

Inside Health



Understanding depression

In this **guide:**

1. What is depression?	3
▪ What causes it?	5
▪ What are the symptoms?	6
2. How is it diagnosed?	13
3. How can you live with depression?	15
▪ Therapy	17
▪ Medication	21
4. How do we talk about depression?	23
5. Where can I find help and support?	26



What is depression?

Everyone feels down from time to time – but depression is something different. It's a mental health condition that means you have a continuous low mood, and/or a loss of interest or enjoyment in your life.

Your guide to:
**Understanding
depression**



83% of people with depression don't believe the condition is very well understood.*

Depression affects 1 in 6 people over the course of their lives - and this number continues to rise*. According to the Office for National Statistics, more people have experienced moderate or severe depressive symptoms since the pandemic.** So, it's increasingly likely that you or someone you know has experienced the condition.

But even though it affects so many of us, it's still misunderstood by lots of people who have it - and even more misunderstood by those who don't. This confusion can make it difficult to recognise, accept and support those affected - whether that's ourselves, or someone we care about.

*SOURCE: Based on Bupa consumer research of 1,001 respondents who have been diagnosed or self-identify as suffering with depression.

**Office for National Statistics analysis into the prevalence of depression among adults in Great Britain in autumn 2022

What **causes** depression?

There are so many factors that lead to developing depression, so it might not be possible to pinpoint one particular cause. It can be the result of a combination of different things.

- **Stressful life events:** e.g. a bereavement, job loss or the breakdown of a relationship.
- **Genetics:** if you have a family history of depression, you may be more at risk.
- **A long-term or serious physical health problem:** examples could include diabetes, heart disease or a condition that causes pain.
- **Problems with addiction:** particularly alcohol or drugs.
- **Past trauma or post-traumatic stress disorder:** this could be a result of unstable family life or childhood traumas such as neglect.
- **The time of year:** people with seasonal affective disorder can experience depression during different seasons, usually in winter.
- **Other mental health conditions:** e.g. anxiety or schizophrenia.
- **Having a baby:** this can cause conditions known as postnatal or postpartum depression.

What are the **symptoms** of depression?

Depression affects everyone in different ways, so there are a variety of mental and physical symptoms. However, the biggest indicator is a persistent low mood.

1 in 6 adults have depressive symptoms week to week

SOURCE: Based on Bupa consumer research of 1,001 respondents who have been diagnosed or self-identify as suffering with depression.

What are the **symptoms?**

If you've felt down or hopeless nearly every day for at least two weeks, and/or lost pleasure in your usual activities, it could be a sign of depression.

On top of this, you may notice other symptoms like:

- Tiredness or a lack of energy
- Feelings of isolation and struggling to connect with friends and family
- A loss of self-esteem, self-confidence or feeling worthless
- Difficulty sleeping or sleeping more than usual
- Feeling restless or agitated
- Finding it hard to concentrate and make decisions
- Changes in your appetite or weight
- Feeling hopeless about the future
- Finding it harder than usual to handle stress
- Difficulty managing your emotions
- In severe depression, you may also have regular thoughts about death or suicide

It's important to remember that depression isn't a sign of weakness – and it isn't something you can just 'snap out of'. Depression can have a significant impact on people's personal, social and working lives.

But by understanding it better, we can help minimise this impact for the people we care about.

Your guide to:
**Understanding
depression**

A person with dark skin, wearing a white t-shirt and a thin necklace, is holding a large, dark blue rectangular sign. The sign has white text on it. The background is a solid teal color.

How does it **feel?**

We spoke to 1,001 people with depression to find out what it really feels like when you have the condition.

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depression**



68%: “Like nothing will get better.”



65%: “It’s like a constant battle in my mind.”



65%: “Like I’m disconnected from everything.”




61%: “Like being stuck in a negative cycle.”



71%: “It’s not something you can just snap out of.”



71%: “It can be invisible. Someone may look fine but be struggling inside.”



70%: “It affects your motivation, sleep and physical health.”



69%: “It’s more than just feeling sad.”

We also asked them:

What do you
wish **more people**
understood about
depression?

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Find out more

The more we know about depression, the more we can help ourselves and others. Scan the QR codes for additional information on recognising the condition.



What's the difference between **depression and feeling down?**



Depression: **spotting the signs**

Your guide to:
Understanding depression

A person wearing a white t-shirt is holding a dark blue rectangular sign in front of their chest. The sign contains the text 'How is depression diagnosed?' in white, bold, sans-serif font. The word 'diagnosed?' is highlighted with a blue background. The background of the entire image is a solid, vibrant pink color.

How is depression diagnosed?

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depression**

Getting a **diagnosis**

You can usually get a diagnosis by going to see your GP. They can assess whether you have depression and how severe it is by having a conversation with you, and will ask you questions like:

- How have you been feeling?
- How long have you been feeling this way?
- How often do you have these feelings?
- Have you noticed any other symptoms such as trouble sleeping, changes in your eating patterns or feeling tired or irritable?

When they're talking to you, they may use a standard questionnaire to cover all the relevant questions. With the answers you give, they may also be able to class your depression as more or less severe - depending on the impact it has on your daily life.

How do I start the conversation with my GP?

It can be hard to open up to the GP about how you feel, so try to think about what you want to say in advance. You might find it helpful to write some things down or take someone with you for support.

No problem you have is too small or unimportant - tell the GP everything you can so they can help you in the best way. And don't forget, they're likely to have seen plenty of people in your position before.

A person wearing a white, long-sleeved, button-down shirt is holding a large, dark blue rectangular sign. The sign has white text on it. The background is a solid orange color.

How do I
live with
depression?

Your guide to:
**Understanding
depression**

Proactive **steps** you can take

So you've spoken to the GP and got the diagnosis – now what? In terms of treatment, there are two main avenues you can take: therapy and medication. But alongside this, there are a number of actions you can take that can help you to feel better.

- **Speak out:** it might seem hard at first, but lots of people find that opening up to friends and family can help them feel more understood. Sometimes, others can see we're struggling before we see it ourselves.
- **Exercise:** movement is a great mood-booster – and it doesn't have to be as intense as running or gym sessions. Gentler exercise like swimming, yoga or even walking can help ease depressive feelings.
- **Eat and drink well:** a healthy, balanced diet with regular meals will help you maintain a steady level of energy.
- **Avoid drugs and alcohol:** it can be tempting to turn to these things when faced with difficult feelings, but they can make depression worse in the long run. Regular use of recreational drugs like cannabis can also bring on the condition.
- **Sleep well:** a good night's sleep can improve your mood, so try to develop a healthy sleeping pattern that gives you enough rest.
- **Look after yourself:** this can mean making time for the things you enjoy, or setting small daily goals like getting dressed or cooking a healthy meal.
- **Understand the triggers:** knowing what brings on a depressive mood means you can develop a plan to manage it.



How can **therapy** help?

Talking therapies are one of the main treatments for depression. They involve talking through your thoughts and feelings with a qualified therapist, either individually or with a group.

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Getting treatment through **therapy**

If you choose therapy, you'll usually attend a number of sessions spread across weeks or months. You may be referred by a GP, or in some cases, self-refer to access these services yourself.

There are several different types of talking therapy that can help with depression, including:

- **Cognitive Behavioural Therapy (CBT):** helping to change the way you think and behave.
- **Interpersonal Psychotherapy:** identifying how your relationships relate to your feelings, exploring emotions to help change your responses.

- **Counselling:** focussing on the way you process emotions to help you find your own coping solutions.
- **Short-term Psychodynamic Psychotherapy (STPP):** helping you recognise difficult feelings in stressful situations and your relationships, and identify how patterns can be repeated.
- **Psychodynamic Psychotherapy:** exploring how childhood experiences and subconscious thoughts affect your thinking, feelings, relationships and behaviour today.

Alternatively, you can also choose therapy that focuses on problem solving or mindfulness, if this is more appropriate for you.



Managing **unhelpful** **thoughts:** a CBT technique

Hundreds of automatic thoughts pop into our head everyday – some of them negative. CBT techniques like the following exercise can help us to reframe these negative thoughts and beliefs, in a way that improves our feelings and behaviour.

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The **Thought Record** Exercise

You'll need a pen and paper to write down your answers.

Step 1 Think about the situation that's upsetting you

What emotions and feelings do you have? How intense are they? Rate the intensity from one to ten, with ten being the most intense and one the least.

Step 2 Identify the negative thought

Think specifically about the thoughts running through your mind and write them down. Perhaps something didn't go as well as you'd have liked.

Your thoughts can start spiralling so you start to think that everything always goes wrong – or maybe even that you're a bad person.

Step 3 Put those negative thoughts on trial

Let's focus on the facts – is there any factual evidence that the negative thought is true?

- Does everything always go wrong?
- Was what happened actually all your fault?
- Are you really a terrible person?

What would you say to someone you care about if they were in the same situation? Would it be the same things you're saying to yourself?

Step 4 Find evidence that the negative thought is not true

To do this, you can think of a time when something you did went well, or about how much your friends and family care and value you. What are the good things in the situation?

Step 5 Weigh up the evidence

There could be an alternative thought which represents a more balanced and realistic way of looking at things. These may be:

- Things didn't go as well as I'd liked, but that's ok.
- Everyone makes mistakes sometimes.
- I am a good, kind person.
- I am human and doing the best I can.

Step 6 Check back in with yourself

How do you feel now? As you did in step 1, rate the intensity of your feelings from one to ten. You might find the intensity has reduced thanks to this alternative way of thinking.

Remember, the way that you think about a situation affects how you feel. Try this exercise next time automatic negative thoughts start to affect you.



How can **medication** help?

Another treatment option is antidepressant medicine, which your doctor can offer instead of, or as well as, talking therapy.

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Antidepressants, explained

There are several different kinds of antidepressants, including:

- **Selective Serotonin Reuptake Inhibitors (SSRIs):**
These are usually the first type of antidepressant a GP will suggest, as the side-effects are generally easier to manage than other antidepressants.
Example SSRIs: fluoxetine, citalopram and sertraline.
- **Tricyclic Antidepressants (TCAs):** this form of antidepressant can have more side-effects than others.
Example TCAs: imipramine and lofepramine
- **Monoamine Oxidase Inhibitors (MAOIs):** this medication is only prescribed by a specialist as it can have dangerous interactions with certain foods and other medicines.
Example MAOI: moclobemide.

What happens when you start taking antidepressants?

Once you start on your prescription, a GP will usually review you within a couple of weeks – then continue with regular reviews as often as needed. You might see that your symptoms start to improve in a few days, but generally, it takes up to four weeks.

If the medication doesn't seem to be working after four weeks, your GP might suggest increasing your dose or switching to a different alternative. Some people also find that their medication makes them feel more agitated or anxious at first. If this is the case, speak to your GP about it in your review.

What if antidepressants don't work?

If regular antidepressants don't seem to be helping, your doctor may suggest other types of medicines to take alongside your usual antidepressant. These could include a medicine called lithium or an antipsychotic medicine such as quetiapine. Sometimes a psychiatrist (a doctor who specialises in mental health) may need to prescribe these.

How do you stop taking antidepressants?

You'll usually need to continue taking antidepressants for at least six months after you start to feel better to prevent your depression returning. When you're ready to stop antidepressants, the GP will usually reduce your dose gradually over at least four weeks, to prevent withdrawal symptoms.



The Truth about antidepressants:

Read more: scan for more mythbusting information about this medication.

A person wearing a light green button-down shirt and blue jeans is holding a dark blue rectangular sign. The sign has white text that reads "Why is it so important to talk about depression?". The word "important" is highlighted with a blue background. The person is standing against a solid orange background.

Why is it so
important to
talk about
depression?

A woman with blonde hair and red nail polish is holding a large blue rectangular sign. The sign contains white text. The background is a solid orange color.

62% of people
with depression
haven't opened
up about it.*

*SOURCE: Based on Bupa consumer research of 1,001 respondents who have been diagnosed or self-identify as suffering with depression.

Carrying negative emotions and thoughts around can be distressing, lonely and exhausting. But, opening up is a way to ease the burden and can be a start of the recovery journey.

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**Understanding
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Starting the **conversation**

We know it's not always easy to find the right words. So to help, Bupa Mental Health Nurse Lisa Fairclough answers some of the most commonly asked questions about how to start a conversation about yours or someone else's mental health.

Q. What if I am concerned about someone else's mental health?

A. Whether it's a family member, a friend, colleague or pupil, opening up the conversation can really help. Start by asking them if they are okay. Let them know that you are there for them and keep the lines of communication open. They may not be ready to talk at that moment, but it starts the conversation. And, they may come back to you later or start thinking about seeking help in other ways.

Q. Who should I tell if I'm struggling?

A. Go at your own pace and speak to people you know and trust, or feel comfortable with. You might find that they've already noticed that you aren't yourself. If they ask you if everything's okay, take the opportunity to say 'actually, I don't feel great' and go from there.

Alternatively, you may find it easier to talk to a GP or a telephone helpline. The fact that it's anonymous can often make it easier to open up. It can also serve as a practice run in helping you feel more confident about speaking to those closer to you.

Q. How should I tell someone I'm not alright?

A. Often, somebody close to you has noticed something and may have already asked you if you're okay. You may have said you're fine or they may not have asked at a convenient time. Just remember that they're asking because they care if you're okay, and if you aren't, they would like to help. Start slowly, and only say what feels comfortable to begin with.

Q. What else can help to make it as easy as possible?

A. For some people, speaking to others with experience of depression can be really helpful, as they will understand how you're feeling. This can help you feel less alone, and lots of people find the mutual support beneficial. Mind, a mental health charity, offers some information on how to find the right peer support for you.

Q. What next – what should I expect or do afterwards?

A. It's always a good idea to check in with your GP to talk about your symptoms. Your doctor should complete a brief assessment to see if you would benefit from some help. This might be in the form of guided self-help, or treatment such as talking therapy and/or medication. Not everybody needs or wants this, so please don't let this put you off seeking help. If your doctor suggests treatment, it's because you are likely to benefit from it. But this is your choice, and you can take your time deciding and talking it over with those you have spoken to.

The most important thing to remember is that there is help and support out there.

Where should I go for help?

If you need immediate help, the following services are all available for support and information.

- **Samaritans:** 116 123 (UK and ROI)
This helpline is free for you to call and talk to someone.
- **NHS Services:** www.nhs.uk/mentalhealth they have a full list of where to get urgent help for mental health.
- **Mind:** mind.org.uk
The charity has created a tool designed to help you understand what's happening to you and how you can help yourself. Just click the 'Get help now' button on the homepage.

If you think you might harm yourself or are worried someone else might come to immediate harm, call the emergency services on 999 or go to your local accident and emergency department.

Bupa is also here to help you on your mental health journey.

[Click here](#) to find out more about all the support included in our policies.

If you're an existing Bupa customer, you can speak to a mental health specialist by phone or through the My Bupa app.

Call us on: 0808 115 353



Use the My Bupa app:


We're here to support you in getting the right help for depression.



“Depression
is treatable
with the right
support”



“It’s okay to
take medication
to help you”



“People love
you and want
to be there
for you”



“It’s not forever,
even when it
feels like it is.”