

What can I do to help myself?

The symptoms of depression can make it difficult to help yourself, but the following have been found to be useful.

- Fight negative thoughts: try to replace them with more constructive ones or distract yourself
- Physical activity 20 minutes each day will help to stimulate chemicals called endorphins in your brain which can make you feel better
- Look after yourself: try to eat properly, avoid alcohol, try to pay attention to your appearance, treat yourself
- Set small achievable goals.



By Tony Hill

Further help and information

This leaflet outlines what you can expect from this Trust when you are referred to us with depression. There is a lot more detailed information available about all the treatments we have mentioned and about the signs and symptoms of depression. Your worker will be able to provide you with more written information if you ask them. If you have access to the internet we recommend the following websites as having reliable, user friendly information, and leaflets which can be downloaded for free. We strongly recommend that you only use information from trusted sites such as those listed below.

National Institute for Clinical Excellence

Web: www.nice.org.uk

Department of Health

Web: www.dh.gov.uk/en/index.htm

NHS Direct

Tel: 0845 4647

Web: www.nhsdirect.nhs.uk

Royal College of Psychiatry

Web: www.rcpsych.ac.uk/ (various languages available)

Sheffield Mind

Tel: 0114 2584489

Web: www.sheffieldmind.co.uk

Email: info@sheffieldmind.co.uk

Depression Alliance

212 Spitfire Studios, 63-71 Collier St, London N19BE

Tel: 0841 232320

Web: www.depressionalliance.org

Saneline

Tel 0845 767 8000 (national out of hours helpline). Web:

www.sane.org.uk

Samaritans Helpline: 08457 909090

Web: www.samaritans.org

For easy read version Foundation for People with Learning Disabilities

Web: www.learningdisabilities.org.uk

For Younger People

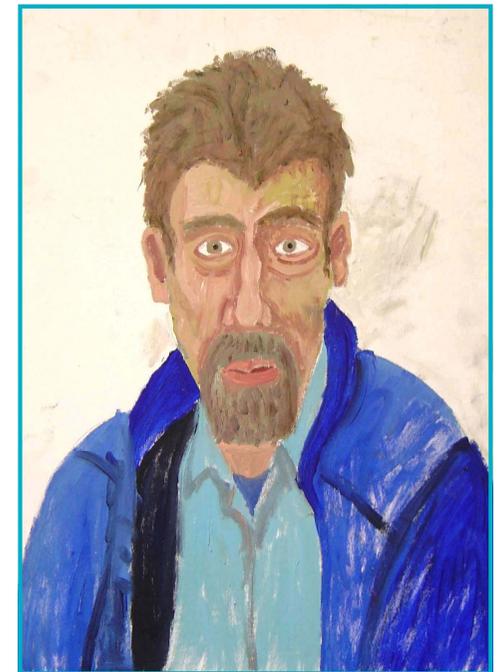
Web: www.rethink.org/at-ease or www.youngminds.org.uk

Trust Website

http://www.sct.nhs.uk/files/Depression_Leaf_08.doc



Depression: How We Can Help



By Trevor Philip Smith

You may notice some of the following common symptoms of depression:

Physical symptoms such as poor sleep, weight gain or loss, lack of energy or unexplained aches and pains.

Emotional symptoms such as low mood, feelings of sadness, heaviness, guilt or worthlessness

Changes in the way you are able to *think* such as difficulty concentrating or motivating yourself to do things, or recurrent thoughts of death, self harm or suicide.

Changes in the way you *behave* such as weepiness or irritability, agitation, restlessness and withdrawal from friends and people who are close to you.

Often these symptoms can be worse when you wake up in the morning and generally impact on your relationships and daily life.



“Darkness Uncoiled” By Jenny Jones

Why have I been referred?

Your GP or IAPT worker (Improving Access to Psychological Therapies) may have tried some of these treatment options which are recommended for *mild* or *moderate* depression:

- Anti depressant medication
- Information and support
- Talking treatments such as guided self help, counseling or a psychological therapy such as Cognitive Behavioural Therapy (CBT).
- A referral to an exercise programme

Your GP has decided that referral to us for specialised treatments, for more complex difficulties, may help you. Broadly, these are:

- Anti depressant medication
- Structured talking treatments (e.g. longer term CBT than can be provided in primary care).
- A combination of the above
- Help to structure your time & cope with daily activities
- Creative therapies such as art or music therapy
- The varied skills of a multi disciplinary team which can address the increased complexity of the depression
- A structured plan of social support

The Care Programme Approach (CPA) and the Single Assessment Process (SAP)

Adult Services use CPA and Older Adult and Learning Disabilities Services also use SAP but their goal is the same: they help us to coordinate your care as effectively as possible. A worker is identified to manage all the aspects of your care including organizing review meetings and ensuring that your needs, and where relevant, those of your carer are being met effectively. They will make sure that there is a plan of care in place which is regularly reviewed and updated as your needs change.

Who Will I See?

Several of our teams address depression and the decision about which team you are referred to depends on:

Which part of the city you live in
Your home situation
The severity of your symptoms.

Community mental health teams

The team consists of nurses, social workers, psychiatrists, occupational therapists, arts therapists, psychologists and cognitive behavioural therapists. The team will make sure that the most suitable worker available will see you. You will be seen at home or at the team base to help you look at the issues affecting you. The treatment approach may be through talking, practical support or creative therapies, depending on your needs and goals.

The Crisis Resolution & Home Treatment Team (CRHT), and Discharge and Rehabilitation Team (DART)

The CRHT helps you to cope at home during a crisis by providing an intensive service out of hours, including regular home visits and telephone calls and support for carers. The aim is to try to prevent hospital admission or to support people to leave the wards earlier with good support systems in place. DART also facilitates supported discharge packages.

Inpatient Services

The inpatient wards provide a safe protective place for people whose symptoms and/or home situation indicate that this is the best treatment option for them. The wards have skilled multi disciplinary teams who can monitor your progress closely and help to tackle all the difficulties you have related to your depression.

Other teams and services

We also link into other teams such as Wainwright Crescent respite service, day services, A and E liaison, housing, benefits advisors, employment services, voluntary organisations, various training and educational bodies as well as all the other NHS and Social Services departments addressing mental, physical health and social problems, such as pharmacy physiotherapy and psychotherapy.