



DEPRESSION

What You Need to Know



Fast Facts on Depression:

- ▶ Depression is one of the most common and treatable mental health disorders.
- ▶ Almost 10 percent of Americans have depression in a given year.
- ▶ Depression is the leading cause of disability in the U.S. for people ages 15 to 44.
- ▶ Major depression can occur in children, teens, and adults.
- ▶ Most patients who have depression can be effectively treated, and they can return to their normal activities and feelings.

This brochure will help you:

- ▶ Recognize the symptoms of depression.
- ▶ Understand the causes of depression.
- ▶ Learn how depression can be treated.
- ▶ Take steps to help you or your loved one feel better.
- ▶ Improve your sleep.
- ▶ Talk with your family and friends about depression.





DEPRESSION

WHAT YOU NEED TO KNOW

DEPRESSION IS COMMON. It can affect anyone. It **IS NOT** a character flaw or mental or physical weakness. Depression is a medical condition. Just like other medical conditions, it can be treated and managed. Effective treatment begins with an open and honest conversation with your health care provider.

More Than A Passing Emotion

Depression is more than the temporary sadness or other emotions that often follow a loss or when going through difficult times. Depression is a genuine medical disorder that can affect thoughts, feelings, and behaviors, as well as physical health. People with depression may experience several of the following symptoms nearly every day for at least two weeks.

- ▶ Feeling sad, blue, or down in the dumps
- ▶ Losing interest in activities usually enjoyed
- ▶ Feeling listless or restless
- ▶ Having trouble sleeping or sleeping too much
- ▶ Losing energy or feeling tired all the time
- ▶ Having extreme changes in appetite or weight
- ▶ Having problems concentrating, remembering, or making decisions
- ▶ Feeling worthless or guilty
- ▶ Having thoughts of death or of hurting oneself

Causes of Clinical Depression

Many things can contribute to depression. For some people, only one factor can cause depression, but for others, several factors are involved. Sometimes, the causes aren't clear. No matter what the cause, depression needs to be diagnosed and treated.

Some Causes

- ▶ **Biological**—Everyone has brain chemicals called “neurotransmitters.” A change in the amounts of these chemicals may cause depression. People with depression may have too much or not enough of these chemicals.
- ▶ **Cognitive**—People who have low self-esteem, are pessimistic, worry too much, or feel they have little control over life events are more likely to develop depression.
- ▶ **Gender**—Women are twice as likely to experience depression. One of the reasons for this may be because women go through hormonal changes during menstruation, pregnancy, childbirth, and menopause. Another reason may be that women have many roles and responsibilities that cause stress. In some cases, women who have experienced abuse or poverty, or who have low self-esteem may be more likely to develop clinical depression.
- ▶ **Co-occurrence**—People who have certain physical illnesses, such as stroke, heart disease, cancer, Alzheimer’s disease, diabetes, and hormonal disorders, are more likely to develop clinical depression. Depression can also co-occur in people who experience other mental illnesses, such as eating disorders or anxiety disorders. It is important to treat both depression and the co-occurring physical or mental illness.
- ▶ **Drugs or Alcohol Abuse**—Alcohol and some drugs of abuse act as depressants and imitate the symptoms of depression.

TREATING CLINICAL DEPRESSION

Depression is treatable. The sooner you begin treatment, the better the results. Talk to your provider to find out if you suffer from depression so that you can begin treatment. Don't be afraid to ask questions and take an active role in deciding what type of treatment you think will work best for you.

No matter which treatment you choose, you will likely get the best results if you follow your provider's instructions. If you are an active duty service member, remember that being diagnosed with depression doesn't automatically prevent deployment. Medications are available that can be used during deployment.

Self-Management

It can often take a few weeks before you feel an improvement from counseling or medications. In the meantime, there are a number of things you can do to help yourself. See the Self-Management Worksheet (page four) included in this pamphlet for 12 activities that can help your depression, such as:

1. Engage in fun physical activities and exercise

Regular exercise can improve your mood. Even taking a short walk every day may help you feel a little better.

2. Make time for activities you enjoy

Even though you may not feel as motivated or happy as you used to, commit to scheduling a fun activity (such as a favorite hobby) at least a few times a week.

3. Spend time with people who can support you

It's easy to avoid contact with people when you're feeling down. But it's during these times that you actually need the support of friends and family. Try explaining to them what you are feeling. If you don't feel comfortable talking about it, that's all right. Just asking them to be with you, maybe during an activity, is a good first step. Suggestions: Meet a friend for coffee or to play cards, take a walk with a neighbor, or work in the garden with your spouse.

4. Practice relaxation

For many people, the changes that come with depression can be stressful. Since physical relaxation can lead to mental relaxation, try deep breathing; taking a hot shower; or just finding a quiet, comfortable, and peaceful place. Say comforting things to yourself like, "It's going to get better."

5. Pace yourself—set simple goals and take small steps

It's easy to feel overwhelmed by problems and decisions, and it can be hard to deal with them when you're feeling sad, have little energy, or aren't thinking as clearly as usual. Some problems and decisions can be delayed, but others can't. Try breaking down a large problem into smaller ones and then taking one small step at a time to solve it. Give yourself credit for each step you take.

6. Avoid making major life decisions while feeling depressed

Major decisions might include changing jobs, making a financial investment, moving, divorcing, or making a major purchase. If you feel you must make a major decision about your life, ask your care provider or someone you trust to help you.

7. Eat nutritious, balanced meals

Many people find that when they eat more nutritious, balanced meals, they not only feel better physically, but also emotionally and mentally. To learn about choosing healthy foods, talk with a Nutritionist or visit the online Health Eating Center available on MyHealththeVet.

8. Avoid using alcohol and drugs of abuse

Alcohol is a depressant and can add to feeling down and alone. It can also interfere with the help you may receive from antidepressant medication.

9. Develop healthy sleep habits

Sleep problems are common for those with depression. Getting enough sleep can help you feel better and more energetic.

10. Follow your care provider's instructions about your treatment and communicate openly

It is very important to take your medicine as prescribed each day and to keep your appointments with your provider, even when you begin to feel better. Ask your provider if you have any questions or concerns about your treatment. Tell your provider about your feelings, activities, sleep and eating patterns, unusual symptoms, or physical problems.

Some proven and effective methods for treating depression include:

- ✓ Self-management
- ✓ Counseling
- ✓ Prescription medication

11. Tell someone if you are thinking about death or hurting yourself

Thoughts of death may accompany depression. Always discuss this symptom with your care provider. If you are thinking about hurting yourself, tell your provider or a trusted friend, your spouse, or a relative who can get you immediate emergency professional help.

12. Remain hopeful—depression is treatable

With treatment, most people with depression can begin to feel better, but it may take some time. Remember that negative thinking (blaming yourself, feeling hopeless, expecting failure, and other similar thoughts) is part of depression. As the depression lifts, the negative thinking will also.

You don't have to do all of these things right away! Start slowly and take small steps on your way to feeling better. Work with your provider(s) to select the activities that fit your own situation, lifestyle, and needs.

Keep the worksheet handy to remind you of things you can do to help yourself feel better.



SELF-MANAGEMENT WORKSHEET

You can do several things to help yourself feel better, even when you're not at your best. Start by selecting one of the activities from this list. Remember to take it slowly and add new things as you begin to feel better. *(Make copies of this worksheet, and review weekly with your counselor or loved one to track your progress.)*

1. Make time for fun physical activities and exercise.

For ____ days next week, I'll spend at least ____ minutes doing _____.
(Remember to make your goal both easy and reasonable.)

2. Find time for pleasurable activities.

For ____ days next week, I'll spend at least ____ minutes doing _____.

3. Spend time with people who can support you.

During the next week, I'll make contact at least ____ times with _____ (name) doing/talking about _____.

4. Practice relaxing.

For ____ days next week, I'll practice physical relaxation at least ____ times for at least ____ minutes each time.

5. Avoid making major life decisions when you are feeling depressed.

If I need to make a major life decision, I will reach out to _____.

6. Pace yourself. Set simple goals and take small steps.

The problem is: _____.

My goal is: _____.

Step 1: _____

Step 2: _____

Step 3: _____

7. Eat nutritious, balanced meals.

During the next week, I will improve my diet by: _____.
(Example: "Strive for five." Eat at least five fruits and vegetables a day.)

8. Avoid or minimize use of alcohol.

I will restrict my alcohol intake to no more than two drinks on no more than two days per week.

9. Develop healthy sleep habits.

I will create a plan for improving my sleep, using the Sleep Hygiene Improvement Plan on the following pages.

10. Follow your care provider's instructions about your treatment and communicate openly.

I will take my medication each day at _____ (time), even when I begin to feel better.

I will keep my appointments with my provider and be honest about how I am feeling.

11. Tell someone if you are thinking about death or hurting yourself.

If I am thinking about death or hurting myself, I will call _____.

12. Practice positive thinking.

When I have negative thoughts, I will tell myself _____.
(Example: "Depression is highly treatable. I am taking steps to help myself feel better.")

Counseling

Counseling has been shown to be effective in treating people with depression. More than half of people with mild to moderate depression respond well to it. Counseling sessions focus on your current concerns and effective ways to treat them, not on your childhood or other unrelated issues.

Types of counseling sessions:

- ▶ **Individual**—Meet one-on-one with a counselor
- ▶ **Group**—Meet with a counselor and other people who have similar concerns
- ▶ **Family**—Meet with a counselor and your immediate family members
- ▶ **Couples**—Meet with a counselor and your partner

Most counseling is brief—often for 45–60 minutes per visit for eight to 20 visits.

Types of counseling therapies proven effective by research include:

- ▶ Cognitive Behavioral Therapy (CBT),
- ▶ Interpersonal Psychotherapy (IPT)
- ▶ Problem-Solving Therapy (PST)

Counseling is provided by a trained behavioral health specialist and is usually available at your local clinic or hospital. To find a specialist who uses one of the three recommended therapies (CBT, IPT, or PST), ask your primary care provider for a recommendation. There are many organizations that can help you find such specialists in your area; some are listed on page 15 of this brochure. Other affordable forms of counseling are available through the clergy, your chaplain, or specific support groups in your area.

Tips for getting the most out of your counseling session:

- ▶ Keep all of your appointments with your counselor.
- ▶ Be honest and open about how you feel and what issues are concerning you.
- ▶ Ask whatever questions come to mind.
- ▶ Work cooperatively with your counselor and complete any “homework” assignments (these will be simple and clear) that you may be asked to do between sessions.

If your depression does not noticeably improve after six to 12 weeks, your counselor may modify your treatment or add antidepressant medication. If not, ask your counselor about whether a treatment change is right for you.



Counseling (cont.)

Cognitive Behavioral Therapy (CBT)

For some people, depression is caused by a combination of negative thoughts and behaviors resulting from those thoughts. Since thoughts and behaviors are learned, you can also learn new skills that can help improve your mood and increase your ability to handle stress. The goal of CBT is to help you make your thoughts and behaviors more positive, despite difficult and challenging situations.

During CBT your therapist will:

1. Help you recognize unhelpful and/or negative ways of thinking and behaviors that interfere with your usual day to day functioning.
2. Help you replace those unhelpful and/or negative thoughts and behaviors with ones that are more beneficial and useful.

Research has shown that CBT is an effective treatment for adults with major depression. This therapy typically lasts for 16-20 sessions and should be conducted by a trained mental health provider.

Problem-Solving Therapy (PST)

Problem-Solving therapy has been found to work well for certain groups of people, such as older adults and/or families. Problem-solving therapy teaches you how to solve problems in an easy, step-by-step way. The goals of PST are to solve problems, achieve goals, and change your behavior.

During PST your therapist will:

1. Help you understand the link between your feelings of depression and your problems.
2. Help you define your current problems.
3. Teach you problem-solving techniques to help you solve problems in a step-by-step manner.
4. Provide you with the tools to problem-solve on your own when future problems occur.

Research has shown that PST is an effective treatment for adults with mild to moderate major depression. This therapy is short-term (typically six sessions across three months) and can be conducted by a primary care provider.

Interpersonal Therapy (IPT)

Some people experience depression because of problematic relationships. Interpersonal therapy has been found to be most helpful for people who need to improve their communication, conflict resolution and/or problem solving skills. The goal of IPT is to help you solve relationship problems, such as problems with your family, friends, and co-workers.

During IPT your therapist will:

1. Help improve your communication and problem solving skills.
2. Help you learn better ways of responding to situations that tend to result in feelings of depression.
3. Help you learn new and better ways of relating to others.

Research has shown that IPT is an effective treatment for adults with mild to moderate major depression. This therapy typically lasts for 16-20 sessions and should be conducted by a trained mental health provider.

Medication

Prescription medication can often help you recover from depression more quickly. Research studies show that medications called SSRIs (selective serotonin reuptake inhibitors) and SNRIs (serotonin norepinephrine reuptake inhibitors) are safe and effective for many patients. Your provider may suggest that you try an SSRI or SNRI first and then switch to another type of medication if your symptoms don't improve.

At the beginning of your treatment, your provider will want to see you often (possibly every week or two) to check the medication dosage, watch for any side effects, and see how the treatment is working. Once you begin to feel better, you will not have to visit your provider as often.

If you have any questions about or problems with your medication between visits, you should contact your care provider as soon as possible. If you are thinking about stopping your medication, call your provider first.

Tips for making antidepressant medication:

- ▶ Medication only works if taken every day.
- ▶ It is not habit-forming or addictive.
- ▶ Its benefits appear slowly.
- ▶ You must continue taking medicine even after you begin to feel better.
- ▶ Mild side effects are common and usually improve with time.
- ▶ If you are thinking about stopping your medication, call your provider first. If you stop taking your medication too quickly, you may have side effects or feel worse.
- ▶ The goal of treatment is remission. Because everyone reacts differently to medication, you may need to try several medications before you achieve this goal.

Other Treatments

Most cases of depression, even when they are severe, can be treated with counseling, medication or both. Sometimes, other treatment methods are recommended, including:

- ▶ **Light Therapy**—Light therapy is used to help people who have mild or moderate seasonal depression. This therapy consists of a type of light (called broad-spectrum light) that is provided in specially made light boxes or light visors. Exposure to the light gives the effect of having a few extra hours of daylight. This treatment should be performed only by a trained specialist.
- ▶ **Hospitalization**—Although most people with depression are treated through outpatient visits to their primary care provider or mental health specialist, others may require a time limited in-hospital treatment. By seeking early treatment, before depression becomes severe or chronic, you can lower the chances of needing hospitalization. However, hospitalization may be necessary for several reasons:
 - other medical conditions affect the treatment you are receiving
 - depression is so severe that hospital care is needed in order to adjust medication
 - increased risk for suicide and need to be hospitalized until those feelings pass and treatment begins to work.
- ▶ **Electroconvulsive Therapy (ECT)**—ECT is an accepted therapy for treating severe cases of depression where other treatments, such as medication and psychotherapy, have not worked. You and your care provider together decide whether ECT is the right treatment for you.

TALKING TO YOUR FAMILY AND FRIENDS ABOUT YOUR SYMPTOMS OF DEPRESSION

Depression is a medical illness that affects how you feel, act, and think on a daily basis. It also impacts your family and friends. Many people keep silent and try to cope with depression alone. However, people who reach out for help and support with their depression are usually happy they did. Below are some suggestions to help you talk to your family and friends about depression.

Do I Have to Tell My Family and Friends?

When you have depression, it may be difficult to talk about your feelings and admit that you need help. However, your family and friends have probably noticed a change in your mood, behaviors, and attitude. Your spouse or partner and your friends may feel that it is their fault, and your children may feel sad and confused.

You don't have to face depression alone! Even if you are receiving professional treatment, your family and friends can provide you with extra support to help you overcome your depression. Talking to them about your condition has several benefits. It can:

- ▶ Help them understand what you're going through.
- ▶ Address any hurt feelings they have or confusion they feel about their role in your behavior and mood.
- ▶ Help you get the support, care, and comfort you need to successfully recover from depression.

Who Needs to Know?

You can choose who to talk to. You don't have to tell anyone. If you choose to talk to someone, you might want to start with the person who you know will be the most supportive.

Also, think about sharing general information with other people who might be able to help you. For example, you might want to talk with your boss if you think you will need to take time off from work for doctor's appointments or if you need additional time or help to complete your work. *Remember—you choose what you share and with whom you share it.*

Preparing to Talk to Your Family and Friends

Before talking to your family and friends, take some time to think through your own feelings about sharing this information. Write down your thoughts in a journal or discuss them with your therapist during one of your counseling sessions. This will help you organize your thoughts and understand your feelings so you can share them with family and friends. It will also help you to answer any questions they might have for you.

When and Where to Discuss Your Depression

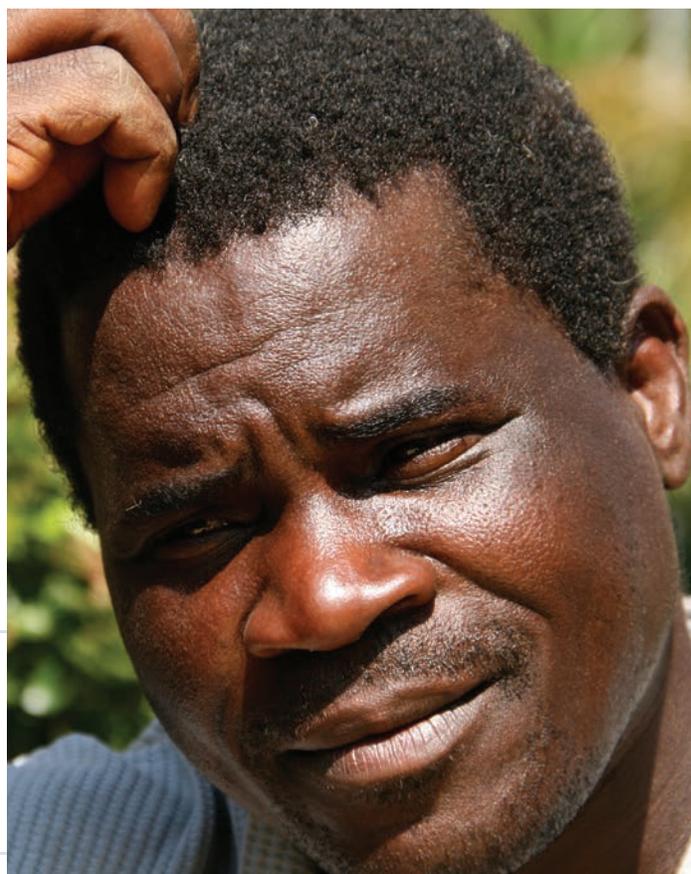
Set aside some time when you know you will not be interrupted. Be sure to pick a private setting for the discussion. You want to feel comfortable and be able to speak openly and freely. One possibility is inviting your family and friends to a session with your therapist, although it is not necessary to have these discussions with the therapist present.

Do Not Overwhelm Yourself

You might want to keep your initial conversations with your family and friends intimate and brief. It may be easier for you to manage the discussion if you talk to only one or two people at a time.

Dealing With Difficult Questions

Your family may have many questions and concerns. Let them speak freely and openly and be prepared to answer uncomfortable questions. If the conversation becomes



too overwhelming, share your concerns with your loved ones. Let them know that you would like to continue the discussion at another time.

Anticipating Unexpected Responses

Some of your family members and friends may appear to be less supportive than you would like. If that's the case, take some time apart from them to think about your feelings and let them do the same.

Talking Points You Can Use

- 1. Acknowledge your depression**—Discuss any differences in your behavior since your depression began to show your family and friends that you are aware of the impact that your depression may have on them. This might help your loved ones to be more open to listening to what you have to say. It might also help to lessen any possible feelings of guilt, anger, and sadness they might have regarding your depression.
- 2. Relate your knowledge of depression**—Explain that depression is a medical condition. Be sure to mention the myths about depression, in particular the ones that claim a person with depression can just “snap out of it” or that people with depression use it as “an excuse to be lazy.” Give your family brochures to read about depression or tell them to visit informative websites (see resources at the end of this guide) where they can learn more about depression. Invite them to a therapy session if you and your therapist agree that it would be beneficial to your recovery.
- 3. Share your history of depression**—Take time to communicate one-on-one with your family about how you developed and now experience depression. During such discussions, you might learn that others in your family have experienced depression and kept it to themselves.
- 4. Give specific examples of depression**—Be sure to discuss your particular symptoms and give specific examples of how you display these symptoms. Relating each example to the illness gives your family a better understanding of the ways that symptoms may interfere with your daily life.
- 5. Discuss your plan for recovery**—Let your family and friends know that you're taking action to get well again. Give them the chance to share their own fears

and concerns with you. Discuss your treatment, your progress, treatment recommendations from your mental health provider, and your expectations for recovery.

- 6. Provide them with options for helping you**—Discuss various ways in which your family and friends can assist you in the recovery process. Some of these are listed below:
 - Learn more about depression
 - Treatment Support
 - Assist you with getting the appropriate treatment
 - Accompany you to your health care provider's office
 - Encourage you to continue your treatment as directed by your health care provider
 - Attend individual and group therapy with you
 - Recovery Support
 - Learn about and help you carry out your healthcare provider's recommendations for lifestyle changes and any medication-related dietary restrictions
 - Help to monitor your progress and stay on treatment
 - Attend support group meetings with you
 - Emotional Support
 - Provide emotional support by listening when you need to talk
 - Encourage you to participate in activities that once brought you pleasure
 - Participate in activities with you to keep you engaged in them
 - Intervene by contacting your healthcare provider if your symptoms worsen





- 7. Address the needs of your children**—The idea of talking with your children about your depression can be difficult. But if you ignore it or pretend that nothing is wrong, your children might draw their own conclusions, which can make the situation worse. When sharing information with your children, keep it short, simple, and in language that they can understand. For talking with younger children, a book such as *Sad Days: A Story About Depression* by Dewitt Hamilton, can be very helpful.

Young children sometimes think that the depression is their fault, and that it's their responsibility to help cure it. Make sure they know that your experiences with depression are not their fault. Reassure them that the adults in the family and other people, such as doctors, are helping you. Let them know that dealing with your depression is a grown-up's—not a child's—responsibility.

If you are a single parent, it may be helpful to develop a plan for taking care of your young children in the event that your depression gets worse for any reason. Think about who can help you before you need the help. Having the necessary support will lessen the impact on your children.

- 8. Keep the dialogue going**—Talking to your family and friends could raise more questions. Let them know that they can ask questions at any time and keep them informed on your treatment and progress. Plan to have a family discussion or meeting in the future to talk about new or unanswered questions.

TALK TO YOUR FAMILY AND FRIENDS WORKSHEET

Talking with your friends and family about your depression symptoms is not easy. Use the worksheet below to help plan the discussion.

1. Decide who to talk to.

List the family and friends that you will tell. Circle the person you will tell first.

2. Decide when and where to talk.

Sample talking plan:

I will talk with David on Friday at 3:00pm at my house.

My talking plan:

I will talk with _____ (insert name) on _____ (date and time)
at _____ (location).

3. Share your experience of depression.

Sample depression history:

I first noticed last May that I was feeling irritable and less interested in spending time with people. At the worst point, I felt like there was no point in getting out of bed. I decided to get treatment when my wife said that she was worried.

My depression history:

4. Share your understanding of depression.

Sample Overview:

Depression is a condition that affects how I feel, act, and think. It is different than a feeling of sadness and includes a major change in mood and behavior. This major change in mood and behavior can last for weeks or months. It can include low or irritable mood and a loss of interest or pleasure in usual activities. It interferes with one's normal functioning and often includes physical symptoms. Depression is treatable, usually using medication and/or counseling.

My Overview:

*Please refer to Fast Facts for Depression and talk to your therapist about additional information to share with your family.

5. Explain your depression symptoms and behaviors.

Sample symptoms and behaviors:

When I am depressed, I feel: Hopeless You may notice that I: Have trouble getting out of bed
When I am depressed, I feel: Angry You may notice that I: Am very irritable

My symptoms and behaviors:

When I am depressed, I feel: _____ You may notice that I: _____
When I am depressed, I feel: _____ You may notice that I: _____

6. Share your recovery plan.

Sample Recovery Plan:

I am currently taking medication and getting more sleep and more exercise.. I am beginning to feel a little better. My provider says that I may have some side effects but should expect to feel better in about six weeks. I am hoping to feel less sad and more interested in spending time with other people.

My Recovery Plan:

TALK TO YOUR FAMILY AND FRIENDS WORKSHEET

(Make copies of this worksheet, and review weekly with your counselor or loved one to track your progress.)

7. Check the questions you think your family member or friend might ask. Then fill in your responses.

- How long has this been going on? _____
- Why didn't you tell me before? _____
- Everyone feels bad sometimes. How is this different? _____
- What are you doing to help yourself feel better? _____
- Does therapy/medication really work? _____
- What can I do to help? _____
- (Add your own question) _____

8. Prepare for unexpected responses.

Sample plan:

If things become too overwhelming, I will say "Thank you for talking with me. Let's take a break and talk some more later."

Your plan:

If things become too overwhelming, I will say _____

9. Explain how your family member or friend can help.

Check three ways that you would like your family member or friend to help you.

Educational Support

- Learn more about depression

Treatment Support

- Assist you with getting the appropriate treatment
- Accompany you to your health care provider's office
- Encourage you to continue your treatment as directed by your health care provider
- Attend individual and/or group therapy sessions with you

Recovery Support

- Learn and help you carry out your health care provider's recommendations for lifestyle changes and any medication-related dietary restrictions
- Help to monitor your progress and stay on treatment
- Attend support group meetings with you

Emotional Support

- Provide emotional support by listening when you need to talk
- Encourage you to participate in activities that once brought you pleasure
- Participate in activities with you to keep you engaged

Emergency Support

- Contact your health care provider if your symptoms worsen

10. Plan a follow-up conversation.

Sample Follow-Up Plan:

I will talk with David again in one week.

My Follow-Up Plan:

I will talk with _____ (insert name) again in _____ (time period).

IMPROVE YOUR SLEEP

Sleep problems are common for those with depression and can lead to serious health problems. You can improve the amount and quality of your sleep, but be patient—changing your sleep pattern can take at least six to eight weeks, and anxiety over sleep can make the problem worse. The Sleep Hygiene Improvement Plan included in this pamphlet will help you to develop a plan for improving the quality of your sleep, and it includes the following guidelines:

1. Create a Comfortable Bedroom Environment—

Below are some ways you can make your bedroom comfortable:

- **Temperature**—Extremes of heat or cold can disrupt sleep, so maintain a comfortable temperature in your bedroom.
- **Noise**—A quiet environment is better than a noisy one. Wear earplugs or create a background of white noise by using a fan or white noise machine.
- **Clock**—Keep it out of sight, because clock-watching can make you more anxious about not sleeping.
- **Comfortable bedding**—Your mattress should not be too soft or too firm, and your pillow should be the right height and firmness.

2. Set a Regular Sleep Schedule—Establish a regular time to get out of bed each morning, no matter how poorly you slept. This helps set your body clock (or circadian rhythm) so your body learns to sleep at the right time. Try to get the same number of hours of sleep each night, even on the weekends.

3. Avoid Naps—Sleeping during the day can make it difficult to fall asleep at night. You may get lighter or more restless sleep, or you may awaken earlier in the morning. If you must nap, do so for only 10 to 15 minutes and only about eight hours after arising. Consider setting an alarm so you don't sleep any longer.

4. Limit Your Time in Bed—Don't lie in bed for too long when you're not actually sleeping. This can worsen existing sleep problems and reduce the quality of your sleep. If you don't fall asleep within 15 to 20 minutes, get up and do something relaxing outside of the bedroom. Return to bed when you feel sleepy (yawning, head bobbing, eyes closing, concentration decreasing). Don't confuse tiredness with sleepiness; they are different. Tiredness doesn't lead to sleep—only sleepiness does.

5. Get Regular Exercise—Exercising in the late afternoon or early evening can help you sleep at night. You should exercise hard enough to work up a good sweat, preferably for 40 minutes each day. Exercising irregularly is not likely to improve sleep, and exercising within two hours of bedtime may actually interfere with it.

6. Take a Hot Bath or Shower—Taking a shower or bath one or two hours before going to bed can be relaxing and may help you to sleep. Spending 20 minutes in a tub of hot water one to two hours before going to bed can be relaxing and may help you to sleep.

7. Eat a Light Snack—A glass of warm milk, a bowl of cereal, or some cheese can help promote sleep. Do not go to bed hungry or when you feel too full. **Avoid** the following foods before bedtime:

- Caffeinated foods like chocolate
- Gas-inducing foods like peanuts, beans, raw fruits and vegetables
- High-fat foods like potato chips or corn chips
- Heavy or spicy evening meals
- Midnight snacks (awakening may become associated with hunger)

8. Cautiously Use Sleeping Pills—Sleep medications, if taken regularly, lose effectiveness in about two to four weeks. Over time, sleeping pills may even make it difficult to fall asleep or stay asleep. This is known as “rebound insomnia.” Often, people who take sleeping pills for a long time mistakenly believe that they need the pills to sleep normally. It's okay to use sleeping pills once in a while, but don't make them a habit.

9. Avoid Caffeine, Nicotine, and Alcohol—Caffeine, a stimulant, is found in coffee, tea, soda, and chocolate, as well as in many over-the-counter medications. Although nicotine and alcohol make many people feel relaxed, they can cause you to sleep fitfully and wake up throughout the night. Avoid caffeine, nicotine, and alcohol, especially six to eight hours before bedtime.

SLEEP HYGIENE IMPROVEMENT PLAN

Use this worksheet to develop a plan for improving your sleep. It will take time for your sleep to improve, so stick with your plan for at least six to eight weeks. (Make copies of this worksheet, and review weekly with your counselor or loved one to track your progress.)

- Ensure that your bedroom is quiet, dark, and has a comfortable temperature, and that your mattress and pillow are in good condition.**

I will make the following changes to my bedroom: _____

- Limit time in bed.**

I have been sleeping an average _____ hours per night. Therefore, I will limit my time in bed to _____ hours (same number).
If I am not asleep in 15 to 20 minutes, I will get up and not return to bed until I am sleepy.

- Stay on a regular sleep schedule.**

I will get up at _____ a.m., seven days a week, no matter how poorly I slept overnight.

- Exercise regularly, but not within two hours of bedtime.**

I will do _____ for _____ minutes on the following days each week: _____.

- Take a hot shower or bath one to two hours before bedtime.**

I will take a hot shower or bath at _____ p.m.

- Eat a light snack at bedtime but avoid large amounts of foods that can create indigestion.**

I will eat _____ or _____ or _____ before bed.

- Avoid using sleeping pills.**

If you are currently using sleeping pills regularly, your care provider should medically supervise any changes.

- Avoid caffeine, nicotine, and alcohol six to eight hours before bedtime.**

I will not have caffeine after _____ p.m.

I will not have a cigarette or other tobacco after _____ p.m.

I will not have more than _____ drinks in the evening.



ADDITIONAL RESOURCES

The following organizations and websites, although not endorsed by the Department of Veterans Affairs (VA) or the Department of Defense (DoD), may provide additional help for understanding depression.

After Deployment

(866) 966-1020

http://www.afterdeployment.org/index2.php?cid=s102_0000

Defense Centers of Excellence (DCoE)

(877) 291-3263

<http://www.dcoe.health.mil/ForFamilies.aspx>

Depression and Bipolar Support Alliance

(800) 826-3632

http://www.dbsalliance.org/site/PageServer?pagename=about_depression_overview

Families for Depression Awareness

(781) 890-0220

<http://www.familyaware.org>

Geriatric Mental Health Foundation

(301) 654-7850

<http://www.gmhfonline.org/gmhf/consumer/depression.html>

Helpguide.org

Online resource only

http://www.helpguide.org/mental/depression_tips.htm

Mayo Clinic

Online resource only

<http://www.mayoclinic.com/health/depression/DS00175>

National Alliance on Mental Illness

(800) 950-NAMI (6264)

<http://www.nami.org>

National Mental Health Association

(800) 969-6642

<http://www.mentalhealthamerica.net/go/depression>

The National Institute of Mental Health

(866) 615-6464

<http://www.nimh.nih.gov/health/topics/depression/index.shtml>

Real Warriors

(866) 966-1020

<http://www.realwarriors.net/family>

Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services

(800) 789-2647

<http://mentalhealth.samhsa.gov/cmhs/>

Up To Date

Online resource only

<http://www.uptodate.com/patients/index.html>

National HOPE-LINE Network (Suicide Hot Line)

1-800-273-TALK (8255)



This document contains information
adopted from RESPECT-Mil.



DEFENSE CENTERS OF EXCELLENCE
For Psychological Health & Traumatic Brain Injury