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Coping with low mood and  
depression for people with  
heart disease and/or diabetes

## Coping with low mood and depression for people with heart disease and/or diabetes

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The insights shared with us by these 'experts by experience' have been invaluable in shaping the way we have written the booklet. This booklet is much better for what we have learnt by talking to people who actually know what it is like to experience these conditions. Thank you all.

The people who wrote this booklet are a team of researchers working in NHS hospitals and universities. Our group includes nurses, psychologists, doctors and health researchers. All of us are committed to making life better for the many people who struggle daily with long term conditions such as heart disease and diabetes and low mood. Like lots of people, some of us also struggle from time to time with our own mood. Everything we suggest in this booklet is something that we know someone else has found useful or something we ourselves have found personally helpful.

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## What is this booklet about?

### Introduction

**For many of us being told that we have a long term condition like heart disease or diabetes can be overwhelming. John and Ellie are people like this. These are their stories.**

#### JOHN'S STORY

**I am 55 years old and last year my life changed forever after I had a heart attack.**

Before my heart attack I was fit and active, I have never been much of a drinker and never smoked. My diet was fairly healthy and I did quite a lot of exercise as I was the local football coach for the under 12's. I have my own plumbing business and am married with two grown up children.

The day I had my heart attack was a normal day, it was a Thursday morning and my brother was due to pick me up to go to a plumbing job. I felt sick and had a mild pain in my chest (which I thought was indigestion). By the time my brother came I was really sweating and the chest pain was worse – he has had first aid training and took me straight to A and E. Much of the next few days are all a bit of a blur, I remember being told that I had had a heart attack and I was in coronary care for three days.

When I was discharged they gave me a load of leaflets about my diet and exercise. For the first few weeks I was just glad that I had survived and in many ways

I just tried to be my normal self as I knew my wife and children were very worried and upset for me.

But now I feel that I am living with a time bomb inside me – ready to go off at any minute. I am convinced I am going to have another heart attack and die. I get loads of twinges in my heart, I just keep going to the doctors but they keep telling me that my heart is fine and I am being over anxious.

I feel a shell of the person that I was, I am so frightened about having another heart attack that I have not been able to go back to work, I don't do the football coaching and don't do anything except sit around all day. I am irritable with my family and I feel very bad about this as we have always been a very close knit family. I know that I should be doing more but I worry so much that if I put any strain on my heart, I will have another heart attack. I just feel I am a burden on everybody. I just don't know how to help myself.



#### ELLIE'S STORY

**My name is Ellie and I am 53. I was diagnosed with Type 1 diabetes when I was in my early teens.**

I was well supported by my friends, family and GP and I gradually learnt to live with diabetes and have controlled it well. But the last few years have been terrible. I divorced my husband, both my parents died, my son was convicted of a car theft and sent to prison and my daughter has moved to Scotland with her job. I just feel that my whole world has fallen apart and that everything I have worked for seems to have disintegrated before my eyes. I feel that I have failed as a parent, and am so ashamed of my son. He has been in trouble since the age of 15; he is only 23 and this is his second prison sentence.

I used to work but when mum became ill I had to stop working to help my dad look after her. When she died I wanted to go back to work, but then my dad was diagnosed with cancer so I looked after him until he died two years ago. I just don't do anything anymore and just feel that all the stuffing has been knocked out of me. I don't see my friends much now and even when the phone rings I can't be bothered to answer it. I just feel so depressed all of the time and I am struggling to control my diabetes.

I just don't see the point of trying to control it now - I know that I should but just can't find the energy to cook so I am eating a load of junk food which of course increases my blood sugar. Part of me feels very angry with my family and doctors trying to help me. I think "why don't they just leave me alone". I feel I have just spiralled down into a pit and I can't get out of it. I know that I need help but don't know where to go or what to do.

**If anything about the way John or Ellie are feeling sounds like some of your own feelings, this booklet could help you. In fact, we have tried to write this booklet so that people can learn how to deal with these kinds of feelings.**

Of course, everyone is an individual. Everyone is different. Even if you share some of John or Ellie's feelings, you will also have very different experiences of your own.

People use many words to describe feelings like those John and Ellie are experiencing. Some people talk about 'feeling fed up' or 'frightened'. Others say they are 'down in the dumps' or that their mood is 'low' or that they feel 'nervous'. Sometimes we use the words 'depressed' or 'anxious' to describe how we feel. Doctors often use the words 'depression' or 'anxiety' in a medical sense, to describe an illness. You may find this a helpful idea or maybe not. It does not matter. In this booklet, we have written about ways in which people can overcome these feelings. The booklet can help you whether your feelings are because of a medical illness or because other things in your life are causing you problems at the moment.

At this point we want to reassure you that you are not on your own. We don't want you to use the booklet without support from other people. Getting over your feelings of depression or anxiety is a team effort. So first of all, let's see what the programme of support is and meet the team.

## The programme

**This booklet should be used with support from other people and we have developed a programme of support that will be offered to you.**

You will be offered up to 8 sessions with a Psychological Wellbeing Practitioner over a 3 month period. The first session will last 45-60 minutes and you and the Psychological Wellbeing Practitioner will talk about the things and feelings you have been experiencing recently. They will ask you about your mood and your long term condition and how (or if) the two are connected.

After the first session the sessions will last about 30 minutes and can be either face to face or over the telephone – it's up to you. During these sessions the Psychological Wellbeing Practitioner will ask you about this booklet, whether you have noticed any changes since the last session and will discuss with you how you can further use the booklet. You will be asked to complete some questionnaires about your mood at each session which can help show how things are going - your Psychological Wellbeing Practitioner will explain and discuss these with you.

Your Psychological Wellbeing Practitioner will also discuss your progress with your GP and their supervisor to ensure you get the most appropriate support.

Ok, we've mentioned a number of different people who will be involved, now let's find out a bit more about each of these people.

## Meet your team

**YOU:** You are the most important person in this team. Only you know what you feel like at the moment. And only you can take the steps that are needed to get back to the way you want to be. Actually, you are the only person that really knows what this feels like and the expert of the 'real' you. You are the 'team captain' and the person who knows what you want to feel like in the future. Asking for help is hard to do. There is no shame in doing so and you must have had real courage to seek help. It's a tough decision to admit you need help. We all like to think that we are invincible but the bravest people are those who know when to call for assistance. Well done for getting this far.



### **YOUR PSYCHOLOGICAL WELLBEING PRACTITIONER:**

Your Psychological Wellbeing Practitioner is a health professional who works with long term conditions such as heart disease and diabetes and also with anxiety and depression.

Their role is to support you as your mood improves. They will help you understand your feelings and the impact these have on you. Most importantly, they will help you to choose the most useful exercises for you in the booklet. If you wish, they can also speak to a friend or relative with you.

Your Psychological Wellbeing Practitioner will see you over a three month period. They will be in contact with you fortnightly. They can get in touch with you face to face or by telephone.

Your Psychological Wellbeing Practitioner is really important. Think of them like a personal fitness trainer. If you go to the gym or play sports,

fitness trainers don't do the actual physical work of getting you fit. That's up to the individual. However, the trainer will help devise a fitness plan, monitor your progress and keep encouraging you to stay motivated when the going gets tough. Your Psychological Wellbeing Practitioner will act in the same way. They are there to support you.

Your Psychological Wellbeing Practitioner will also keep your GP up to date with how things are going and will send them a written plan at the beginning and end of the programme. The Psychological Wellbeing Practitioner will also talk to their supervisor to ensure you receive the most appropriate support. You can see this information if you wish – just ask your Psychological Wellbeing Practitioner who will be happy to show you.



### **YOUR GP/PRACTICE NURSE:**

Your family doctor or GP and/or your practice nurse are another important part of your team. Your GP and practice nurse will know about all your medical problems and will be very supportive of you as you work through your programme.

If you are on medication for your long term health condition and/or low mood or anxiety, your GP will be the person who prescribes your medication. Your Psychological Wellbeing Practitioner can talk to your GP (with your permission) so that everybody is working together to help you.



### **YOUR FRIENDS AND FAMILY:**

For many of us, our friends and families are usually the people we are most close to. When we suffer from anxiety or low mood they are often the first to notice. They see that the person they know is acting differently. Sometimes of course, we try to hide how we feel from those closest to us. We feel embarrassed or we might want to protect them from how we feel.

Often, we try and hide our feelings and put on a brave face. Sooner or later however, people that know us well do become aware of the changes in us. They see the tiredness; they experience the results of our irritability. Many of us don't want to admit to feeling low or anxious because we are embarrassed. However, if we do talk about how we are feeling with those closest to us we usually find they are concerned and supportive. Feelings of depression and anxiety are so common that often we will find that other people have had similar experiences. Even if we fear that people will not understand, telling others about our feelings can feel very supportive.

We believe that families and friends are very important. Everyone must make their own choices as to what they say to whom. The old saying that a problem shared is a problem halved may not be exactly true. In general, however, we would encourage you to discuss both the way you are feeling and the programme in this booklet with at least one person you are close to. You might want to bring someone into one of your sessions with your Psychological Wellbeing Practitioner to help them to understand your problems and how you're trying to change them.

## A guide to the booklet

This booklet will help you manage situations which you are finding difficult at the moment. When you are feeling low or anxious, concentration can be affected, so we have tried to make the booklet as easy to digest as possible. This booklet is also designed so that if you find yourself experiencing similar problems in the future you can work through some or all of the booklet again. So that you can reuse the book in this way, we have provided a separate booklet of worksheets for you to write on so you do not need to write in this booklet itself. As you complete the booklet you will be referred to the worksheet in the workbook that you need.

The booklet itself is divided into sections. In the first section we introduced you to the booklet and the team and gave you some brief tips for managing your mood. The next section (section 2) is about understanding the way you feel and finding out more about depression and anxiety. In the third section, we describe ways to help you improve your mood or anxiety. Finally, we have written a section about staying well (section 4).

Sections one and two are important for everyone to read through. Section three is different. In it, we describe a range of ways to improve your mood. In this step you can make choices between the different things described to help you. When you are feeling better, section four looks at things you can do to keep well.

We have used stories to illustrate how you can use some of the techniques we describe in section 3 of the booklet. You will find these stories at the back of the booklet. These stories are about ordinary people and they show how people with real problems can overcome their difficulties. Before we wrote these stories, we talked to a lot of people who have experienced problems with their mood about what should go in this booklet. We also asked doctors and other health professionals for their advice.



## Tips to help you to manage your mood

**To help you with your programme, here are some tips that have helped many people manage anxiety and depression.**

**Keeping notes:** Because having a low mood or being anxious affects our concentration it is a really good idea to write things down. Keep a record of what you are doing, the exercises you complete and plans you make. When you begin to feel better, you can look back at these and see just what progress you are making.

**Make a step by step plan:** At first it can seem very daunting to work on your problems. Step by step plans towards a goal break large things into more manageable chunks. Doing little and often is the way to overcome anxiety or depression.

**Do something every day:** Just like trying to get physically fit, the best programmes are regular. Try to do something from your recovery programme each day, even if it is just one thing. But remember, if you have a bad day it is not the end of the world. Tomorrow is an opportunity to try again.

**Talk to friends, family and your Psychological Wellbeing Practitioner:** Support from friends, family and your Psychological Wellbeing Practitioner is vital. Keep talking to them. Let them know how you are doing.

**If something is not working, try another thing:** This booklet is full of different ideas and exercises. Some may not work for you. If this is the case, try another one. Make sure you discuss this with your Psychological Wellbeing Practitioner. She or he will help you make the right choices.

## Understanding the way I feel

**This booklet has been written to help people who have a long term condition such as heart disease or diabetes and who also feel low, depressed or anxious. First of all we will look at depression.**

### Long term conditions and depression

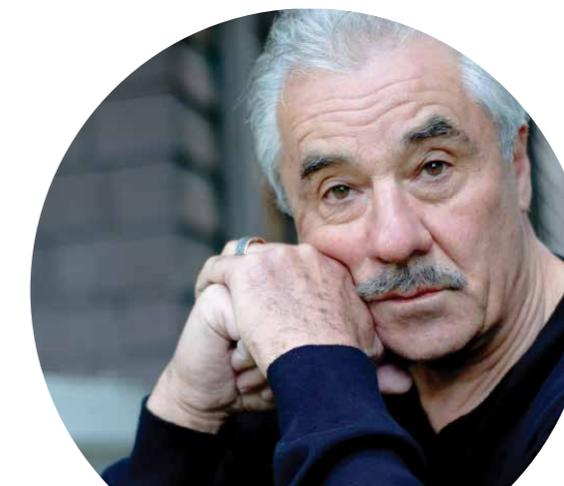
Experiencing ups and downs in the way we feel is part of everyday life. Usually, how happy or sad we feel, and how long this feeling lasts depends on how good or bad life is at any particular time.

Sometimes, however, things can really get on top of us and we spend most of our time feeling depressed and lacking motivation for many things. Problems with money, work, relationships, or the stresses we have because of health problems, are the sort of things that can lead to feeling depressed. As well as feeling depressed there can be other problems, like tiredness and irritability and enjoying life less. Difficulty concentrating is a common problem and basic bodily functions can be disturbed, such as sleeping. Everything can seem an effort and we tend to avoid social contact. It is quite common for people to say that they have lost interest in sex. Feeling like this means we enjoy life less and it is a struggle to do all of our usual daily tasks, such as going to work, looking after the children or even looking after ourselves.

The reasons for people getting depressed vary from person to person but often include difficulties in important areas of life, such as work, money or relationships. Having a long term condition puts extra stress on you and can lead to depression. Sometimes this is because of the unpleasant symptoms, such as chest pain, breathlessness in

heart disease, or maybe repeated infections in diabetes or sometimes because of unpleasant side effects of medication. Occasionally the long term condition can interfere with important areas in our life, e.g. stop us working and causing financial difficulties. Having support from friends and family, and particularly having the kind of close relationship with someone you can tell your problems to, has been shown to protect against depression.

What most people with depression want is help to cope with their everyday lives. An important step in recovery is to have knowledge about what is happening to us. There is no specific way a person who is depressed feels. It is an individual experience. Nonetheless, there are many symptoms which people commonly experience.



## How is your low mood affecting you?

Depression can affect people in a number of different ways. People can experience aches and pains that can cause them to worry that something else might be going on with their health. They may notice changes to their diet or appetite. Sleep can also be affected – people may have poor sleep or find themselves sleeping during the day. They may worry about their life, themselves or the future. People who have long term conditions often find it difficult to cope with the worry and stress that their illness causes. Symptoms they have, taking medication, sticking to a sensible diet or doing exercise can suddenly seem like too much effort.

Before you and your Psychological Wellbeing Practitioner decide what may help with your mood we need to understand 1) how your mood affects you, 2) what triggered these feelings and 3) the impact your mood and health are having on you.

Firstly let us look at how we can make sense of the way we feel. Depression can be broken down into three areas:

- **Things we feel physically**
- **Things we do or stop doing (our behaviour)**
- **Things we think.**

**Things we feel physically** when we are struggling with depression include not being able to get to sleep and frequent waking, particularly early in the morning. Other physical symptoms include poor appetite, weight loss, comfort eating, tearfulness, exhaustion and poor concentration.

**Things we do or stop doing (our behaviour)** include avoiding things because we feel they might be too difficult, because nothing we do seems to work, because we have lost interest in them or because they might make us feel worse. We end up not doing things that we previously enjoyed. We might stop looking after our health, for example not taking medication regularly or not sticking to a healthy lifestyle.

**Things we think** include unhelpful thoughts which make us feel less confident. For example some people living with a long term condition may worry about coping with the condition. Some people feel angry with people and things around them – even angry with themselves for feeling they cannot cope. Some people have thoughts that life is not worth living, whilst others may have definite thoughts of killing themselves.

We will now look at how these three areas create a 'vicious cycle' of depression.

## The 'vicious cycle' of depression

The things we feel, how we behave and how we think are all related to each other. For example, our physical feelings can lead to changes in our behaviour and the way we think. If we stop doing things we can feel worse physically and have very unhelpful thoughts. Depressed thoughts can mean that we stop doing things and feel physically unwell.

This 'vicious cycle' of unhelpful thoughts, changes in behaviour and physical symptoms can keep your mood low. An example (overleaf) can help show this:

### CHRIS'S STORY

Chris was told he had coronary heart disease four years ago and had three stents implanted. After he left hospital Chris was grateful to have survived and was determined to make some lifestyle changes including stopping smoking and eating more healthily.

He attended cardiac rehabilitation classes but stopped going because he felt so guilty that he started to smoke again occasionally.

Over the following few months he became overwhelmed with the many "No" messages he was getting such as no smoking, drinking, or eating fatty foods. Chris has been told by his GP and cardiologist that he recovered well physically but was depressed.

He had lost his confidence and his sleep and concentration were poor. He had thoughts that he was no good and could do nothing right. He felt tired all the time, and had lost interest in hobbies and pastimes.

He was no longer motivated and had stopped going out, meeting friends and doing the things he used to enjoy.

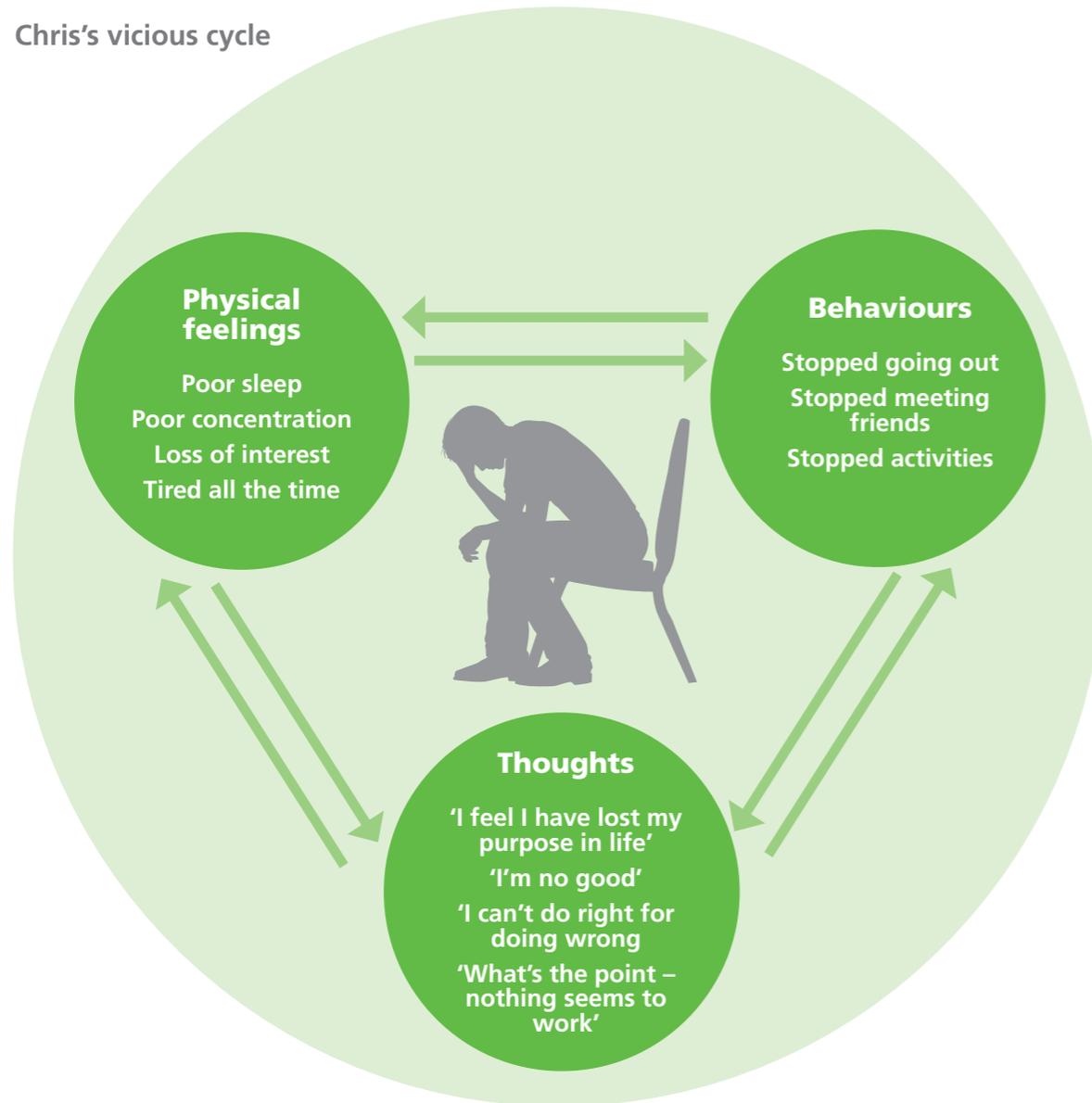
He had become more and more withdrawn. The more of these thoughts, physical symptoms and behaviours he experienced, the more 'down' he felt.

Chris had started to turn down opportunities to meet up with his old friends – many of his friends smoked and drank and he felt that there was little point in meeting his friends if he could not join in.

This led him to think that he could do nothing and had lost his role in life; in particular he felt that he had lost his 'manliness'. These thoughts made him reluctant to contact his friends.



## Chris's vicious cycle



### When can anxiety become a problem?

Sometimes low mood can be mixed up with anxiety and worry, or sometimes people can be anxious but not depressed. Either way, this can become a problem, particularly if it makes you avoid doing things that you need to do or would be good for you.

You might find yourself avoiding going out or seeing people; you might find yourself preoccupied with the fear something bad will happen and feel the need to ask for reassurance. All of these are common symptoms of anxiety.

Just as with depression we can make sense of anxiety by breaking it down into the three areas of:

- **Things we feel physically**
- **Things we do or stop doing (our behaviour)**
- **Things we think.**

**Things we feel physically.** When we are anxious our body is on 'alert'. This means that we can experience physical symptoms including increased heart rate, changes in breathing, pins and needles, sweating, needing to go to the toilet or feeling distant or 'unreal'.

**Things we do or stop doing (our behaviour).** In order to cope we may learn to avoid things that trigger or remind us of these symptoms, or take on ways of coping that might make us feel better in the short term but can make the problem worse in the long term, such as having a drink of alcohol, checking things, or making sure we always have someone with us.

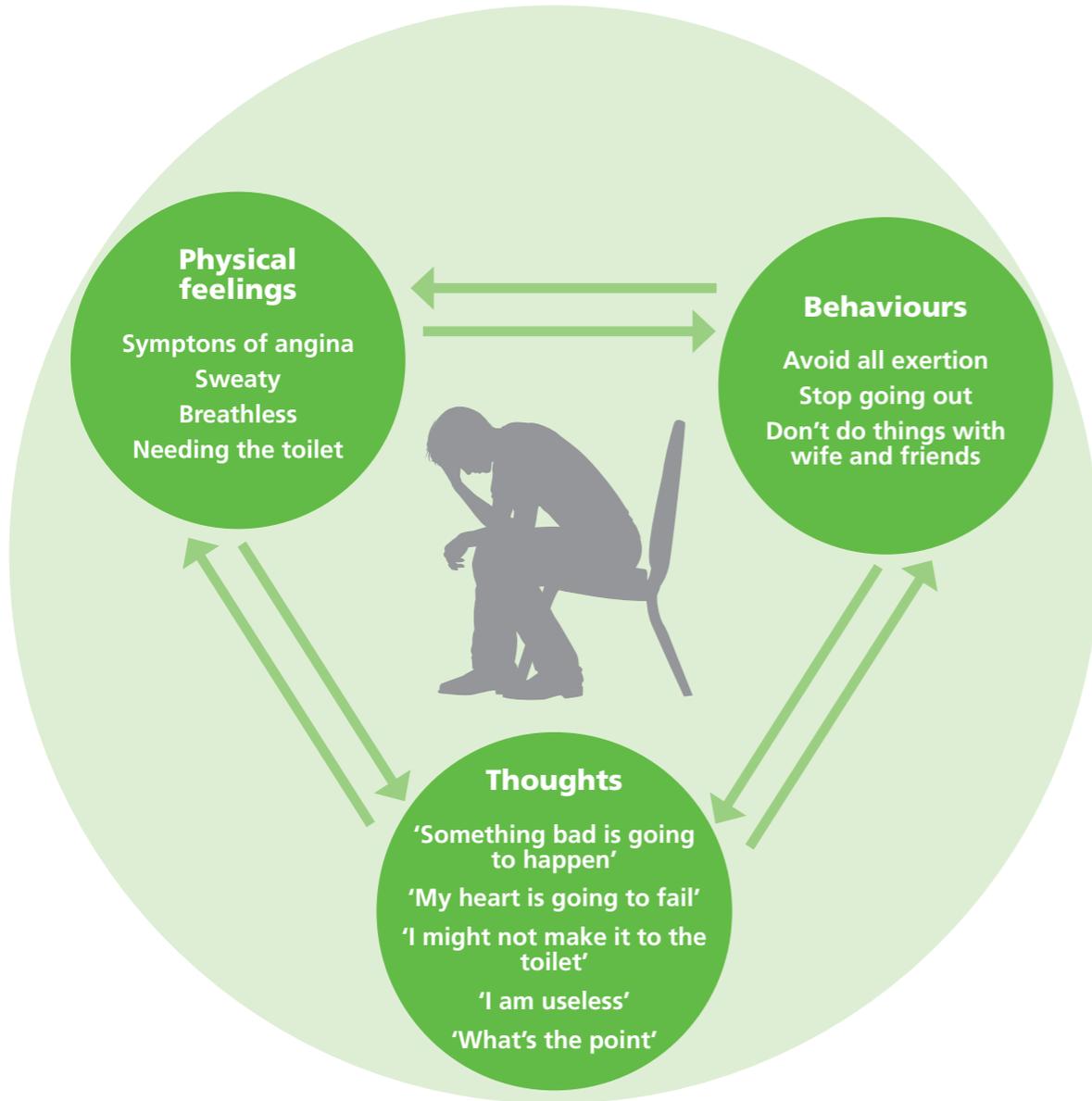
**Things we think.** When we are anxious we tend to dwell on the worst possible thing that could happen. Usually we will overestimate how likely the worrying thing is to happen, and underestimate how we would cope if it did. Some people living with a long term condition can become extra worried about their health if they have anxiety symptoms as they might be similar to the physical symptoms of their condition. For example a person who notices changes to their breathing might find it difficult to work out if they are anxious or if it is because of their asthma.

Let's take a look at how these three areas create the 'vicious cycle' of anxiety.

### The 'vicious cycle' of anxiety

So we can see again how the way we feel physically, how we think and what we do are all related to each other. If we feel anxious and avoid doing something we need or want to do, this will reinforce the anxiety and add to the strength of our frightening thoughts, making it more difficult the next time. In turn, if the anxiety makes you avoid doing things, this can feed into the vicious cycle of depression. Take Peter's case as an example (see overleaf):

Peter's vicious cycle



PETER'S STORY

Peter was diagnosed with angina after he retired from his work as a joiner. He was always fit and active but now gets occasional chest pain when he is out walking. This is taken away with a GTN spray but he worries that one day it will not be.

Now when he starts to think about having to walk outside or go anywhere he starts to feel breathless and sweaty. He worries his heart will "fail" and he finds himself needing the toilet which is embarrassing, and the more he rushes the more he worries about getting chest pain.

Peter tries not to show his wife or friends that he is struggling with being anxious as he doesn't want to worry them and thinks his friends will think he is "being soft".

So he finds ways of making excuses to not have to do things with them and avoids all situations where he would have to exert himself.

This means that he spends a lot of time on his own doing less of the things he enjoys which makes him feel low in mood and he often thinks he is useless.

When he is at his worst he feels that his life will never be the same and wonders what the point is in bothering with the advice he is given by his nurse on looking after himself.

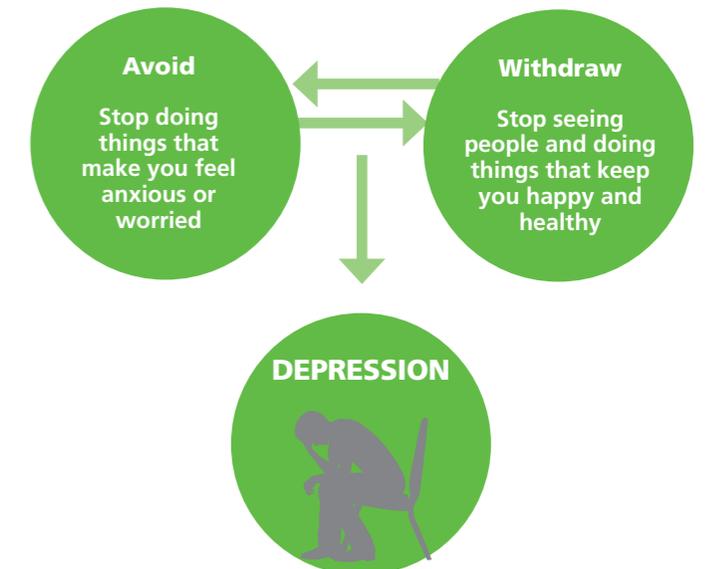
How can anxiety lead to depression?

When we stop doing things because of anxiety this is called **avoidance**.

The problem with avoidance is that it often spreads into more and more parts of our life and can lead to withdrawal from the contact with people and activities that we used to have that helped to stay fit and healthy, and manage the normal ups and downs of day to day life.

**Withdrawal** is the fuel of depression, the less we do the less we feel like doing and the more time we spend inactive the more we have time to dwell on worries and fears which can make the anxiety worse.

The diagram below shows how anxious avoidance can lead to depression and keep it going.



### Your own physical feelings, behaviours and thoughts

Now let's think about you. How do you feel, behave and think? In the workbook, you will find a sheet like the one below labelled 'Worksheet 1: My thoughts, feelings and behaviours', page 4 of the workbook. Get hold of this now. Use this sheet to write down how your anxiety or depression is affecting you. Jot down your physical feelings, the things you do or have stopped doing and the way you think. It can be quite difficult to write these things down. It is like bringing everything out into the open. This is an area where your Psychological Wellbeing Practitioner can help you.

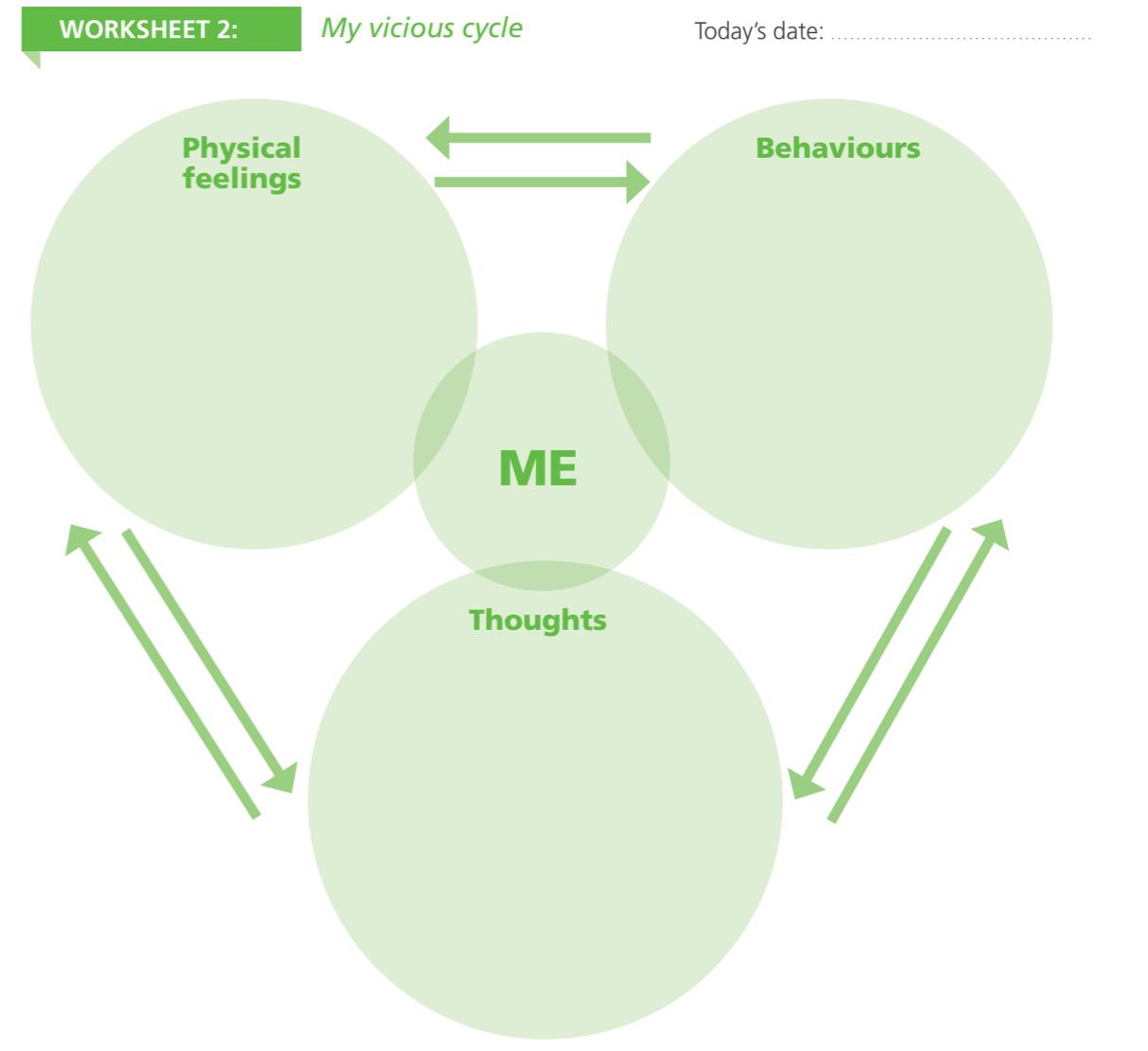
**WORKSHEET 1:** *My thoughts, feelings and behaviour* Today's date: .....

My physical feelings:  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....

My behaviours (things I do more or less of):  
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My thoughts:  
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Have a look at your lists. Can you identify how the three areas are linked? First find 'Worksheet 2: My vicious cycle' in the workbook, page 5. This worksheet is shown below. Then enter what you've written in the list in the appropriate circles. Once again, your Psychological Wellbeing Practitioner can help you with this.



### Identifying triggers

Next it is useful to identify the things that may have led to you feeling like you do – the triggers. Find **'Worksheet 3: Triggers'** in your workbook, page 6. Work with your Psychological Wellbeing Practitioner to complete this. There may be just one thing or a number of things. It is important to try and list them all.

#### WORKSHEET 3: Triggers

Today's date: .....

Things that triggered my low mood or anxiety:

- .....
- .....
- .....

### What is the impact of low mood or anxiety on your life?

Many people with low mood or anxiety find that writing down the impact of their problems on their life is the first step towards recovery. Although it can be quite distressing to list all these things, writing them down can give us something to aim for and can help to put things in perspective.

Your low mood or anxiety may affect your home life, your social life, your work, your personal relationships with partners, families and friends, and the way you look after yourself.

Find your copy of **'Worksheet 4: Impact'** in your workbook, page 7, and fill in the impact of your low mood/anxiety on each of the areas of your life listed. Your Psychological Wellbeing Practitioner will help you to use this sheet to choose exercises to overcome your low mood or anxiety.



#### WORKSHEET 4: Impact

Today's date: .....

**Home – things around the house such as housework, cooking etc.**

*The things to do with home that I find difficult are:*

.....  
.....

**Work – paid, self-employment, home working or caring for others**

*The things to do with work that I find difficult are:*

.....  
.....

**Health – taking up healthy activities such as exercise and diet, dropping less healthy activities, such as smoking and drinking alcohol, taking medication etc.**

*The things to do with my health that I find difficult are:*

.....  
.....

**Relationships – family and close relationships with others**

*The things to do with relationships with others that I find difficult are:*

.....  
.....

**Social activities – being with other people**

*The things to do with other people that I find difficult are:*

.....  
.....

**Personal activities – doing things alone which you enjoy such as reading**

*The things to do with personal activities that I find difficult are:*

.....  
.....

## Problem statement

We have now covered a number of aspects of your experiences at the moment – we have looked at your thoughts, physical feelings and behaviours and how these may interrelate, forming a vicious cycle. We have also looked at what the triggers might be for what you are currently experiencing, and the impact that this has on different areas of your life.

The next section looks at how we can break the vicious cycle and set some goals to change things for the better. Before they do this however, sometimes people find it useful to produce a 'problem statement'. This is a short statement of what you perceive to be the problem and can help you focus on what is important. In the introduction we encountered John who was finding it hard to cope after having had a heart attack. His problem statement was as follows:

### WORKSHEET 5: Problem Statement

Things that triggered my low mood or anxiety:

*"Recently I have felt afraid and anxious a lot of the time, especially when I get twinges in my heart – I fear that I will have another heart attack and that this time I will die. Because of these fears I have felt unable to go back to work and coach football like I used to do, and I am irritable with my family. I feel helpless and a burden."*

Your Psychological Wellbeing Practitioner will help you to formulate your problem statement. You can fill this in on '**Worksheet 5: Problem statement**' in your workbook, page 8.

## Breaking the vicious cycle and setting some goals

Now you understand how your physical feelings, behaviours and thoughts fit together you can use this understanding to help you choose some treatments and activities from this booklet.

You already know how your low mood or anxiety affects your life. You wrote this down on the impact sheet.

Although some people want to get back to their everyday routines, other people want to or need to make new changes to their way of life. In other words, some people want to restore their old routines and others want to develop new ones. For example, some changes may be necessary following a recent diagnosis of heart disease or diabetes, including reducing alcohol or stopping smoking, taking medication and increasing exercise and healthy living. For other people adjusting to a diagnosis of heart disease or diabetes can be very difficult. Some people might want to be able to enjoy previously enjoyed activities again. Others may want to feel less isolated and lonely. Another example might be someone who wants to be less irritable and sleep through the night.

Many people find it a really good idea to set themselves some goals to help them to start to manage their mood or their anxiety. You should base these goals around the areas where your life is affected by your mood or anxiety.

Remember, you can work with your Psychological Wellbeing Practitioner who will help you with this if you need it.

## Goals in detail

You are the person who can decide what you want to achieve. Goals will help you to:

- be clear about what you want to achieve
- give you feedback on how you're doing

A goal is what you want to be able to do at the end of the programme. You should be as clear as you can. You may want 'to feel better', 'to feel less depressed' or 'to feel more healthy' but ask yourself what 'feeling better', 'less depressed' or 'more healthy' means you will be able to do.

### EXAMPLES OF GOALS

- To go and play badminton once a week and enjoy it
- To eat three regular meals a day
- To get to sleep in 30 minutes on six occasions weekly
- To go to work five days a week and concentrate while I am there
- To meet people twice a week and speak to them confidently

## Your own goals

What are your own goals? We have provided some sheets for you to write these down in '**Worksheet 6: My goals**' in your workbook, page 9. Your Psychological Wellbeing Practitioner will give you some support here.

Working with too many goals can be confusing. We would advise you to work with between one and three goals. Here is some advice for setting your goals:

- Ask yourself what you want to be able to do
- Be as specific as you can by stating how often you want to do something
- Set realistic goals, things you want to do in the future or used to do in the past
- State goals positively, start with 'to be able to...' rather than 'to stop .....
- Ask your Psychological Wellbeing Practitioner or someone you know well and trust to help you.

Goals are things to aim for. Because of this, they should be things that you are struggling with at the moment. Pick things that your depression or anxiety is getting in the way of. The techniques in this booklet are designed to help you reach your goals.

Write these goals down on '**Worksheet 6: My goals**' in your workbook, page 9, (an example is shown overleaf). So that you know how you are doing, we have written down a simple scale underneath each goal. Circle one of the numbers for each one. This will tell you how difficult you find each goal. You will rate these goals with your Psychological Wellbeing Practitioner on a regular basis which will give you both feedback on how you're doing.



# My programme

## Ways of improving your mood

**There are a lot of different things you can do to improve your mood.**

A few pages ago you looked at your problems in terms of your own personal feelings, behaviours and thoughts. You saw the way Chris experienced depression and Peter experienced anxiety. You also looked at the vicious cycle of your feelings, behaviours and thoughts. There was a very good reason for this.

Treatments for depression and anxiety can be focussed on improving our physical symptoms, changing our behaviours and helping us think differently.

**The idea is to get the vicious cycle working in reverse.**

If our physical symptoms improve, our behaviours and thoughts can also change for the better. If we choose a way to change our behaviours, thoughts and physical symptoms can change. Changing thoughts can lead to different behaviours and improved physical symptoms.

**Your vicious cycle can be turned into a 'recovery cycle'.**

Now is the time to step into your recovery cycle. In the following pages we describe a number of very useful ways of improving the way you feel. They are not in any particular order of helpfulness. Some people use one technique; other people like to try a number of them.



Your Psychological Wellbeing Practitioner will help you decide which way might be the best place to start. However, to help you make a choice, we have collected some recovery stories for you to read.

They are stories about ordinary people who have used some of the ideas in this booklet to cope with their anxiety or depression. You may wish to read some or all of these stories first. You can find them on pages 51-74.

## Improving the way I feel physically

In the next few pages we have listed some techniques that can help with the common **physical symptoms** experienced by many people with anxiety or depression. If they sound like the kind of things that you would like to try, you should discuss them with your Psychological Wellbeing Practitioner.

### Improving your sleep

Our sleep is often disturbed when our mood is low or anxious. Sleep problems can take many forms. Some people have difficulty getting off to sleep.

Some people wake early in the morning and are unable to get back to sleep.

Some people wake frequently in the night whilst others sleep but wake up without feeling rested. Some people sleep too much, sleeping throughout the day. This can be because they feel so bad and they think that sleep will give them some relief from the unhappiness that they feel. Other people sleep a lot because they feel so tired and have lost their energy.

If your sleep is disturbed, see right for some useful dos and don'ts about sleep which you could find helpful.

A 'sleep diary' (shown on page 26) can be a useful tool to help you get an accurate assessment of how much sleep you are getting and what factors might be affecting your sleep. Filling out a sleep diary can help you identify patterns and identify areas that you might change. Also, many people who are struggling with sleep make negative assumptions about their sleep (e.g. 'I never sleep more than 5 hours a night'). Filling out a sleep diary can help you to check if this is really the case. You will find a sleep diary for you in your workbook, **Worksheet 8: Sleep diary**, page 12.



## Tips to improve your sleep

- **Try not to sleep in the day.** The problem with not sleeping at night is that we then feel down, tired and washed out. This tempts us to nap in the day. Unfortunately napping in the day just creates another vicious cycle. The more we take daily naps, the harder it becomes to sleep at night.
- Ensure that you **prepare yourself for sleep before going to bed.** Try to relax for an hour or so before going to bed. Some people find it useful to have a warm bath or a milky drink.
- Eating a large meal in the evening may prevent sleep, so **try to eat earlier.**
- **Don't drink tea or coffee before going to bed.** Such drinks contain caffeine which is a stimulant and will keep you awake.
- **Don't watch TV in bed** as this can be stimulating at the wrong time.
- **If you cannot get to sleep, try to relax your body and mind.** Focus on resting rather than sleeping. For some people doing some mental relaxation exercises can help.
- **Try to go to bed and get up at the same time each day.** Keeping to the same routine every day is more likely to restore your sleeping pattern. Avoid those long lie-ins if at all possible.
- **Try to do some exercise every day.** This could just be a brief walk or doing some gardening. 'Little and often' and 'start small' are good pieces of advice. A ten minute walk every day is a great start.
- **Keep a notebook and pen by your bed** so if you are troubled by thoughts or worries that won't go away you can jot them down and deal with them in the morning.

**WORKSHEET 8:**

*Sleep diary*

Today's date: .....

Day/Date	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Mood level during the day (0 –10, 10 worst)							
Fatigue level during the day (0 –10, 10 worst)							
Naps taken during the day - what time? How long for?							
Activity during the day? (0 –10, 10 most active)							
Caffeine, nicotine, alcohol during day, and during evening?							
What did I do just before going to bed?							
What time I went to bed							
What did I do in bed? (Read, TV, sex)							
What time did I put the lights out?							
How many minutes before I fell asleep?							
What time did I wake up?							
Number of times I woke up? For how long each time? What did I do?							
Number of hours I slept?							
On waking up in the morning, how rested do I feel? (0 –10, 10 most rested)							



Improving the way I feel physically

**Dealing with feeling irritable**

Irritability is common for many people when they are depressed or anxious. We end up being intolerant of people and snapping at them. We do this with our loved ones, our work colleagues and even people we don't know. Sometimes this can go beyond irritability and we can end up being quite angry with everyone. We can get angry with our employers for not understanding our situation, angry with our families for constantly bothering us, angry with our doctors for nagging about health issues.

If irritability or anger is one of your symptoms here are some useful dos and don'ts which you could find very helpful indeed.

- **Try reminding yourself that the way you are feeling is because of your anxiety or low mood.** This is not the 'real' you. It is a symptom.
- **Get your team on board.** Explain to your family and friends how anxiety and low mood affect people. You could ask them to read this booklet. It is also possible to bring a family member into one of your sessions with your Psychological Wellbeing Practitioner. The main idea is for you to help your family and friends understand that your irritability is a symptom of your low or anxious mood.
- Many people find they need help to relax. **Some simple relaxation exercises might help here.** Your Psychological Wellbeing Practitioner will be able to teach you some easy relaxation techniques that you can use at home on a regular basis. Listening to your favourite music is another good way to relax.

**Improving your diet**

When people feel depressed or anxious they often lose their appetite. For other people, they find that they eat more. Another problem with eating is that when we are feeling low or anxious we sometimes find cooking too much effort or too stressful. We stop bothering or feel unable to manage to cook, shop or prepare a meal. Even if we are tempted to eat, we tend to choose convenience or 'junk' foods. This kind of food makes us feel temporarily better but quickly leaves us craving for more.

If your low mood or anxiety is causing you a problem with eating here are some useful dos and don'ts which you may find helpful.

- **Try to eat small meals regularly.** It is often easier to face small amounts of food often rather than a huge meal all at once.
- If you don't want to make a lot of effort to prepare food, **try to buy healthy food that doesn't need much preparation.** Fruit, yoghurts, salad and fish are examples of foods which are easy to prepare.
- **Try to avoid too much comfort eating** – it rarely feels comforting in the end. It is easier not to buy it at all when you go shopping than to resist eating it when it is in the cupboard.

- From time to time, even the most placid person needs to **take time out**. Many people experiencing anxiety or depression find that one thing that helps is to have some respite from their day to day lives. Respite can be anything. Mostly it will include something that you find pleasurable, something just for you. This could involve a simple activity such as having a relaxing bath or listening to some favourite music. Other people find that telephoning a friend or going out with friends or family are a way to distract themselves from irritations.

### Dealing with poor concentration

Experiencing difficulties with concentration can be a very distressing symptom of anxiety or depression. Many people find that they cannot pick up a booklet or newspaper anymore. Even the thought of reading can be very off putting. Our memories seem to deteriorate and we forget what we have just read or heard. This can happen in conversation with people, not just when reading or watching the TV.

Actually, our concentration may not be as bad as we fear. In fact, when we are feeling low or anxious we tend not to listen as carefully as we normally do. Because we don't listen clearly, we don't remember information properly. We then end up worrying about our concentration. Once we start to worry, our concentration gets even worse. It's another vicious cycle.

If concentration is a problem for you, here are a couple of useful ideas which you may find helpful to try.

- One useful suggestion is to **write things down**. It can be very helpful to keep a list of important things to do. Sometimes repeating what somebody has said either out loud or in our head can help with remembering things.
- Because our concentration can be affected we often simply stop doing things like reading. One solution is to **read regularly but for small periods of time only**. Alternatively, we could read something that is slightly easier to digest than the material we are used to.

### Dealing with loss of energy and poor motivation

Loss of energy is a key symptom of low mood and is closely linked to tiredness or fatigue. Energy loss is another vicious cycle. The less we do, the less we want to do.

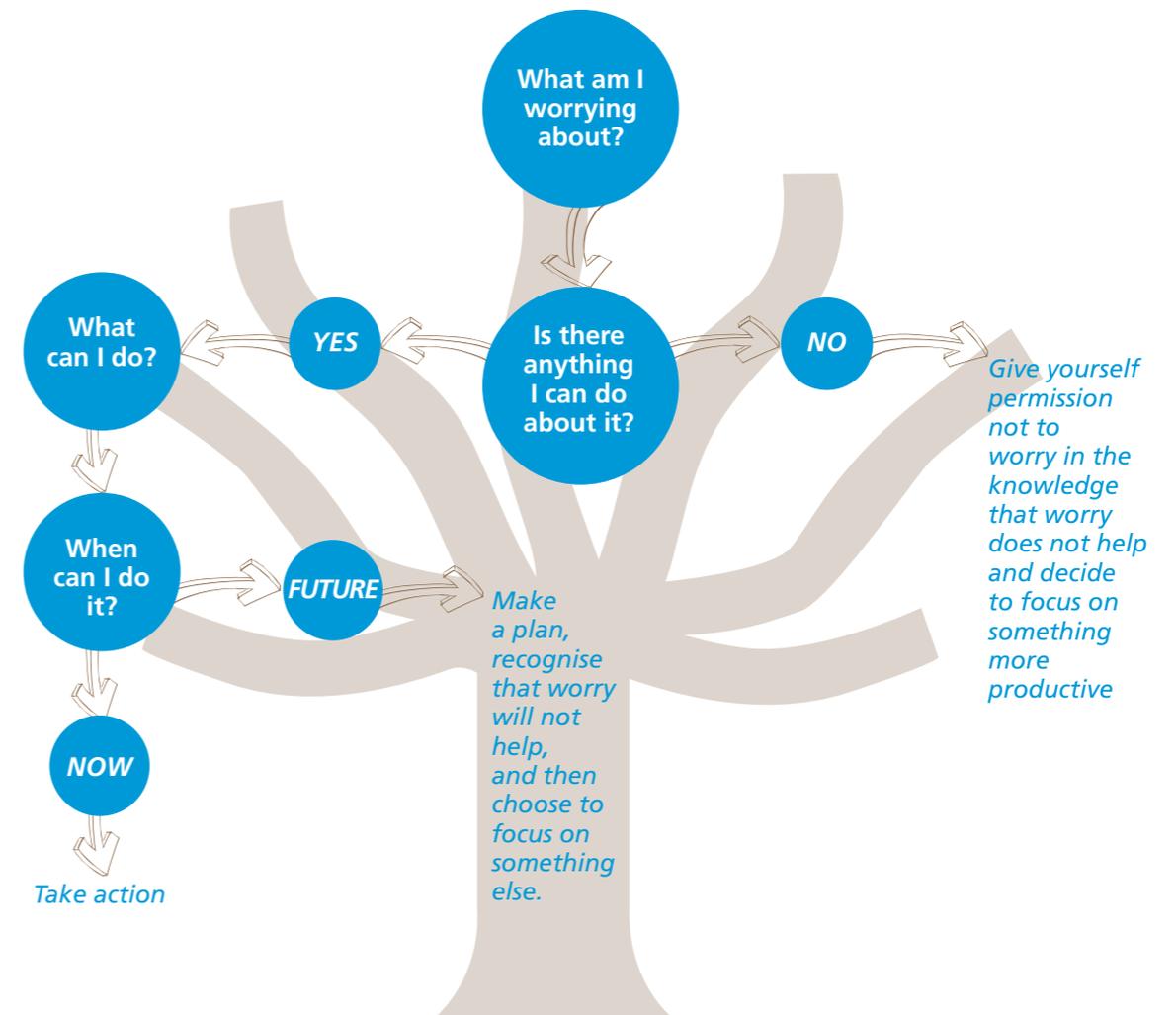
If loss of energy is a problem for you, here is a useful idea which you may find helpful to try.

- Although it sounds very difficult to do at first, doing some exercise will actually help with loss of energy. The idea is to break the vicious cycle of tiredness followed by inactivity and more tiredness. You should try and plan some exercise into your day every day. Set yourself small goals – this might be a walk, a slow swim or anything that involves even a small amount of movement. An important thing to remember is that exercise is unlikely to make you any more tired than you already feel. We have suggested some techniques in the next section which might help you plan some exercise into your daily routine.

### Dealing with worry

Sometimes, particularly when we are tired and have poor concentration, no matter how hard we try, it is difficult to stop having worrying thoughts. As we will show you a little later in the booklet it can be helpful to look at our thoughts in a structured way to challenge them or work out what the problem is. But if you've done this and the thoughts still come, it can be useful to use simple ways of helping yourself to break the chain of worry.

Using the **worry decision tree** is a way of helping you to do this.



It is important that you don't use distracting yourself from your worries as a way of avoiding dealing with a real problem. But if having gone through the worry decision tree you decide with your Psychological Wellbeing Practitioner that you have done all you can, you can discuss other ways of occupying yourself. For example you might go for a walk or do a jigsaw puzzle. The types of things that work best usually involve doing something active or that use your mind in a different, constructive way.

### Medication

You may have been prescribed an antidepressant or medication to help your anxiety by your GP. If you are taking this medication it is important to take it as prescribed. If you have any questions or concerns about your medication you can speak to your GP, pharmacist or your Psychological Wellbeing Practitioner can provide you with some additional information.

## Changing the things I do

### Getting active

In this booklet we have discussed how feeling down often consists of feeling physically unwell, thinking unhelpful thoughts and changes in the way we behave. As we have shown, these feelings, thoughts and behaviours are all linked. We end up in a vicious cycle where we withdraw or avoid doing the normal things that we do.

- Some of the things we avoid are regular, **routine** activities such as cleaning the house, washing up, cooking a meal, etc. Our routines also become disrupted. We change the time we go to bed or get up, when we eat and how we cook and care for ourselves. Although we often moan about our daily routines, they do make us comfortable in our surroundings.
- Other activities that get disrupted are the things we do for **pleasure**. These can include seeing friends, enjoying a day out with our families, reading or doing whatever interests we have. These are the things that in normal circumstances we find pleasurable. They are the necessary breaks from our routines.
- The third area is where we avoid important **necessary** things such as looking after our health, paying bills or confronting difficulties at work, home or in our close relationships. Although the consequences of not doing these things can be quite serious, when we feel down we often avoid doing them.

**Behavioural activation** is a technique where we focus on re-establishing or developing new daily routines, increase our pleasurable activities and do the things that are necessary for us. Basically, behavioural activation is about 'acting our way out of depression'.

### How do I start to do this?

There are four stages to **behavioural activation**. If you choose to try it, your Psychological Wellbeing Practitioner will help you to make a start.

- **Stage 1** is to fill in a weekly diary of what you are doing now.
- **Stage 2** is to think about activities that you would like to do or that you wish to start doing again. Some of these things will be routine things. Other things will be pleasurable activities such as going out and meeting people and some things will be important necessary activities that may need to be dealt with quickly.
- **Stage 3** is to make a list of these different activities. You write the most difficult things at the top of the list and the easiest activities at the bottom. When making these lists it is a good idea to make sure that you have some routine, some pleasurable and some necessary activities evenly spread throughout.
- **Stage 4** is using the behavioural activation diary to plan out how to start doing these things. You can do this by starting with the easiest activities first and adding activities from higher up your list as time goes on.

At each stage you will be able to discuss your plans and activities with your Psychological Wellbeing Practitioner. If you wish to read a story of someone who has chosen behavioural activation as part of their programme then go to page 55.

### Stage 1

Use a blank behavioural activation diary like the one shown overleaf on page 32, from your workbook, *Worksheet 9: Behavioural activation diary*, which is on page 14.

Each day, write down what you do. Try to be specific and try to fill in each square. Even if you think that you have done nothing, make a note. This is all helpful information.

When you record your activities write down some details about what exactly you have done. It can be helpful to record details such as where you were, when you did things and if you were with anyone.





**Stage 3**

Use *Worksheet 11: Activity list B* on page 17 of your workbook, like the one shown below to organise all these different things into a list, with the most difficult activities at the top of the list and some easier activities at the bottom. Try to make sure that you mix up **routine**, **pleasurable** and **necessary** activities in the bottom, middle and top of the list.

**WORKSHEET 11: Activity list B** Today's date: .....

Now try to put your lists in order of difficulty:

..... ..... ..... ..... ..... .....	Most difficult
..... ..... ..... ..... ..... .....	Medium difficulty
..... ..... ..... ..... ..... .....	Easiest

**Stage 4**

In this last stage you should take another blank diary sheet, (*Worksheet 9, Behavioural activation diary*, page 14 of your workbook) to plan out how to start doing some of your activities. Take some routine, pleasurable and necessary activities from near the bottom of your list and write in your diary when you would like to do them.

Being specific is helpful. Write down what the activity is, where it will be done, when it will be done, how it will be done and if it includes other people who it will be done with.

Try to schedule something at least once a day, more if you wish, but for most people it is best if they start small.

When you have tried to do some of the activities you have listed, discuss your progress with your Psychological Wellbeing Practitioner. Over time, you can move up your list to do other things. You can go at your own pace and your Psychological Wellbeing Practitioner will support and encourage you.

For many people even doing what were once pleasurable activities may not bring immediate pleasure. To start with, people often feel a sense of achievement rather than actual pleasure. As the weeks go on you should find that you get back to either your old routine or you develop new ones. The main thing with behavioural activation is to plan carefully and keep going.

**Tackling anxious avoidance**

Earlier in the booklet we looked at how anxious feelings can lead us to avoid doing things that we need to do or would help us to stay well. The more we avoid doing things that make us anxious the less confidence we have to do them and so the vicious cycle of anxiety continues.

**Graded exposure** is a technique for tackling avoidance in a structured way by helping you spend gradually increasing amounts of time in the situations that make you anxious. You can read about a person who used graded exposure to overcome his anxieties about venturing out of the house on p68.

There are four essential ingredients of graded exposure:

- That you **start gradually** with something that you think you can manage
- You need to **spend prolonged time at each step**
- You need to **repeat each step** until your anxiety falls in intensity by a half to three quarters
- This should be **done regularly** at least once a day.

### How do I start to do this?

There are four steps to exposure. If you choose to try this your Psychological Wellbeing Practitioner will help you make a start. For steps 1 and 2 you will need *Worksheet 12: Activity list – Graded exposure*, (page 18 of your workbook).

#### Step 1

Make a list all your fearful situations.

#### Step 2

Organise into a hierarchy from the situation that you find easiest to deal with to the things you find most difficult.

#### Step 3

Make a goal for the week starting with exposure to the least anxiety provoking situation. Remember to practice for at least an hour a day.

#### Step 4

Use the exposure diary sheet, *Worksheet 13: Exposure diary*, page 19 of your workbook – example shown on next page, 37, – to keep a daily record of the situations you practice your exposure in, and use this to discuss your progress with your Psychological Wellbeing Practitioner.

#### HANDY TIPS

- If you find it difficult to complete your exposure goal try breaking it into smaller steps
- Ask a trusted friend to help you with the start of each exposure step
- Give yourself praise and plan rewards for your successes
- Stick to the exposure plan even on days you don't feel like it



Fill in the worksheet with the details of the exercises you undertake, making sure you use the rating scale before you start the exercise, at the beginning of the exercise and at the end of it. Please add any comments you want to discuss with your Psychological Wellbeing Practitioner or anyone else who is supporting you to do the sheet.

#### WORKSHEET 13: Exposure diary

Today's date: .....

Date & Time	Duration	Rating			Comments
		Before exercise	Start of exercise	End of exercise	

0	25	50	75	100
No anxiety	Mild	Moderate	Severe anxiety	Panic

#### WORKSHEET 12: Activity list - Graded exposure

Today's date: .....

Step 1: List of everything that makes me anxious and I avoid	Step 2: List arranged into a hierarchy from
	<div style="text-align: center;"> <p>Hardest</p> <p>↑</p> <p>Easiest</p> </div>

## Changing the way I think – cognitive restructuring (or thinking about things differently)

Cognitive restructuring is a way of changing our unhelpful thoughts by looking at them and challenging them. When we are depressed or anxious we have many unhelpful thoughts such as “I am worthless”, “Everything I do is wrong”, “Why does nothing ever go right for me”.

Sometimes these thoughts might take the form of worries or fears about bad things that might happen in the future, or unpleasant things that have happened in the past. Some people get angry thoughts that can be focused on family members, employers, health care professionals, themselves etc. These unhelpful thoughts often stop us doing things that we want to. The more unhelpful thoughts we have, the less confident we are and the lower our self-esteem becomes. It is yet another vicious cycle.

### Unhelpful thoughts

- . . . seem automatic. We don't think them on purpose, they just appear in our heads.
- . . . seem believable and real at the time they appear.
- . . . are the kind of thoughts that would upset anybody.

You can use cognitive restructuring to help you to put your thoughts in perspective. An example of how this is helpful is given in one of the stories on page p61 of this booklet. If you want to use this technique your Psychological Wellbeing Practitioner can give you some support.

## How do I start to do this?

If you want to do some work with your thoughts you can use a thought diary to collect and write down your thoughts. You will find one of these on page 20 of your workbook, **Worksheet 14: Thought diary**. You can see what one of these looks like on page 39.

### Stage 1

Each time you feel sad, depressed, worried or irritable:

- Write down in the first column of your thought diary a brief description of **the situation** where the thought occurred. You should write down **where you were** and what you were doing.
- In the second column **write down the actual feeling you had**. This may be sad, anxious or angry. Also record **how bad that feeling was** on a scale of 0–100%. 0% is “not at all bad”, 100% is “the worst it could be”.
- In the third column write down exactly **what your thought was** and **how much you believe that thought to be true**. Here 0% is “I do not believe this at all”, 100% is “I totally believe this thought”. An example can be found on the thought diary on page 39.
- For the time being, ignore the last two columns of the diary.

## WORKSHEET 14: Thought diary

Today's date: .....

Situation	Feeling Rate how strong it was (0 - 100%)	Thought Rate how much you believe this thought (0 - 100%)	Revised thought Rate how much you believe this thought (0 - 100%)	New feeling Rate how strong it was (0 - 100%)

We suggest that you should collect your thoughts for one to two weeks in this way. It is also helpful to talk to your Psychological Wellbeing Practitioner about what you have written in the diary.

### Thinking errors

Certain types of thoughts are common in people when they are suffering from depression/anxiety. When you start writing down your thoughts, watch out for any thoughts that fall into these categories.

1. **All or nothing thinking** - Thinking in black and white terms, for example, anything less than a perfect performance you may view as a complete failure.
2. **Overgeneralising/catastrophising** - Viewing the outcome of a single task, or a single event, as having implications for all future tasks or events in your life; thinking that just because something didn't go as you wanted this time it will never go as you want, or that everything will go wrong for you in the future.
3. **Mental filter/disqualifying the positive** - Seeing only the negative and ignoring the positive or, when something good does happen, downplaying its importance.
4. **Jumping to conclusions** - When we believe things to be true even though we lack evidence. This can include 'mind-reading', when we make assumptions about what others think without checking this out with them, or when we predict the outcome of something that we might do and treat this as a fact rather than a prediction.
5. **Magnification or minimization** - Similar to disqualifying the positive, we may exaggerate the importance of negative things and downplay the importance of the positive.
6. **Emotional reasoning** - Assuming that if you feel something this means that it is true – For example, if you feel nervous this must mean that you are not prepared, if you feel anxious that must be because you are in danger.
7. **Personalization** - Assuming that you are the cause of a negative event although there may in fact be many causes.
8. **Mind-reading** - Assuming we know what others think, feel or intend even though we cannot actually know.

Other patterns of thinking common in people suffering from depression include demanding thoughts, which take the form of 'should', 'must' and 'ought' statements ('I should always appear happy and friendly to others', 'I must be loving to my children at all times', 'I ought to be able to handle this by now').

These 'rules' are extremely inflexible and if we break them we often feel extremely guilty or upset. When people are suffering with depression they may also label themselves negatively on the basis of a single experience e.g. a person with diabetes may label themselves a 'failure' or 'a bad patient' on the basis of single poor blood test result.

### Stage 2

Stage two is all about collecting evidence to see if your thought is true or not. There are many ways to collect evidence. In this booklet we have described one of the most common ways to do this. It is also one of the most straightforward to use yourself.

We suggest that you look at one thought at a time.

Find '*Worksheet 15: Evidence table for cognitive restructuring*' in your workbook, page 21. Write the thought down on top of the 'evidence table'. Add in your percentage rating of how much you believe it. In the evidence table, one column is labelled evidence for and one is labelled evidence against. Next, imagine that you are the judge in a court where the evidence for and against the truth of your thought is being examined. Write down the evidence for and against the thought being true. Remember that you are the judge and you need to present the full picture so that a fair decision can be made.

Sometimes people find this quite difficult. To help you to give your thought a 'fair trial', use some of the following questions:

- *If my best friend or partner were giving evidence, what would they say for and against this thought?*
- *If you rate the belief in your thought as 75%, then there is 25% of the thought you do not believe to be true. Ask yourself what makes up that 25%.*

**WORKSHEET 15:** *Evidence table for cognitive restructuring* Today's date: .....

My thought		My % belief
.....		.....
.....		.....
Evidence for	Evidence against	
.....		

**Stage 3**

Now you need to reconsider the thought in light of the evidence you have collected. You should be able to come up with a revised thought. Use the fourth column of the thought diary (*Worksheet 14, page 20 of booklet*) to write down this new thought. You should also rate how much you believe the revised thought.

In the final column rate your feelings again using the same 0-100% scale. Notice how by changing your thought, your mood may have changed. This is the way cognitive restructuring can really work to change the way you feel. Here are some tips to make cognitive restructuring easier:

**HANDY TIPS**

- Unhelpful thinking takes time to change. Often you will need to challenge your thoughts several times before change takes place.
- Ask a friend you trust to help you look for evidence for and against your unhelpful thoughts.
- Practice cognitive restructuring with other thoughts. Use your evidence table to judge them.
- As you become more expert in this, try to catch the thoughts and judge them as they actually occur.
- Carry your diary with you so that you can catch and challenge your thoughts straight away.

**Behavioural experiments – trying things out**

As part of thought challenging it can be helpful to build on your new way of thinking by putting it into practice. This is called doing a behavioural experiment. Behavioural experiments allow you to find out more about a situation you might be worried or anxious about. You can read about a person who used a behavioural experiment to overcome his anxieties about exercising on p68 of this manual. There are a number of steps in using a behavioural experiment that your Psychological Wellbeing Practitioner will help you with.

**These are:**

1. Work out what the situation is that you want to find out more about.
2. What do you think will happen? What is the worry or anxiety? Give it a rating of how strongly you believe this on a scale of 0-100%.
3. Think of how you can test out your prediction – carefully design an experiment.
4. Do the experiment and write down what you did and the results using the behavioural experiment record sheet shown overleaf on page 43 (*Worksheet 16: Behavioural experiments* in the workbook, page 22).
5. Look at what actually happened – how does this compare with what you predicted would happen? Give it a rating of how strongly you now believe this to be true or accurate on a scale of 0-100%.
6. Think about what have you learned from this about your original worry or anxiety? Use this to help challenge your thoughts or perhaps devise new experiments to learn more about your anxieties.

**WORKSHEET 16: Behavioural experiments**

Today's date: .....

Date	What is the experiment that you are going to do?	What do you predict will happen? How strongly do you believe this? (Scale of 0 - 100%)	What actually happened when you did the experiment?	What do you now think about your original prediction? How strongly do you now believe it? (Scale of 0 - 100%)

Using behavioural experiments we can find out more about our anxieties. If you think this would be a helpful thing to do talk to your Psychological Wellbeing Practitioner so you can carefully design ways of testing things – anything can be an experiment if you follow the steps above.

Examples of experiments might be:

- Trying out things you are avoiding such as walking upstairs or otherwise exerting yourself
- Asking someone for help with something
- Doing something more slowly.



### Problem solving

We all have problems that seem to be impossible to solve and which make us feel unhappy or anxious. Such difficulties often go round and round in our head and appear to have no clear solution.

Problem solving is a structured way to help you manage current problems. It helps you:

- to feel more in control of your difficulties; and
- think of realistic and practical solutions.

### How do I start to do this?

There are several stages to problem solving. If you choose to try it, your Psychological Wellbeing Practitioner will help you to make a start.

### The stages are:

1. Identify and write down what the problem is (you need to define the problem as clearly as possible). If you have a number of problems start with the one that is most important.
2. Write down as many possible solutions to the problem as you can (even if you think that they are not likely to work).
3. Go through each solution and decide on the good and bad points of each one.
4. Choose the solution which is the most realistic and practical.
5. Write down each step that you need to do to resolve or change the difficulty. Decide when you will do each step.
6. Work through each step keeping a personal diary of your progress.
7. Review how helpful the solution was, whether it solved the problem.
8. Decide what to do next.

You may find that in trying out your chosen solution you uncover problems underlying the original problem. This does not mean that your attempt has been a failure as you have succeeded in gaining further understanding of the problem, understanding that you would not have if you had done nothing.

It may be necessary to go through the problem-solving process again to find solutions to the underlying problem. It may be that the underlying problem is a problem that you can't do anything about, in which case the solution may be to distract yourself as illustrated in the worry tree (page 29).

Problem solving can be useful for lots of different types of problems. Once you get used to using the steps you will find it becomes easier to apply in day to day situations.

When you use it with the worry decision tree it can help your low mood by making you feel more in control of your problems. For example you might use problem solving to work through obstacles to progress with being able to manage your health condition, or practical issues such as work problems.

You will find a problem-solving worksheet that takes you through these steps in the workbook, page 23, *Worksheet 17: Problem-solving*.



# Staying well



## Will my depression or anxiety come back?

A question often asked by people is, “*Will my depression/anxiety come back?*” It is certainly true that the risk of depression or anxiety returning increases when people have experienced more than one episode of problems with mood. Your Psychological Wellbeing Practitioner will spend some time with you during your final few sessions discussing with you how to stay well.

There are two ways to increase the chances of you staying well.

1. Keeping a healthy lifestyle
2. Monitoring your mood

### 1. A healthy lifestyle

We know that the things we do in our lives have an effect on our mood. Lifestyle activities such as regular exercise, positive relationships with other people and making sure we allow time in our lives for things that give us pleasure, all help to keep our mood stable. A balanced diet is another important factor in keeping well.

We suggest that towards the end of this programme you have a look at your overall lifestyle. See if you wish to identify any changes that could help. Pay attention to exercise, diet, sleep, your balance between duties and

pleasures and your close relationships. Is there anything that you could do to make any of these aspects of your life more positive? If there is, it could be a really good idea to make some positive changes in the next few weeks.

### 2. Monitoring your mood

With your Psychological Wellbeing Practitioner you will write down a plan of what to do if you start feeling low or anxious again (see next page). This plan will be individual to you. It will include monitoring your mood, recognising if problems are happening again, and dealing with setbacks. However, we have outlined the basic principles below.

- During this programme you have probably learned a lot about the way you feel when your mood is low or anxious. You will have understood your mood in terms of the way you feel, the things you do or have stopped doing and the things you think. We suggest that you should pay attention to these aspects of yourself on a regular basis. Notice if you begin to experience any of these feelings again. These could be potential early warning signs.

- Of course, as you know, it is quite normal for people to have ups and downs in their mood. This does not necessarily mean that your depression or anxiety is coming back. However, if these feelings persist or get worse, it is time to act. If these feelings stay around for more than 10 to 14 days we suggest that you fill in two short, easily completed mood questionnaires, called the Patient Health Questionnaire (PHQ-9) and the Generalised Anxiety Disorder questionnaire (GAD-7). Your Psychological Wellbeing Practitioner will teach you how to do this and how to understand the results, and the importance of re-referring yourself to their service or contacting your GP if your feelings are persistent.

- Depending on the results of the PHQ-9 and GAD-7, you will have a number of options. Firstly, if the score is OK you need to remember that everyone has ups and downs in their mood. You should keep up your healthy lifestyle activities and keep monitoring yourself closely to see how you feel for the next month or so. If the score is showing that your mood is low or anxious again, make a plan of how you will manage your mood. This might include re-starting some of the useful techniques from this booklet. It might include getting the team together again. This could include talking to your friends, going to see your GP or seeing a Psychological Wellbeing Practitioner.

### My early warning signs and action plan

Monitoring your mood and putting techniques into place early may help prevent your mood from becoming depressed or anxious again. Find **Worksheet 18: Early warning signs and action plan** in your workbook, page 28 (example shown overleaf on page 48).

With your Psychological Wellbeing Practitioner fill this worksheet in by firstly identifying your early warning signs and triggers. Then consider what you might do or whom you might talk to if your low or anxious mood starts to return.

**WORKSHEET 18:** *Early warning signs and action plan* Today's date: .....

<p>The signs of my depression/anxiety were:</p> <p>Physical: .....</p> <p>.....</p> <p>.....</p> <p>Behaviour: .....</p> <p>.....</p> <p>.....</p> <p>Thoughts: .....</p> <p>.....</p> <p>.....</p>	<p>The triggers to my depression/anxiety were:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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<p>The things that helped me recover were:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>My support network is: <i>(include contact numbers)</i></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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**Keeping an eye on your mood**

Once you have recovered from depression or anxiety it is important to monitor your mood regularly. Right at the beginning of this booklet we mentioned how sometimes it can be hard for you to notice when your mood is becoming a problem. Using questionnaires to monitor your mood can help with this. Using such questionnaires can help you identify low or anxious mood and put into action some of the things that have worked for you in the past. Find **Worksheet 19: Monitoring your mood** on page 29 of your workbook (*example shown below*). You can use this worksheet to keep a track of your mood. There is a guide at the bottom which helps you decide when action needs to be taken.

**WORKSHEET 19:** *Monitoring your mood* Today's date: .....

Date	Questionnaire	Score	Action

**A guide for when to take action using Red Amber Green (RAG):**

- Anything less than 10 on the PHQ-9 or 8 on the GAD-7 = GREEN no action need be taken
- If 10-11 on the PHQ-9 or 8-9 on the GAD-7 = AMBER use your action plan and consider scoring more frequently to monitor your mood closely
- 12 or more on the PHQ-9 or 10 or more on the GAD-7 = RED implement your action plan and consider contacting health worker

## Staying well plan

Most people find it useful to actually write down their plan for continuing to make changes and stay well.

Find *Worksheet 20: Staying well plan* on page 30 of your workbook. Write a plan below of all the behaviours you're keen to keep on with over the coming weeks and months. Try and make them as specific as possible (e.g. not smoking, walks to shops each time rather than using bus, visiting friends at least once a week).

### WORKSHEET 20: *Staying well plan*

Today's date: .....

Take home messages:

Things that are good for me to keep doing:

Things I want to work towards:

## Stories

### JACKIE'S STORY

**Jackie's story is about someone who used a technique which aimed to improve some of the physical symptoms of depression.**

### Jackie was 58 and lived alone.

Five years ago she and her partner had been in a serious car accident in which her partner had died and she had been seriously injured. She had been in hospital for many months and although her injuries had healed well she put on a lot a weight.

She had been diagnosed with diabetes 6 months ago. The diagnosis of diabetes felt like the final straw for Jackie and she spent much of the day crying. She did not feel she could cope anymore and could not be bothered cooking. She ate a lot of 'junk food' and this made her diabetes difficult to control.

Her sleep was disturbed. She had not been sleeping well and often went to bed in the early hours of the morning. She spent a lot of time thinking about how unfair her life had been and believed that because of the diabetes she was on the slow road to death. She was angry with both herself and the world. She felt that she had lost control of her life and wanted to manage her life better. She wanted to lose weight but although she had tried to stop eating junk food and takeaways it only lasted for a few days.

Jackie felt that her mood and poor health were having a big impact on her life. She wrote on her Impact Sheet that she was neglecting her housework and her cooking. She wrote that she had no energy and was eating too much junk. Her weight gain had made her feel unhappy and because she felt she was 'a shadow of the woman' she had been she avoided going out and had lost touch with many of her friends.

With the help of her Psychological Wellbeing Practitioner Jackie set herself the following goals: (see overleaf on page 52)



**JACKIE'S GOALS**

Today's date: *July 12*

**Goal number 1**

*To sleep for 7 hours a night*

I can do this now (circle a number)

0 Not at all    **1**    2 Occasionally    3    4 Often    5    6 Anytime

**Goal number 2**

*To cook a healthy meal for myself every day*

I can do this now (circle a number)

**0** Not at all    1    2 Occasionally    3    4 Often    5    6 Anytime

**Goal number 3**

*To walk/exercise for 30 minutes a day*

I can do this now (circle a number)

**0** Not at all    1    2 Occasionally    3    4 Often    5    6 Anytime

Jackie read through some of the techniques in her booklet and wanted to eat healthier and lose some weight. Her Psychological Wellbeing Practitioner suggested that she keep a food diary to see exactly what she was eating. Jackie made a note of the following:

- what she ate
- what time she ate

Jackie kept the diary below for 5 days

Monday	Tuesday	Wednesday	Thursday	Friday
11.00 Toast with butter and cheese	10.00 Coffee/toast	11.30 Coffee/bacon eggs and toast	9.00 Coffee & toast with cheese	11.00 Porridge/toast/coffee
12.00 Coffee with sugar and 4 biscuits	12.00 Coffee and 6 biscuits	2.00 Chocolate bar (large)	11.00 Packet of crisps and chocolate bar	1.00 Chicken and bacon sandwich/crisps/chocolate bar/can of coke
2.00 Bacon sandwich & coffee	1.00 Chocolate bar	4.00 Packet of crisps/4 biscuits and coffee	12.00 Prawn sandwich/can of coke and crisps	3.30 Coffee/biscuits
8.00 Pizza (take out)/bottle of lemonade	4.00 Beans on toast	7.00 Ready made sausages/mash and cabbage	3.30 Coffee/yoghurt	6.00 Coffee/crisps/tuna Sandwich
	9.00 Chinese takeaway to bed	9.30 Toast/coffee and chocolate bar	7.30 Indian take away/bottle of coke	8.30 bottle of coke/large bar of chocolate
			10.00 Hot chocolate and 2 biscuits	

At the next session Jackie discussed the diary with her Psychological Wellbeing Practitioner. Jackie said that although doing the diary had been 'horrible' it showed her in 'black and white' how bad her eating habits were. The things that were most noticeable to Jackie were the number of take aways, biscuits and crisps she was eating.

Section 5

Jackie wanted to try to change her eating habits. With her Psychological Wellbeing Practitioner Jackie decided to go to the library and find a book which had healthy but appetising recipes, choose five to six, buy the ingredients, and cook two meals. This worked well for Jackie and within a few weeks she was cooking for herself most of the time. She also walked to the shop most days and felt slightly better because she was doing something and felt that she had more structure to her day.

A couple of months later Jackie joined a walking group and through this met some new friends. Gradually Jackie began to feel much better and felt that she was now in control of her own life again. She was eating healthier, exercising and socialising. As she lost weight she began to feel more confident and happy and was able to control her diabetes better. Although Jackie's depression improved it was not easy for her and she described her recovery from depression as 'slowly pulling myself out of a deep pit'. She had days where she still felt low but found that pulling herself out of the spiral was easier than doing nothing. Jackie scored her goal sheet again several times during her programme. Her ratings went up as she started to feel better and achieve her goals. These are detailed in Jackie's goal summaries.

**JACKIE'S GOAL SUMMARIES**

**Goal 1** *To sleep for 7 hours a night*



**Goal 2** *To cook a healthy meal for myself every day*



**Goal 3** *To walk/exercise for 30 minutes a day*



**TARIQ'S STORY**

**Tariq's story is about someone who used behavioural activation which helps to increase activity levels.**

**Tariq is 64 and was made redundant 3 years ago.**

He was diagnosed with high blood pressure and angina 4 years ago and diabetes 2 years ago. His father was diagnosed with diabetes in his 50's and died of a heart attack when he was 62. His diabetes was poorly controlled and despite many efforts by his family he continued to eat foods with a lot of sugar and fat.

Tariq started to feel low in mood a couple of years ago and although his wife tried to get him to go to the doctor he refused. He was very ashamed about the way he felt and would not talk to anybody about it. Eventually Tariq's son managed to persuade him to go to the doctor who talked to him about depression and offered him an appointment with the Psychological Wellbeing Practitioner. Although reluctant he went to see the Psychological Wellbeing Practitioner accompanied by his son. He told the Psychological Wellbeing Practitioner that he had been feeling low for more than a year and that, although he had tried, things were getting no better.

He described how difficult it was to face each day and spent most of the day dozing or asleep. He had lost interest in many things that he had previously enjoyed including watching and following various sports, particularly cricket. His depression was having a great impact on his life; he avoided meeting friends and socialising with his extended family. Before he became depressed Tariq had rented an allotment to grow vegetables but had stopped tending it 3 months ago. He used to do a lot of DIY in the home but now avoided this. Tariq described how he just wanted to get back to his 'normal self'. He wanted to do this but felt that he should be able to do this himself. He found it difficult to describe his thoughts but was clearly very frightened of having a heart attack.

With the help of the Psychological Wellbeing Practitioner, Tariq decided on the following goals: (see overleaf on page 56).



**TARIQ'S GOALS**

Today's date: August 9

**Goal number 1**

*To work on my allotment for 6 hours every week*

I can do this now (circle a number)

0 Not at all      1      2 Occasionally      3      4 Often      5      6 Anytime

**Goal number 2**

*To watch/listen and enjoy the cricket or other sport for 1 hour a day*

I can do this now (circle a number)

0 Not at all      1      2 Occasionally      3      4 Often      5      6 Anytime

**Goal number 3**

*To visit my extended family and join in the conversation once a week*

I can do this now (circle a number)

0 Not at all      1      2 Occasionally      3      4 Often      5      6 Anytime

**TARIQ'S BEHAVIOURAL ACTION DIARY**

		Mon	Tue	Wed	Thur	Fri	Sat	Sun
Morning	What Where When Who	<i>Got up late</i>	<i>Got up at 10.00</i>	<i>Got up at 11.00</i>	<i>Stayed in bed until 11.30</i>	<i>Tired lay on couch all day</i>	<i>Stayed in bed until 11.00</i>	<i>Got up at 10.00</i>
	What Where When Who	<i>Just sat in chair</i>		<i>Helped wife prepare food</i>			<i>Went to market with my wife</i>	<i>Sat and did nothing</i>
Afternoon	What Where When Who	<i>Went with my wife to the doctors</i>	<i>Slept in chair</i>		<i>Slept in chair</i>	<i>Tired lay on couch all day</i>	<i>Slept in chair</i>	<i>Slept</i>
	What Where When Who			<i>Friends came round but said I felt ill and went to bed</i>	<i>Slept in chair</i>	<i>Tired lay on couch all day</i>	<i>Slept in chair</i>	<i>Son visited</i>
Evening	What Where When Who	<i>Son visited me</i>		<i>Bed</i>	<i>Tried to watch sport but dozed off</i>	<i>Son visited</i>	<i>Family friends visited</i>	<i>Son visited</i>
	What Where When Who	<i>Sat in chair till I went to bed</i>	<i>Tired Went to bed</i>	<i>Bed</i>		<i>Bed</i>	<i>Family friends visited</i>	<i>Went to bed</i>

Tariq read the booklet and decided that he wanted to try behavioural activation as this would help him to get 'back to normal'. First of all, Tariq completed stage 1 of behavioural activation which involved completing a weekly diary of his current activities. Tariq's diary confirmed that he was doing very little with his day.

## Tariq's stage 1 diary

Tariq completed the worksheets. He made lists of routine, pleasurable and necessary activities. When he discussed these with his Psychological Wellbeing Practitioner Tariq admitted that he had not been paying some important bills. Although he had the money to pay for them they had piled up and he had hid them in a drawer so that his family would not know.

### TARIQ'S ACTIVITY LIST A

Write down your routine activities here: e.g. cleaning, cooking, shopping etc

*Decorating a bedroom*

*Going for a walk every day (Dr told me I needed to do this)*

*Helping my wife prepare meals*

Write down your pleasurable activities here: e.g. going out/visiting friends or family

*Visiting extended family*

*Watching/listening to sport*

*Tending my allotment*

*Decorating/DIY*

Write down your necessary activities here: e.g. paying bills, looking after your health etc

### TARIQ'S ACTIVITY LIST B

Now try to put your lists in order of difficulty:

*Tending my allotment*

*Meeting and visiting extended family*

Most  
difficult

*Paying bills*

*Decorating/DIY*

Medium  
difficulty

*Going for a walk every day*

*Helping my wife prepare meals*

Easiest

With the help of his Psychological Wellbeing Practitioner Tariq planned some activities to do the following week including some of the tasks that he saw as the easiest and medium difficulty. Tariq agreed to go for a 30 minute walk a day with his wife and to sort out his bills into piles and to pay at least two bills. He also agreed to walk to his allotment, not to do any work on it but just to see what needed to be done.

Tariq's behavioural activation diary is shown overleaf on page 60. It shows the range of activities that Tariq agreed to including **routine** (red), **pleasurable** (green) and **blue** (necessary).

Tariq did all the things he had agreed to. He had felt upset when he went to the allotment because of the level of neglect but felt that just going had given him the motivation to start working on it. He was very pleased that he had sorted his bills out and planned to pay more the following week. His mood was still low but he felt pleased that he had done something. Over the following weeks and with support from his Psychological Wellbeing Practitioner Tariq continued to set himself small but regular tasks. He started work on his allotment and decorated two bedrooms. As his mood improved he began to eat better, exercise more and his diabetes became more controlled. Three months later Tariq felt that he was almost back to his 'normal self'.

TARIQ'S BEHAVIOURAL ACTIVATION DIARY			Mon	Tue	Wed	Thur	Fri	Sat	Sun
Morning	What Where When Who		Work	Go to allotment		Go for walk with wife	Go to allotment		
	What Where When Who								
Afternoon	What Where When Who	Go for walk with wife	Go for walk with wife	Go for walk with wife					
	What Where When Who				Pay one bill				
Evening	What Where When Who		Sort bills						
	What Where When Who								

Tariq's behavioural activation diary - which shows the range of activities that Tariq agreed to including routine (red), pleasurable (green) and blue (necessary).

DAVID'S STORY

David's story is about someone who used a technique from the booklet which is aimed at changing the way we think. This technique is called cognitive restructuring.

David is aged 62, married with two children and four grandchildren.

He was diagnosed with heart disease 6 years ago and diabetes 4 years ago. He retired from the army when he was 50. He had found adjusting to civilian life very difficult, and had gone from someone who was very fit to doing little exercise. His weight ballooned from 13 stone to 18 stone in a couple of years.

At a routine appointment with his GP he admitted that he had felt depressed since leaving the army but had got much worse since he had been diagnosed with heart disease and diabetes. He felt that he had lost his role as breadwinner, husband, father and grandfather and believed that he was a burden on his family. He was irritable, had poor concentration and a poor sleeping pattern. He felt that his purpose in life had gone and described himself as on the 'scrap heap'. He was ashamed of his weight and because of this avoided all family gatherings.

David was referred to a Psychological Wellbeing Practitioner and together they completed the Impact Sheet. He wrote on his Impact Sheet that he felt that everything was hopeless and that the depression was impacting all areas of his life. He described how his relationship with his wife and children was poor because he was so irritable.

With the help of his Psychological Wellbeing Practitioner David set the following goals: (See overleaf on page 62).



Today's date: *September 27*

**DAVID'S GOALS**

**Goal number 1**

*To be able to go to a family event and feel confident*

I can do this now (circle a number)

0      1      2      3      4      5      6  
 Not at all      Occasionally      Often      Anytime

---

**Goal number 2**

*To become involved in an activity and spend at least 10 hours a week doing it*

I can do this now (circle a number)

0       1      2      3      4      5      6  
 Not at all      Occasionally      Often      Anytime

David looked through the booklet and felt that dealing with his thoughts would help him most. He felt that if he could feel less ashamed of himself this would help his confidence. If he were more confident he felt he would be able to do more things in his life. With the help of his Psychological Wellbeing Practitioner David learnt how to complete some thought diaries.

These helped him identify the exact type of thoughts he was having, the situations where these thoughts were occurring and how much he believed the thoughts to be true. To start with David completed the first three columns. An example of one of David's diaries is shown on the next page.

**DAVID'S FIRST THOUGHT DIARY**

Situation	Feeling <i>Rate how bad it was (0 - 100%)</i>	Thought <i>Rate how much you believe this thought (0 - 100%)</i>	Revised thought <i>Rate how much you believe this thought (0 - 100%)</i>	Feeling <i>Rate how bad it was (0 - 100%)</i>
<i>Sitting at home</i>	<i>Sadness (80%)</i>	<i>I am no good to anybody (80%)</i>		
<i>Lying in bed</i>	<i>Sadness (90%)</i>	<i>My life has absolutely no purpose (90%)</i>		
<i>Daughter invited me round for Sunday lunch</i>	<i>Angry (95%)</i>	<i>Everybody knows I am on the scrap heap and feel sorry for me (100%)</i>		

David wrote down his thoughts in the diary and discussed these at the next session with his Psychological Wellbeing Practitioner. It became clear over the next few weeks that the most common thought he had was that he was no good. He felt that he had lost his 'role' as breadwinner in life to some extent when he left the army, but this had got much worse after he was diagnosed, and now felt that he had also lost his 'role' as father and grandfather. He could see the link between his thoughts and his mood. He also understood that believing these thoughts led him to feeling unhappy, less confident and more likely to avoid doing things.

With help from his Psychological Wellbeing Practitioner, David worked on the thought that he was "no good". This was a distressing thought as he believed this to be 80% true. He looked at how true or how false this thought really was. The way he did this was to imagine that he was the judge in a court where the evidence for and against the truth of the thought was being examined. This is shown in David's evidence table overleaf on page 64.

DAVID'S EVIDENCE TABLE

My thought		My % belief
<b>'I'm no good'</b>		<b>80%</b>
Evidence for	Evidence against	
<p><i>I do nothing with my day.</i></p> <p><i>I was a soldier, a father and grandfather, fit and active, now I am retired, fat, have heart disease and diabetes and am not nice to anybody.</i></p>	<p><i>My neighbour has broken her leg and I dropped in every day to see if she needed anything.</i></p> <p><i>My grandson asked me if I would volunteer to go on the school trip with him.</i></p> <p><i>I was approached by the local army cadets and asked if I would help out with a couple of sessions (I said no but I guess they asked me because they thought I had something to offer).</i></p>	

When David looked at the evidence it made him think differently. Instead of believing it to be 80% true, he decided that it was no more than 40% true. Because his belief was less, he felt less sad when he had this thought. His new thought was "I am of value to many people, particularly my family". This example is shown in David's second thought diary.

DAVID'S SECOND THOUGHT DIARY

Situation	Feeling Rate how bad it was (0 - 100%)	Thought Rate how much you believe this thought (0 - 100%)	Revised thought Rate how much you believe this thought (0 - 100%)	Feeling Rate how bad it was (0 - 100%)
Sitting at home	Sadness (80%)	I am no good to anybody (80%)	I am of value to many people, particularly my family (75%)	Sadness (10%)

David kept working on his unhelpful thoughts, the more he challenged them the more confident and less sad he became. He was encouraged by his Psychological Wellbeing Practitioner to take up some of the opportunities he was being offered. For example he took up the offer of volunteering for the army cadets. He also started to do more of the household chores and cleared his neighbour's garden.

An unexpected bonus of this was that the more active he became his weight started to drop. The more he challenged his thoughts, the more confident he became and the more his behaviour changed as he started to do more.

David's improvement was not immediate and he continued to have days where he was low and depressed. He knew that he had some way to go but he did feel as though he was on the 'right road'.

David scored his goal sheet again several times during his programme. His ratings went up as he started to feel better and achieve his goals. These are detailed in David's goal summaries.

DAVID'S GOAL SUMMARIES

<b>Goal 1</b>	<i>To be able to go to a family event and feel confident</i>		
0 Time 1	3 Time 2	5 Time 3	
<b>Goal 2</b>	<i>To become involved in an activity and spend at least 10 hours a week doing it</i>		
1 Time 1	2 Time 2	5 Time 3	

MAGGIE'S  
STORY

Maggie's story is about someone who used problem solving to help manage their depression

**Maggie is 72 and has both heart disease and diabetes and lives alone.**

She has five children and 12 grandchildren. Maggie has always been very independent and reluctant to ask for help. A few months ago she had a fall and has had to rely on her children for help with cooking, shopping and general household chores.

Since the fall she has become increasingly low in mood and has lost interest in many of the things that she previously enjoyed including reading, going to the cinema and attending church. Although many of her friends from church have tried to visit her, Maggie avoids having her friends round as she thinks they 'feel sorry for her'. Because she is not going out or allowing friends to visit Maggie has become increasingly isolated.

Maggie was referred to a Psychological Wellbeing Practitioner by her GP and they agreed goals (set out on page 67).

Maggie and her Psychological Wellbeing Practitioner identified the main problem which was 'I spend too much time on my own' and then wrote down all the possible solutions to the problem. These included:

- Do nothing and hope it just gets better
- Go to the cinema
- Ring a friend
- Contact the priest from church
- Ask one of my children to take me to church
- Go to the library
- Visit my friend in hospital
- Go round to my friends (who lives a few streets away)



## MAGGIE'S GOALS

Today's date: *October 16*

## Goal number 1

*To go to church twice a week*

I can do this now (circle a number)

0                      ①                      2                      3                      4                      5                      6  
Not at all                      Occasionally                      Often                      Anytime

## Goal number 2

*To go to the cinema with my friends once a week*

I can do this now (circle a number)

①                      1                      2                      3                      4                      5                      6  
Not at all                      Occasionally                      Often                      Anytime

With her Psychological Wellbeing Practitioner, Maggie went through the pros and cons of each solution that she had written down. After completing this Maggie decided that the first thing she could do was to ring a friend, as this would take less effort and ringing a friend was easier than meeting a friend (as she felt that to go and meet a friend would be too difficult).

She agreed with the Psychological Wellbeing Practitioner which friend and on what day she would ring. Maggie rang her friend and gradually she started to visit people again, within a month she went to her first church service in months with one of her children and had been to the cinema. Within 3 months Maggie felt that her mood had improved. She was less anxious about staying at home alone and began to look forward to the future.

## PETER'S STORY

**Peter's story is about someone who uses graded exposure and a behavioural experiment to tackle the anxieties that are stopping him from being able to do exercise and keep well.**

**Peter is 62 and was diagnosed with angina after he retired from work as a self-employed joiner.**

He learned of his condition after going to accident and emergency with pain in his chest caused by lifting very heavy furniture. At the time he did not know what was happening and he began to get very anxious about the pain, he remembers feeling breathless and sweaty. After medical tests his doctor confirmed the diagnosis of angina and explained how the breathlessness and sweating was caused by him becoming panicky. He was prescribed medication for his blood pressure and cholesterol, and a GTN spray to use if he experienced angina pains again.

He continued to get occasional chest pain on heavy exertion which was taken away by the GTN spray, but he worried that one day the GTN spray wouldn't work and his heart "will fail", and as a result he stopped doing any activity that made him feel out of breath or sweaty, such as walking up steps or walking briskly outside. He found himself making excuses to friends who invited him to the football, and he even found himself avoiding being intimate with his wife for fear that it might lead to her suggesting they have sex. This meant that he spent a lot of time on his own which made him feel depressed and useless.

Peter tried very hard not to show anyone that he was struggling with being anxious and depressed as he didn't want them to think he was "being soft". However Peter's wife realised he was not himself and persuaded him to talk to his doctor about how he was feeling.

Peter's doctor explained how anxiety and low mood can be very common following a diagnosis of heart problems and suggested that he meet the Psychological Wellbeing Practitioner who could offer him an appointment at the surgery. Peter wasn't sure how they could help but with the encouragement of his wife he went to see them. He explained to the Psychological Wellbeing Practitioner how he had become increasingly depressed as he had stopped doing things that made him anxious. He told them that he often thought he was useless, had given up on his retirement plans, and when he was at his worst he felt that his life would never be the same and wondered what the point was in bothering with any of the advice about diet and exercise that he was being given by the nurse to improve his health.



The Psychological Wellbeing Practitioner explained the vicious cycle of avoidance and withdrawal he was in was causing him to be anxious and depressed, and suggested the best place to start was by setting simple, clear goals. With the help of the Psychological Wellbeing Practitioner, Peter decided on the following goals:

## PETER'S GOALS

Today's date: *December 3*

## Goal number 1

*To go for a walk with my wife in the park*

I can do this now (circle a number)

0      1      2      3      4      5      6  
Not at all      Occasionally      Often      Anytime

## Goal number 2

*To go to the shop and buy a newspaper every morning before breakfast*

I can do this now (circle a number)

0      1      2      3      4      5      6  
Not at all      Occasionally      Often      Anytime

Peter read the booklet and decided that to be able to reach his goals he would need to build up confidence in walking outside without avoiding hills and brisk walking. He could see that using graded exposure would be the best place to start with this.

To get started with graded exposure Peter decided to focus on his first goal of walking in the park with his wife. Through discussion with the Psychological Wellbeing Practitioner Peter listed all of the things about doing this activity that would make him anxious. In doing this he realised that there were more things than he had realised that he was avoiding. He then organised these into a hierarchy with the least anxiety provoking at the bottom and the most difficult at the top:

**PETER'S LIST OF ACTIVITIES** that make him anxious arranged in a hierarchy from easiest to hardest

**Step 1: List of everything that makes me anxious and I avoid**

- Walking on the flat briskly
- Walking up a gentle hill
- Walking up a steep hill quickly
- Walking up steps without stopping

**Step 2: List arranged into a hierarchy from easiest to hardest to tackle**

- Hardest**
- ↑
- Walking up a steep hill quickly
  - Walking up steps without stopping
  - Walking up a gentle hill
  - Walking on the flat briskly
- Easiest**

As step 3 of graded exposure Peter selected the easiest activity of walking briskly on the flat as his goal for the next week. He planned to practice for an hour every day and record his anxiety levels using the exposure diary sheet.

Peter met with his Psychological Wellbeing Practitioner the following week and reviewed the exposure diary sheet shown overleaf on page 71.

By looking back at the diary Peter could see how his anxiety levels dropped over the week as he practiced and that he actually started to enjoy the activity and his mood improved. Encouraged by this he selected his next step of walking up a gentle hill as the goal for the following week.

Peter successfully continued with the next step of his hierarchy but found it very difficult to progress through the following step of walking up steps without stopping. He was disappointed by this and at first felt like he was going backwards but when he discussed his difficulty with the Psychological Wellbeing Practitioner they explained how the anxious thoughts we have can sometimes be so powerful they can make us avoid things that feel too risky.

They asked Peter what he thought would happen if he went up the steps and it became clear that Peter was worried about getting too breathless and sweaty and that this would cause his heart to fail.

**PETER'S EXPOSURE DIARY SHEET**

Date & Time	Duration	Rating			Comments
		Before exercise	Start of exercise	End of exercise	
12/01/12 10 am	35 mins	70%	80%	20%	Avoided doing whole hour – need to try tomorrow
13/01/12	60 mins	85%	90%	20%	Pleased – coped well need to go more briskly next time
14/01/12	60 mins	85%	85%	15%	Brisker walking got sweaty but breathing ok – coped ok
15/01/12	60 mins	60%	65%	10%	Felt fine – nice day enjoyed fresh air
16/12/12	60 mins	30%	30%	0%	Looked forward to walk; a little anxious at first but relaxed by end
17/01/12	60 mins	10%	15%	0%	Far less anxious at start felt good
18/01/12	65 mins	10%	5%	0%	Feel good, walking briskly no problems



Using the 'evidence table' they looked together at the evidence for and against Peter's fear that his heart would fail if he became breathless and sweaty.

PETER'S EVIDENCE TABLE	
My thought	My % belief
<i>'My heart will fail if I become breathless and sweaty'</i>	80%
Evidence for	Evidence against
<p><i>It felt like my heart was going to fail when I was in A&amp;E (80%)</i></p> <p><i>I get pain when I lift very heavy objects which means my heart is weak (80%)</i></p>	<p><i>Angina is different to heart failure (40%)</i></p> <p><i>The doctor has explained that the breathlessness and sweating is caused by getting anxious (40%)</i></p> <p><i>When I have walked briskly on the flat and been breathless I have been ok (70%)</i></p> <p><i>Being breathless and sweaty is a sign of healthy exercise which is good for my heart (60%)</i></p>

He could see how there were a number of important pieces of evidence against the fear that he was ignoring when he was anxious. However whilst this made logical sense, Peter's instinct was to still be very cautious so the Psychological Wellbeing Practitioner suggested that he might think about how he could conduct a behavioural experiment to test out if being breathless and sweaty was dangerous to his heart.

Together they discussed this plan with the practice nurse. She agreed it would be a good idea and helped with suggestions of what level of exertion to start with given that Peter had lost some his normal fitness due to his inactivity.

Peter then conducted the next step of the hierarchy - walking up steps without stopping - as a behavioural experiment using the record sheet in the manual.

PETER'S BEHAVIOURAL EXPERIMENT SHEET				
Date	What is the experiment that you are going to do?	What do you predict will happen? How strongly do you believe this? (Scale of 0-100%)	What actually happened when you did the experiment?	What do you now think about your original prediction? How strongly do you now believe it? (Scale of 0-100%)
20/01/12	<i>Walk up steps without stopping when I get breathless</i>	<i>My heart will fail (70%)</i>	<i>I got breathless and a bit uncomfortable as I'm not fit but my heart was fine (5%)</i>	<i>I am worried my heart will fail but it is stronger than I think (5%)</i>

## Section 5

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Peter reviewed the results of the experiment and concluded that his heart was stronger than he feared. This gave him the confidence to move onto the next steps of his exposure hierarchy.

As he progressed towards his first goal Peter found his confidence increased with other activities as well. He began walking to the shop in the morning, and the next time his friend suggested going to the football he took him up on the offer. Peter found that the more progress he made with not avoiding things he felt more optimistic and the more his low mood improved.

Over the next weeks Peter found he started to be motivated to act on the advice about healthy eating and exercise. He also felt more able to be intimate with his wife and their sex life improved. After 3 months one of the important consequences of Peter's increased activity was that the fitter he got the less angina pain he experienced which gave him greater confidence to make new goals and pick up the retirement plans he had lost hope in.

### PETER'S GOAL SUMMARIES

Goal 1 *To go for a walk with my wife in the park*

0

Time 1

4

Time 2

8

Time 3

Goal 2 *To go to the shop and buy a newspaper every morning before breakfast*

1

Time 1

4

Time 2

9

Time 3



## Final Thoughts

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Recovering from depression or anxiety and living with a long-term condition can be a difficult journey: it takes courage and often seems to involve quite a lot of hard work. We hope that this booklet has helped you in this journey. We particularly hope that the team approach made it easier.

We wish you well in your programme.

Manchester Academic Health  
Science Centre (MAHSC)  
[www.mahsc.ac.uk](http://www.mahsc.ac.uk)



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**Trial website: <http://www.coincidehealth.org>**