



Caregivers Manual for people suffering from Depression



Author credits:

**Pragya Lodha, Clinical Psychologist & Mumbai Programme
Head, The MINDS Foundation**

Expert inputs by:

- 1. Dr. Avinash DeSousa, Consulting Psychiatrist and
Psychotherapist, Research Associate, Lokmanya Tilak
Municipal General Hospital**
- 2. Dr. Zebib Abraham, Resident Psychiatrist, Mount Sinai
Medical college**
- 3. Dr. Sagar Karia, Consulting Psychiatrist, Lokmanya Tilak
Municipal General Hospital**
- 4. Ms. Janki Mehta, Consulting Counselling Psychologist and
Psychotherapist**

**This Caregivers Manual has been created by The MINDS
Foundation on request of BipolarIndia.**

DEPRESSION

What is Depression?

Major Depressive Disorder, commonly called as '*Depression*', is a mental illness in which a person may experience low mood, disinterest in earlier pleasurable activities, changed eating patterns, changed sleeping patterns, lack of motivation, lack of motivation to socialise /meet people or go out, lack of motivation to go to work, feeling of helplessness, feelings like nothing will get better in the coming time and suicidal thoughts. It is very important to understand that not all individuals who suffer from depression will experience all the symptoms. The way in which the symptoms present in an individual are also very different- this means that two people can suffer from depression but the way depression presents in both the individuals can be different. Very important to also remember is that depression is much more severe and long term as opposed to the regular blues we may feel on a daily

basis. Depression can affect individuals of all ages but what is important to be known is that the signs and symptoms can vary. Depression can be mild, moderate or severe. On an average, 1 in 20 Indians suffer from depression.

How is Depression caused?

Like any other mental illnesses, there is no single cause of depression. It is caused by an interaction of multiple factors (biological, social, psychological, environmental) such as:

- Family history of depression
- Failed love relationships
- Stressful situations at work
- Loss of a loved one
- Lack of parenting in early childhood
- Traumas of the childhood
- History of child sexual abuse
- Past failures
- Lack of social support system
- History of alcohol and drug use

What are the different ways in which depression affects an individual?

Depression can affect an individual on a psychological, social and physical level.

On a psychological level, the individual may experience the following:

- continuous low mood or feelings of sadness
- experiencing low self-esteem / self-worth
- feeling hopeless and helpless

- Crying easily
- feeling guilty for things they may not be responsible for, feeling all negative things happen because of them
- feeling irritable easily
- having no motivation or interest in doing things that earlier were pleasurable
- difficulty in making decisions
- no motivation to meet others or go for social outings
- feeling anxious or worried
- suicidal thoughts or thoughts of harming self may be present

Physical symptoms of depression may look like the following:

- moving more slowly than usual, sometimes can be faster than usual as well
- increase or decrease in appetite or weight
- unexplained pains
- low on energy
- lesser interest in maintaining sexual relationships
- in women there may be changes in the menstrual cycle
- increase or decrease in sleep; difficulty getting out of bed; morning awakenings are not as fresh

Socially, depression can be seen as:

- not being able to do well at work
- avoiding contact with friends and taking part in fewer social activities

- Lack of interest in earlier pleasurable hobbies and interests
- having difficulties in maintaining quality interpersonal relationships

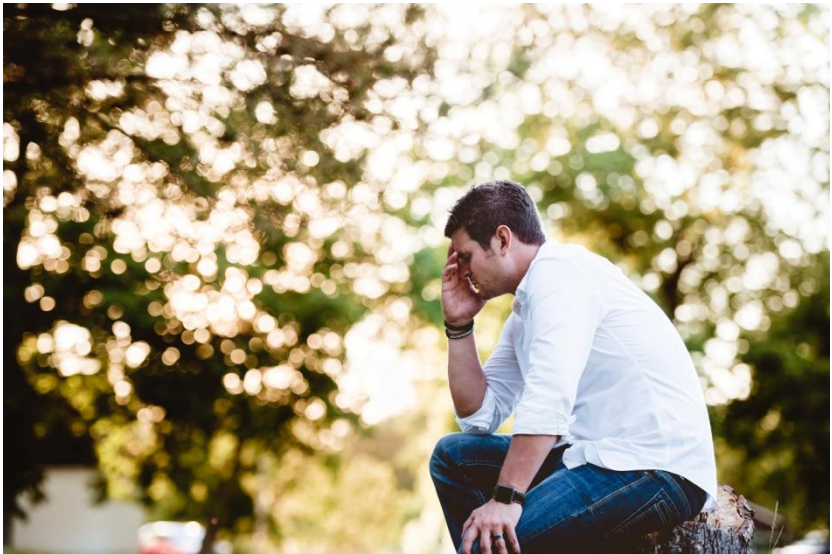
How does depression manifest in children? How can caregivers take care of childhood depression?

Children suffering from depression also tend to show the similar symptoms as noted above however, some symptoms to keep in mind include the following (*what should be again kept in mind is that there can be difference in the way in which symptoms present from one child to another*):

- Changes in appetite -- either increased appetite or decreased
- Changes in sleep -- sleeplessness or excessive sleep
- Continuous feelings of sadness or hopelessness
- Difficulty concentrating
- Fatigue and low energy
- Feelings of worthlessness
- Feelings of guilt
- Impaired thinking or concentration
- Increased sensitivity to rejection
- Irritability or anger
- Physical complaints (such as stomach-aches or headaches) that do not respond to treatment
- Reduced ability to function during events and activities at home or with friends, in school or during extracurricular activities, or when involved with hobbies or other interests
- They might want to miss school and other activities more often.

- Social withdrawal
- Thoughts of death or suicide
- Vocal outbursts / crying

To manage childhood depression at a caregiver level is to talk to the child in the first place and ensure that he or she feels comfortable and entrusted to be able to speak about their worries. It is important to address areas like bullying, academic stress, peer pressure, failed love affairs, substance use and parent-child relationship. The aforementioned areas are primary in causing the low mood spells and other above-mentioned symptoms. ***Crucial to note is that sometimes, depression begins in childhood / adolescence.***



What are the different ways in which depression manifests in adults and how can it be addressed?

Depression is depression whether in men or women, what changes is:

1) its manifestations in each individual and 2) the cultural

context it is seen in.

To explore further, in context to India, very often depression in women may be perceived as either being a fault which one must snap out of or being overly sensitive compared to men where depression is taken more seriously as the male may be often diagnosed much later due to the be strong programming. Both the approaches are flawed to a large extent because we need to start reinforcing the need to engage with our emotions more for men and acknowledge the problem for women better.

Depression is a reaction of freeze in where the body has not fought it or been able to escape it.

Treatment must focus on enabling the individual to fight or flight its perceived stress effectively.

Often in adults, financial reasons, work pressure, substance use, marital discord, failed love relationships, family disturbances- are some of the reasons that may contribute the development of depression. In adults too, the presentation of symptoms does not vary so much but one can see the following:

- depressed mood (sadness)
- loss of interest or pleasure in daily activities
- loss of interest in activities that were earlier pleasurable
- changes in appetite or weight
- slowed reactions
- lack of motivation or energy
- insomnia (trouble sleeping) or chronic oversleeping

- noticeable changes in activity level (agitated or slowed down)
- feelings of worthlessness or guilt
- difficulty concentrating or making decisions
- recurring thoughts of death or suicide
- loss of interest in work and other activities
- avoiding family members and friends
- irritability
- crying easily
- thoughts of suicide

As care providers, letting them know that you are available to talk is a great relief. Making sure that there is support system in place can help to a great extent. Active listening is a good tool to assess feelings, state of mind and suicidal thoughts in the person. A non-judgmental approach is essential to convey to the person that it is okay for them to feel how they do.

How do you look for early signs of depression?

Depression can surface in any individual and can start showing up in various ways, some of the alarming signs that you could pick up are:

- The person may start talking in a hopeless tone where he or she may say things like-
I am not sure, I don't think this will work out, I doubt if things will get better...
- There may be loss of interest in the activities that the person once enjoyed doing / engaging in. The person may express disinterest in those activities by saying things like-
I don't feel like doing this, I am not interested, I don't

*enjoy this as much anymore- which is often **mislabeled** as **'being lazy'***

- The person may start experiencing easy fatigue, like in smaller tasks and those tasks which may have enthused the person before
- Sleeping problems begin where the person either finds it difficult getting sleep and wakes up feeling not fresh; or the person sleeps excessively
- Appetite can either increase or decrease. There is increased eating of junk food during low moods
- Feeling anxious is common during periods of depression
- Person may also starts feeling all negative things happening around are caused by him / her
- Crying spells for no clear reason
- Feelings of irritability may be seen
- Substance use may surface again. Drinking at early hours, drinking to go to sound sleep and several bouts of drinking throughout the day
- Talking about death, seeing a dark future, seeing no end of a dark tunnel, hoping that things would be better if they were not around, writing wills prematurely, giving away prized possessions- are ways how people express ideas / **feelings related to suicide-** they must be addressed openly and directly



How do you take care of a patient with depression?

Patience is key when it comes to looking after a person with depression. Most often individuals with depression try to hide their symptoms, which can make it difficult to respond to their needs. Be patient and educate yourself on the signs of depression, particularly more subtle ones. Make sure to talk to the person and listen to them carefully, even if what they are saying makes no sense to you. They may not understand any logical arguments at the time and just need you to be available for them.

What is the **role of medication in management of depression?**

Medications are often helpful in improving the symptoms of depression.

Medications used are usually antidepressants, which include medications like SSRIs and SNRIs.

If someone has mild depression, therapy might be enough for their treatment. For people with moderate to severe depression, it has been shown that medications can be helpful.

Therapy and medications are treatments for depression, but when we **combine** therapy with medications the treatment is most effective. Medications therefore, if possible, should always be combined with therapy. Medications can be helpful in improving sleep, appetite, energy, decreasing anxiety, and decreasing the degree of depressed mood to something more manageable. Antidepressants do not cure depression alone, as someone with depression also has to work to manage their painful thoughts and unhelpful behaviors.

People often have stigma against psychiatric medications or have fear of side effects.

Antidepressants most often don't have severe side effects. Sometimes, people feel side effects when they first start an antidepressant, including headache, diarrhea, upset stomach. People might also experience sexual side effects with these medications. If someone starts a medication and has side effects that are persistent, or severe, then they can tell their

doctor and with the doctor's consultation, stop or switch the medication. Medications should not be abruptly stopped by the patient themselves, but with a doctor's advice and observation.

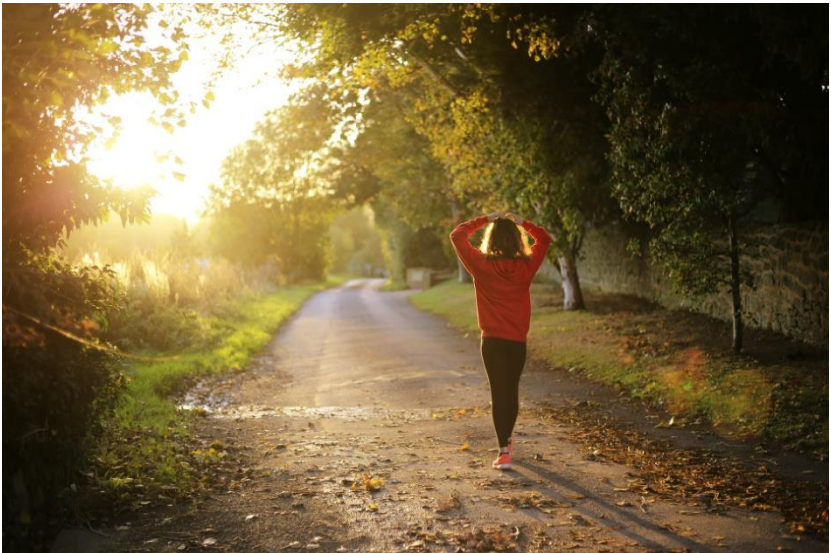
The medications usually take some time to have an effect, and most people can start to feel improvements in 4-6 weeks. If a medication is not working after this time, the doctor can plan to switch to another antidepressant. Medications are usually taken once a day, in the morning or at night.

How to manage the low moods, lack of interest and lack of motivation during depressive episodes?

Someone suffering from depression may find difficulty in doing day to day things which generally are effortless for other people. In such a situation, it is a reminder that one must remember to never make fun or belittle that situation for them. One does not ***'just get over it'*** or ***'come out of it with time'***, however, your little help and empathy can do them great support. These are some little motivators that you can provide with as a caregiver to someone suffering from depression,

1. Get out of bed and out of night clothes and home clothes
2. Go for a walk daily
3. Exercise 30 minutes daily
4. Get your hands to doing some work like cooking or gardening
5. Do not over plan and over schedule, baby steps with one thing at a time

6. Do not look at the work remaining to be done and overwhelm yourself
7. Congratulate yourself for every task done
8. Avoid negativity and stressful situations
9. Keep a daily schedule and tick - reward yourself for completion
10. Keep a daily journal and diary to reflect
11. Create a support system who you communicate with
12. Sleep well - 7 hours a day
13. Eat meals on time and have nutritious food, a treat once in a while will be just fine
14. Laugh and see movies that make you smile and laugh
15. Read books that are encouraging



The role of active listening

Active listening is also another name to non-judgmental listening. For not only those individuals with depression, anxiety, stress or any other problem, active listening is beneficial for everyone. On a day to day basis, we talk more than we listen; always ready to advice, suggest and give solutions (*most times without even realising whether the other person is really asking for any of these or is just wanting someone to listen to them*).

Active listening is about:

- Listening to the other person without judging them, accepting them for who they are and how they feel;
- It is about allowing them to talk and express what they wish to without the sole curiosity of knowing about the 'what'
- It is also about listening and paying attention to their non-verbal behaviour (eye contact, posture, gestures, etc.)
- It is about asking open ended questions that allow the other person to talk more about how they are feeling and what they are thinking
- It is about empathy and not sympathy, where you don't feel bad for what the person feels or experiences but you understand that situation and accept it and let the other person know that you are there for them

Ways to enhance home environment for better management of depression

The best way to make the home environment welcoming for a patient with depression is to ensure the people around are aware and sensitive to the patient's needs. Being aware about recognizing and responding to important signs and symptoms is of great help. Being a motivator and encourager to carry out day to day tasks is aiding. Rewarding small achievements by the patient can be a motivator to keep doing good and learning the right way. Small reminders are also very helpful to encourage and keep them going. Keeping company and making sure you are available when they need you gives a huge sense of security. No labeling, no shaming and no blaming are great ways of understanding depression better. An attitude of learning helps everyone.

Dos and Don'ts for a caregiver

1. DO be patient. It takes time and effort for a patient with depression to talk about their thoughts.
2. DO be observant. In most cases DEPRESSION symptoms are not easily visible and it takes awareness to notice and address them.
3. DO create a safe space for them. Ensure that people around them are aware of how to address the patient's needs.
4. DO tell them that you are there for them. Take them to the doctor if needed and be available.
5. DO give them space. Sometimes leaving them alone can be what they need to feel better, provided they are in a safe space.

6. DO keep potentially injurious objects away. This includes medication, knives, weapons and other sharp objects that can be used to self-harm.
7. DO take them to a professional if their condition is worsening or not improving.
8. DO take time out for yourself. Looking after yourself as a caregiver will ensure you can look after the patient properly as well. Whether it's taking walks or listening to music, do what makes you feel good. Take a break if you need it.
9. DON'T tell them to "get over it" or that their symptoms are "just a phase." There is much more to their illness so be sensitive when talking to them.
10. DON'T force logical arguments on the patient. They may not understand them the way you intend them to.
11. DON'T minimize their illness or symptoms. They feel them intensely and telling them their symptoms don't matter could make them feel worse.
12. DON'T stick to just one solution, even if it has worked before/for everyone else. If the solution is not working for you, adapt around it to suit the patient's needs.
13. DO ask for help if you need it! You are not alone. Seek professional help if you need it.
14. DO forgive yourself if things are going badly. It is no one's fault and there is always a solution.
15. DO encourage the patient to be a part of PEER SUPPORT GROUPS. Such Groups help them connect with other people who are facing similar challenges, thus making them feel better understood.

How to take care of your (caregiver's) mental well being?

Looking after someone with DEPRESSION can be a rewarding experience but it is also mentally taxing. It is not uncommon for caregivers to experience 'caregiver burden', or stress associated with caregiving. Caregiver burden can lead to negative outcomes for the patient and you. Take these steps to look after yourself as well:

1. Ensure you take a few moments everyday for yourself where you relax and give yourself space from the patient.
2. Make sure you eat, rest and address your other needs properly.
3. Take time to think through and/or talk about your own feelings regarding caregiving. Stay in touch with these feelings and take steps to work through them.
4. Seek professional help, or if not possible, support from friends and/or family to manage your own concerns and stress.
5. Take time to educate yourself about DEPRESSION and about myths and stigma that surround the illness.
6. If you feel like you are failing or not good enough as a caregiver, remember that you are human and it is okay to make mistakes. Forgive yourself and take steps to not make the mistake again, if possible.

Telltale signs that the patient is suicidal and what steps to take.

- Talking about death, hurting themselves or committing suicide
- Feeling hopeless and/or worthless/like a burden

- Seeking out objects that could help them commit suicide (sleeping pills, poison)
- Behaving recklessly
- Stating things such as ‘I am seeing you for the last time’ or ‘goodbye’
- Carrying out activities such as making wills or putting other affairs in order, possibly in preparation to die

Communicating with the patient can be a key factor in preventing suicide.

Ask the patient clearly if they are thinking about suicide. Be neutral and do not take a judgmental tone. This will make them feel more comfortable. Listen to them and be there for them. Keep them safe from places and objects (weapons, pills) that can assist them in suicide. If you are not with them, stay with them on the phone and try to get to them or get someone else there as soon as possible. Never feel alone with it and always ask for help. It might also help to create a safety plan early on with the patient. Inform medical providers and seek professional help immediately. Always keep emergency hotlines and contacts on hand.

Some facts to remember

1. Often, caregivers have to take time off work to fulfill caring obligations, or they might also not be able to work full time at all. This could lead to economic hardship and the caregiver not feeling that their professional self is fulfilled. As a caregiver, give yourself time to acknowledge this and seek help if it becomes too unbearable for you.

2. Always have a crisis plan and familiarize yourself and everyone close to the patient with it. This is crucial in case you notice the patient is contemplating suicide.
3. Remember that every patient is different. DEPRESSION is a spectrum and does not manifest in the same way for everyone, even if trends between patients are similar. Work in the way that best suits the patient's individual needs.
4. Forgive yourself and look after yourself!
5. Sometimes caregivers themselves need professional help. Do not hesitate to seek therapy if you feel overwhelmed.

Important Contact Persons

Contact Person	Name	Contact No.
Psychiatrist		
Psychologist		
Family Physician		
Hospital		
Family Member		
Family Member		
Friend		

Helplines that may be approached in times of need are:

● **The Samaritans Mumbai –**

022 6464 3267, 022 6565 3267, 022 6565 3247

Email: samaritans.helpline@gmail.com, Mumbai

● **MINDS Gujarat – +919033837227;**

info@mindsfoundation.org,

Bhavnagar and Vadodara, Gujarat

● **Sikkim – 221152, Police Control Room, Gangtok**

● **iCall – +91 22 2556 3291, e-mail – icall@tiss.edu,**

Mumbai

● **Thanal – 0495 237 1100**

E-mail – thanal.calicut@gmail.com, Calicut, Kerala

● **Prathyasa – +91-480 – 2820091**

Irinjalakuda

● **Pratheeksha – +91 484 2448830**

E-mail – rajiravi2000@hotmail.com, North Paravur, Kerala

● **Saath – 079 2630 5544, 079 2630 0222**

Ahmedabad

● **Roshni – 040 790 4646**

E-mail – help@roshnihyd.org, Secunderabad

● **Lifeline Foundation – +91 33 24637401, +91 33**

24637432

Kolkata

● **Sumaitri – 011-23389090**

E-mail- feelingsuicidal@sumaitri.net, New Delhi

● **Maithri – 91- 484 – 2540530**

E-mail – maithrihelp@gmail.com, Kochi 682 033

● **Connecting India – 9922001122, 18002094353**

Website – connectingngo.org, Pune 411001

● **Nagpur Suicide Prevention Helpline – 8888817666**

● **Sneha – 91-44-2464 0050, 91-44-2464 0060**

● **Maitreyi – +91-413-339999**

Pondicherry