost all clients gain some relief from their symptoms; and 80-90% eventually respond well to treatment (American Psychiatric Association, 2017).
- Recovery typically begins within three months to one year of onset (American Psychiatric Association, 2013).

American Psychiatric Association (2013). Diagnostic and Statistical Manual of Mental Disorders. (5th ed.). Washington, DC: Author.

American Psychiatric Association (2017) What is Depression? Retrieved from <https://www.psychiatry.org/patients-families/depression/what-is-depression>

Bellamy, S. and Hardy, C. (2015). Understanding Depression in Aboriginal Communities and Families. Prince George, BC: National Collaborating Centre of Aboriginal Health.

Canadian Mental Health Association (2020). Lesbian, Gay, Bisexual, Trans & Queer identified People and Mental Health. Retrieved from: <https://ontario.cmha.ca/documents/lesbian-gay-bisexual-trans-queer-identified-people-and-mental-health/>.

Canadian Mental Health Association. (2013). Depression. Retrieved from <https://cmha.bc.ca/documents/depression-2/>

Government of Canada (2019, July 22). Suicide in Canada. Retrieved from <https://www.canada.ca/en/public-health/services/suicide-prevention/suicide-canada.html>

Mood Disorders Society of Canada (2019). What is Depression? Retrieved from: https://mdsc.ca/MDSC_What-is_Depression.pdf

National Institute of Mental Health (2019). Major Depression. Retrieved from <https://www.nimh.nih.gov/health/statistics/major-depression.shtml>

Risk Factors for Depressed Mood

Research studies suggest that depression is likely caused by a combination of genetic, biological, environmental and psychological factors. Here are some factors that may increase the risk for depression.

Genetics

Research suggests that there is a strong genetic component to depression. An individual's risk for depression is higher if they have a first-degree relative with major depressive disorder

Other Mental Health Difficulties

Non-mood disorders (e.g., substance abuse, anxiety, etc.) increase the risk for depression

Brain Chemistry

One potential cause of depression is an imbalance of neurotransmitters (chemical messengers in the brain). Medications to treat depression work to correct these imbalances

Adverse Childhood Experiences

A history of childhood trauma (including abuse and loss of a parent) leave individuals more vulnerable to depression

Gender

Females are more likely to experience depression than men. Hormones are thought to play a role.

Stress and Recent Trauma

There are times in life when stress is higher and make depression more likely. In addition, experiences such as sudden loss, relationship violence, assault and discrimination may increase the risk for depression.

Significant Loss

Depression may result following important loss or changes in life

Illness and Disability

Depression is strongly associated with pain, physical illness and chronic disabilities

Temperament and Personality

Individuals who are more pessimistic, less resilient in the face of change and perfection-seeking are more vulnerable to depression

Lack of Social Support

Those lacking sufficient support in their lives are at higher risk for depression

American Psychiatric Association (2013). Diagnostic and Statistical Manual of Mental Disorders. (5th ed.). Washington, DC: Author.

Mood Disorders Society of Canada (2019). What is Depression? Retrieved from: https://mdsc.ca/MDSC_What-is_Depression.pdf

National Institute of Mental Health (2018, February). Depression. Retrieved from: <https://www.nimh.nih.gov>.

World Health Organization (2020, January 30). Depression. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/depression>

What Maintains Depressed Mood?

Below are listed various factors that may influence and contribute to experiencing a depressed mood.

Negative Self-Talk

Difficult life situations can leave people with beliefs about self, others and the world that become generalized in ways that interfere with experiencing life in more affirming ways. If your experience has taught you that you are not capable, that others are never helpful and that life is simply a set of problems, then you may become more vulnerable to depression. Once you learn to identify and challenge negative views of self, others and the world, then you are in a strengthened position to deal with life stressors.

Poor Diet

Our bodies are our physical selves. Eating well-balanced, regular meals is important in managing depressed mood.

Drug Abuse

Certain drugs, such as alcohol and cocaine, depress us physiologically. Excessive reliance on mood-altering substances contributes to the experience of depression.

Sleep Difficulties

Poor sleep habits (e.g. staying up all night) means people are robbed of the energy they need to take care of their physical health (e.g. exercise) and engage in coping strategies (e.g. attend therapy sessions).

Lack of Exercise

Exercise enhances the production of endorphins (natural opiates that play an important role in emotion and pain reduction) and results in an increased sense of well-being. Without adequate exercise, endorphins are not released as readily and our bodies become sluggish and lethargic. This, in turn, negatively affects our mood and sense of self.

Stress

Chronic stress (e.g., as the result of relationship difficulties, persistent illness, marginalization, etc.) depletes your spirit and energy level, making it more difficult to cope with depression. In addition, stress is often accompanied by a sense of loss of control. This can also contribute to low mood.

Poor Social Support

Having the support of trusted others helps us to cope more effectively with stress. Having supports enables us to identify, express and work through our feelings. Without adequate support, you can feel isolated, believe that you are alone in our experience and begin to feel hopeless about change.

Lack of Purpose and Goals

Being unsure about your values, goals and ability to contribute in the world can fuel depressed mood.

A comprehensive treatment approach to depression is one that recognizes the various contributors to the development and maintenance of depression.

Why Do I Have Depressive Symptoms?

Understanding your depressed mood is important. Your recovery efforts can target the factors that you see as contributing to, and maintaining, your depression. Consider the following:

Gender

Are you female?

Racial or Sexual Intolerance

Have you been/are you being exposed to intolerance?

Heredity

Do you have relatives who experience depressed mood?

Age

Are you between the ages of 18 and 25?

History of Depression

Have you experienced depressed mood in the past?

Physical Health Difficulties

Do you have chronic and disabling medical concerns

Substance Abuse

Do you use alcohol or drugs to cope with life's problems?

Other Mental Health Concerns

Do mental health concerns (e.g., anxiety) interfere with your life?

Relationship Conflict

Are you experiencing conflict in an important relationship?

Difficult Childhood Experiences

Did you experience trauma at an early age?

Significant Loss

Have you experienced significant loss?

Stressful or Traumatic Live Events

Have you experienced stressful/traumatic situations?

Negative Self-talk

Do you put yourself down or say negative things to yourself?

Avoiding Feelings

Do you tend to avoid identifying and expressing how you feel?

Poor Self-care

Do you have difficulty eating regular, well-balanced meals?

Do you have difficulty maintaining a regular sleep routine?

Do you encounter difficulty exercising regularly?

Lack of Social Support

Are you without enough emotional support in your life?

Lack of Purpose and Goals

Do you have difficulty setting goals for the future and feeling you can contribute?

Pessimism

Do you tend to have a negative view of the world?

Perfectionism

Do you tend to expect or seek perfection?

Treatments for Depression

Medication

The recent decades have brought significant advances in our understanding of the brain and its functioning. Many researchers are convinced that some types of mood difficulties may be the result of neurotransmitter imbalances. Depression has been linked to serotonin, norepinephrine, and dopamine. Current theories postulate that depression is associated with low levels of these neurotransmitters.

Most of the effective medications for depression work by altering the levels of neurotransmitters in the brain. Fortunately, these therapies work well for many individuals. Some try a number of medications before they discover the one that is most effective for them.

Speak to your family physician about the possibility that medication could be helpful for you.

Psychotherapy

Research suggests that combining medication and talk therapy may be the most effective way to treat depression. Different forms of therapy (e.g., group therapy, couple counselling, individual sessions) can be helpful in addressing depressed mood.

Self-education/Management

Taking responsibility for learning about depression and trying different coping strategies are key to recovering from depression.

Peer Support

Peer helpers are caring individuals who have often “been there” and want to support others in recovering from depression. Peers are not professional caregivers, but can provide the opportunity to discuss your experiences and encourage you to make changes to feel better.

Other Therapies

Some choose to utilize a number of treatments in conjunction with Western approaches (e.g., meditation, art therapy, dietary supplements) or as alternatives to Western medicine (e.g., Indigenous healing rituals, Chinese Medicine).

Mood Disorders Society of Canada (2019). What is Depression? Retrieved from: https://mdsc.ca/MDSC_What-is_Depression.pdf

Schimelpfening, N. (2020, March 23). The Chemistry of Depression. Retrieved from: <https://www.verywellmind.com>

Strategies to Overcome Depression – What Works

Below is a list of the many strategies that assist people in overcoming depression.

IT IS NOT NECESSARY TO UTILIZE ALL OF THESE STRATEGIES AT ONCE in order to successfully manage depression. Instead, begin by enacting a few key changes.

- Accepting full responsibility for your depressed mood is the first step toward healing. Taking responsibility doesn't mean blaming yourself. Chances are you have done what you could to manage with the knowledge and resources you have. Taking responsibility means deciding that you are ultimately in charge of initiating change in your life (even if you feel others may have contributed to your depressed mood).
- Develop an attitude for recovery that helps you to be more accepting of your circumstances.
- Open yourself to taking risks. Overcoming low mood will necessitate experimenting with some new ways of thinking and behaving. These new ways of coping are likely to feel unfamiliar, and even uncomfortable, at first. Be patient with yourself while you try some new ways of coping.
- Be clear about the potential contributors to your depressed mood (e.g., cognitive distortions, poor social support) and the symptoms you experience. This will help you to target your strategies.
- Work on developing a better understanding of yourself (e.g., your interests, values, goals, etc.). Knowing who you are will help you develop a recovery plan that feels right for you.
- Set realistic goals for overcoming your depressed mood and for your life in general. Make affirming choices and work in a step-by-step manner.
- Focus on choosing and maintaining relationships with people who care about, understand and support you. Choosing healthy relationships will make it easier to overcome depression.
- Seek and accept support. Let people you trust know about your efforts to improve your mood. Talking to close friends or family members is one way of obtaining the support you need while you work to feel better.
- Work to better recognize, accept and express your feelings. Taking care of your emotional self will help you to feel less depressed.
- Strengthen your coping, problem-solving and decision-making skills. Take charge of managing your life as well as you can.
- Learn to recognize and challenge depressive thinking. Choose self-statements that are realistic and encouraging.
- Take care of your physical health (sleep, healthy food and exercise). Seek help for problems with drugs and alcohol.
- Increase your activity level. While you may feel a lack of energy and motivation, convince yourself to stay as active as possible every day. Choose to spend your time doing things that contribute to happiness and your well-being (e.g., exercise, pursue a hobby).
- Speak to a physician or psychiatrist about the potential benefit of anti-depressant medication. Take any prescribed medication as directed and report difficulties if you experience side-effects. Never alter your dose or discontinue taking your medication without consulting your physician or psychiatrist.
- Read about the successful management of depression.
- Recognize your successes. Pay attention to the ways you have managed, the new skills you learn and how much relief you experience.
- Imagine more success. Remain focused on what your life will look like when you are better managing your depression.
- Be patient. Lasting change usually takes time. Expect your mood to improve gradually.
- Expect setbacks. There will likely be times ahead when you will find it more difficult to manage your depression. This does not mean you have failed. Set backs are normal, and can usually be overcome by remaining focused on successful coping strategies.
- Notice what might be interfering with your motivation for change. For some people there are payoffs (conscious or unconscious) to maintaining a mood problem. For example, you may want to overcome depressed mood that leaves you reluctant to socialize with others. If, however, your depression means your reassuring and supportive partner will most often stay home to keep you company, your motivation for change may be decreased. Ask yourself if there are any payoffs to your depression (try not to blame yourself if you discover any).
- Bear in mind that experiencing some low mood is natural. Everyone experiences low mood at some time or another.
- Find out for yourself. Some people express hesitation and skepticism when presented with coping strategies that are anxiety-provoking or require energy and effort. Decide if you are willing to experiment. Discover for yourself if these strategies work. Ultimately, you can always “change back” if you wish.

An Attitude for Recovery

You have learned specific strategies you can use to better manage your low mood. In the weeks and months ahead, it will be important to continue to utilize these techniques to help you maintain and build on your progress. A second and equally important task will be the management of your attitude toward depression. Your overall beliefs about depression, and how you think you should respond to it, will be critical to your recovery. Consider the following:

- **Depression does not need to be a secret.** Many individuals who experience problems with depression hide this from others, feeling ashamed or embarrassed. Some feel worried about the stigma of having a mental health concern. Combined, these feelings erode self-esteem and make you more vulnerable to depression. When you share your experiences with trusted others, you can better make decisions to support and help yourself (instead of working to protect yourself from the opinions of others). You can also more easily access the support and assistance you deserve. This strengthens self-worth and further guards against low mood.
- **Depression is not an enemy.** It is natural to want to fight against the depression that disrupts your life and makes it difficult for you to live more peacefully. However, rejecting and resisting depression requires your time and energy. Ultimately, it increases feelings of tension and frustration, making you more vulnerable to depressed mood. Acknowledging and accepting depression as a legitimate part of your experience removes the resistance. Tension is reduced and a sense of calm can develop. Instead of investing your energy into fighting the villain, you are freed up to better use your coping strategies.
- **You do not have to hide from depression.** As you know, one of the most successful ways of overcoming depression is to directly face the symptoms. Avoidance only perpetuates the problem. By choosing to attend to distressing symptoms, you discover you can cope. When you face depression, instead of running from it, the balance of control shifts to you. By consciously choosing to face how you feel, you increase your sense of self-confidence.
- **Imperfection is acceptable.** Some individuals who learn specific depression management strategies become convinced that these strategies must work each time they are implemented in order for them to cope. In reality, life is complicated and magical solutions don't exist. While the strategies you have learned are effective, they are not perfect. It is likely that there will be moments ahead when you feel less successful in your efforts to manage depression. This, however, does not mean that you have failed or that you are unable to cope. Accepting the likelihood of setbacks (and choosing to see these as learning experiences) will release you from the pressure that comes with believing that the strategies should work and that you must always cope well.

Wilson, R. (1996). *Don't Panic: Taking Control of Anxiety Attacks*. New York: Harper Perennial.

Wilson, R. (2009). *Don't Panic: Taking control of Anxiety Attacks* (3rd ed.). New York: Harper Collins Publishers.

Succeeding at University When You Feel Depressed

When you feel depressed, doing well at University can be challenging. How you cope with your depression and the university experience will determine how well you do. Here are some ideas to help you maximize your chances of success.

- **Get connected.** Becoming involved in campus activities (e.g., sports, clubs, volunteer activities) is a great way to form new friendships.
See students.usask.ca/essentials/community.php#Studentgroups for opportunities.
- **Have fun, but stay safe.** Avoid using alcohol and drugs as a way to cope with depression. If you go to the bar, designate a driver and stay with people you really know and trust. And keep an eye on your drink.
- **Have your own kind of fun.** Leisure time is an important part of feeling better and succeeding at university. Search for some things you like to do and see them as a legitimate part of your schedule and healing process.
- **Go to class, even if you don't feel like it.** Skipping classes often means lost marks. It is generally easier to learn from the professor, than from the text alone or someone else's notes.
- **Keep your professors informed.** If you have questions about class material or need some extra help, ASK! Don't miss exams or let yourself get behind on assignments without talking to your professor.
- **Respect your limits.** Maintain a realistic course load given your situation. Sometimes, dropping classes is the wisest decision.
- **Plan your time carefully.** Use a calendar to keep track of due dates and upcoming exams. Prioritize your work and adjust your schedule as necessary, taking into account your level of energy and motivation. Staying organized will help you meet your deadlines.

- **Study during the day.** Plan on two hours of study time for every hour you spend in class. You'll be more productive if you study when you feel awake and have the most energy. A ten-minute study break every hour will help keep your attention sharper.
- Avoid cramming. Studying every day is a more effective way to learn.
- **Study your most difficult subject first.** Plan to study the subjects you find most difficult when you are most fresh.
- **Improve your study skills.** Form a study group with students who are doing well or find a tutor.
- **Know where you are going.** If you have questions about your career choice, book an appointment with a University of Saskatchewan Career Counsellor at the Student Career and Employment Centre (306-966-5003). You're more likely to succeed if you have a goal for graduation.
- **Seek support.** Stay connected with people who support your efforts to do well at university and overcome depression.
- **Be a problem-solver.** When things get tough, remember that venting isn't enough. While it's important to talk with family and friends, make sure that you also develop a plan of action. Decide what's not working, look for alternatives, try on some different solutions and evaluate how things go. Keep trying if your first attempt to solve things doesn't work.
- **Maintain your perspective.** Take into account that you are attending University while also struggling with depression. Set realistic expectations and try to hang on to your sense of humor!
- **Seek professional support.** The physicians, psychiatrists, nurses and therapists at the Student Wellness Centre are here to help.

Developing a Plan to Overcome Depression

Being clear about how you will better manage and overcome depression is key. Working in a planned, step-by-step manner works best for most people. In addition, meeting small, daily and weekly goals helps people to experience success and sustain lasting change.

Step 1	Take stock of what you know about yourself and your symptoms. Are your symptoms primarily impacting your thoughts, feelings, body or behavior?
Step 2	Take some time to think about the different factors that contribute to and maintain depression. What factors are relevant for you?
Step 3	Take a look at the list of strategies (included in this package) that people use to help themselves overcome depression. Given your particular symptoms and the factors that seem to maintain your depression, where are your initial efforts best spent?
Step 4	Choose ONE small goal for the upcoming week. Record it. Over the course of the week, pay attention to how you do and answer the questions about your progress.
Step 5	Continue to set small, weekly goals and monitor your progress. If necessary, adjust your plan (e.g., begin to focus on improving your sleep if you start to struggle with insomnia; see a doctor about your medication if you experience side-effects that are difficult to manage).
Step 6	Take credit for your success as you continue to set manageable goals.

Plan to overcome depression by setting achievable goals and working in small steps.

My Plan to Overcome Depression

Step 1

These are my main symptoms of my depression:

FEELINGS	THOUGHTS	BEHAVIOUR	BODY
Sad/empty/numb	Thoughts of worthlessness	Brooding	Change in appetite
Irritable	Negative interpretations	Restlessness	Disturbed sleep
Hopeless	Thoughts of death	Poor motivation	Lack of energy
Helpless	Thoughts of suicide	Poor follow-through	Weight loss or gain
Pessimistic	Memory problems	Social withdrawal	Diminished sexual desire
Guilty	Difficulty making decisions	Complaining/negative focus	Aches and pains
Discouraged	Difficulty concentrating	Frequent tearfulness	Slowed speech and body movements
Confused	Distorted thinking	Inability to cry	More sensitivity to external stimuli
Anxious		Loss of interest in previously enjoyed activities	
		Suicidal behaviour	

My depressive symptoms primarily impact my:

Thoughts Feelings Body Behaviour

Step 2

These are the factors that seem to have contributed to my depression:

Age	History of depression	Lack of purpose/goals
Substance abuse	Relationship problems	Negative self-talk
Anxiety	Early loss	Avoiding feelings
Stress	Lack of support	Poor self-care
Gender	Heredity	Biology
Other _____		

Step 3

As a way to decide where you need to start working on depression, and taking into account the symptoms and potential causes of your depression, check the strategies you believe will be most helpful to you.

Where do you think is the most effective place to begin? Choose the appropriate partner workbook (<https://students.usask.ca/health/healthy-mind.php>).

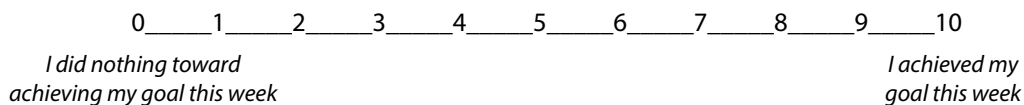
Developing a better understanding of myself Recognizing and challenging depressive thinking>	Challenging Depressive Thinking
Recognizing, accepting and expressing my feelings>	Managing Your Emotions
Taking better care of my physical health>	Taking Care of Your Physical Health
Choosing and maintaining healthy relationships Seeking and accepting support from others Strengthening my coping, problem-solving and decision-making skills Increasing my daily activity level and choosing rewarding activities>	Making Behavioural Changes

This is the first area I plan to focus on in alleviating my depression: _____

Step 4

My one goal for this week:

How did I do?



What did I learn?

What helpful statement can I choose to say to myself?

More about My Plan

These are the people I will ask to support me as I work on overcoming depression:

The first thing I am doing is:

The first thing I will stop doing is:

This is when I'm going to stop:

I will know I'm on track when:

I will watch out for:

Once I've mastered this particular area, I will focus on this next:

Managing Setbacks

- Expect them to happen.
- Remember that SETBACKS ARE NORMAL. They are a natural part of the change process.
- Remind yourself that, in order to experience a setback, you must have first had progress. Credit yourself for what you have already accomplished.
- Actively choose to persevere. A few steps backwards does not mean you are at the same place you began.
- Decide to use the setback as a learning experience. It can guide your future efforts. Instead of beating yourself up, choose to look for information about your coping style then use this to your benefit.
- Stick with what you know works.
- After reasonable effort, abandon what doesn't work and try something different.
- Sometimes, 'trying different' can be more effective than 'trying harder'.
- Ask yourself if there are other strategies you have learned but not yet tried. Implement those. The best protection against future setbacks is frequent and continued focus on the skills you have learned.
- Challenge and change any negative self-talk about your setback.
- Seek support. Let a trusted friend or family member know about your efforts and frustration.
- Review the information you have received about depression.
- Read a self-help book about depression.
- Seek assistance with difficulties (e.g. relationship problems) that may be perpetuating your depressed mood.

Signs of Trouble

Know the Signs of Trouble

Pay attention to how you are coping with life's stressors. Watch out for potential signs of trouble, including the following:

- Poor or dropping grades
- Missed assignments and exams
- Performing below potential
- Skipping classes
- Excessive use of drugs or alcohol
- Problem gambling/excessive gaming
- Difficulty relaxing
- Continually feeling overwhelmed
- Chronic worry or anxiety
- Relationship difficulties
- Difficulties with sleep
- Over or under eating

Prevent What You Can

Developing strong self-soothing, relationship and problem-solving skills will help you to avoid problems that will worsen your depression. Seek help with this if you need to.

Act Quickly

For some students, personal problems interfere not only with mood but with academic life. Once you realize that you are experiencing a problem, begin using effective coping strategies. DO NOT WAIT FOR THINGS TO GET WORSE.

Know When to Seek Professional Help

Talk to a professional (e.g., physician, therapist) if you are experiencing a personal problem that is:

- intense
- persists over time
- interferes with life

If you can't make it better, don't make it worse.