

*The
Depression Trap*

Ten Ways to Set Yourself Free

Nancy Hine

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Publisher's note

The Depression Trap is intended for informational and educational purposes and should not be seen as a substitute for medical advice. If you think that you are suffering from depression then it is important to seek the advice of a qualified medical professional.

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PART 1

An Introduction to Depression

Introduction

*I will love the light for it shows me the way, yet I will
endure the darkness because it shows me the stars.*

Og Mandino

When I started work as a counsellor I was surprised to discover not only how widespread depression is, but also how much the experiences of those suffering from depression vary. Some clients who came to see me after being signed off work by their doctor and put on antidepressants seemed to need only six weeks of counselling to turn the corner and start their recovery. These people seemed to be having a strong reaction to something that had happened recently, such as a relationship break-up, or what is often called a mid-life crisis (although in my experience such crises can happen at almost any age).

Other people had suffered from depression on and off for most of their lives and seemed unable to move forward, although there was no obvious external reason to feel depressed. Still others seemed to be almost 'cursed' with a long series of negative life experiences that would be enough to make anyone feel depressed.

For many long-term sufferers nothing really seemed to have worked. Drugs might have made their lives bearable, but they were not living what most people would call a normal life. Many others fell somewhere between these extremes, but each individual had a unique story to tell and a unique experience of depression.

In most cases my clients' doctors had put them on antidepressants

and, if they were lucky, advised them to see a counsellor as well. I have not come across a single case where a doctor suggested any other alternatives to treat depression. Yet a quick search on Google will reveal hundreds of people claiming to be able to cure depression through a wide variety of approaches.

When I first qualified as a counsellor I found these claims and counter-claims extremely confusing and it occurred to me how much more confusing it must be for someone who is actually diagnosed with depression. I started to look into some of these claims for my own peace of mind, and the more I read the more convinced I became that depression was not as straightforward as I had been led to believe. It now seems to me that depression is a complex condition with multiple causes and triggers and that each individual's experience is unique. It may even be that what we call depression is not actually one disease, but a cluster of symptoms that can have many different causes.

My research eventually turned into this book, in which I aim to share with you some of the many alternative approaches that are available to help you cope with depression. I do not seek to promote one approach as the best, as I think that different approaches work for different people. I have tried to present what evidence is available for each treatment in an unbiased way, but I have also added my own thoughts at the end of each chapter.

How common is depression?

According to the UK-based charity Depression Alliance, depression affects one in five of us at some time in our lives. The Office of National Statistics puts the occurrence of depression with anxiety at 9.2 per cent of the British population. Depression is now thought to be the biggest single cause of lost hours at work due to sickness. It is estimated that 13.4 million working days a year are lost through stress, anxiety and depression. So if you are suffering from depression,

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you are not alone.

Most people know someone who has suffered from depression. If you don't think that you do then the chances are that you just aren't aware of it. Almost everyone I told that I was writing this book confided that either they or someone close to them had suffered from depression.

But even in the 21st century many people are still embarrassed to admit that they have depression. Many struggling with depression also suffer the extra burden of feeling guilty about their illness. Clients have told me that they feel they must be weak or pathetic because they can't just 'snap out of it'. Sometimes this feeling is reinforced by their friends and family, who don't understand that depression is more than just feeling down. The last thing a depressed person needs is to be told that there's nothing really wrong with them and that they just need to pull themselves together. This sort of attitude can prevent some people seeking help, as they are too embarrassed. Most of us wouldn't hesitate to tell our boss that we need time off for a doctor's appointment or a trip to the dentist, but how many of us would feel comfortable saying that we need time off to see our counsellor? For other people, any problem linked to the mind still conjures up fears about going mad and being locked up.

These attitudes belong in the past. It is time that we talked openly as a society about depression and other mental disorders. It is time we recognised that any one of us could suffer from depression and that it is a common condition that needs to be met with understanding and support.

This book will provide you with a whole range of potential cures. Reading it could be the first step in your recovery.

How to read this book

The book is divided into three parts, which can be read separately or as a continuous whole. In Part 1, I look at some of the current ideas

about the causes of depression. This includes briefly outlining the various biological and psychological theories. Some of this part is a bit technical, so you may wish to skip straight to Part 2 if you are just interested in the alternative approaches to treatment, or if your depression makes it hard to concentrate.

In Part 2, I consider ten possible solutions to depression. These are not necessarily either/or solutions; many of them can be used in conjunction with each other, such as combining antidepressants and counselling. It is my aim in this part to provide you with basic information to help you decide which approaches may be right for you.

In Part 3, I have included the personal stories of a number of individuals who have struggled with depression for much of their lives. They talked to me about their experiences, what worked for them and what advice they would give to others suffering from depression. I have also included a Resources section, providing websites and books that may be of interest if you wish to explore some of the options further.

In the book I make reference to a number of scientific studies. Care needs to be taken when interpreting such studies as they are not all well designed or large enough to lead to any definite conclusions. The media has a tendency to misinterpret scientific studies as proof when they are only suggestive, as it makes for better headlines. The results of studies are often disputed by other members of the scientific community and further studies may be needed to confirm the results. Where possible I have included a reference to the original study so that you can investigate further for yourself, if you wish to.

Getting further help

I am a qualified counsellor who works with clients suffering from depression. I am not a psychiatrist. If you think you are suffering from depression, particularly if it is severe, it is important that you consult a doctor or psychiatrist. The aim of this book is to provide you with information to help you take the next step in combating depression; you should not see this book as a substitute for professional medical advice.

1

What Is Depression?

That's the thing about depression: A human being can survive almost anything, as long as she sees the end in sight. But depression is so insidious, and it compounds daily, that it's impossible to ever see the end. The fog is like a cage without a key.

Elizabeth Wurtzel

We all have periods in our lives when we feel deeply sad and might describe ourselves as depressed. This is often, though not always, in response to life events, such as a death, relationship break-up or redundancy. For most of us this is part of a natural grieving cycle and given time and the right support we work through these 'depressed' feelings and return to a more 'normal' state of functioning. However, sometimes we get stuck in these low moods and need help to regain our balance.

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When we talk about feeling depressed, we may be referring to a whole spectrum of feelings, from feeling 'down' to severe clinical depression. The most commonly used official definition of clinical depression is as follows:

Five or more of the following symptoms present during a two week period (at least one of the symptoms is either depressed mood or loss of interest or pleasure):

- depressed mood
- loss of interest or pleasure
- poor or increased appetite/weight loss or gain
- insomnia or hypersomnia
- psychomotor agitation or retardation
- loss of energy/fatigue
- feelings of worthlessness, guilt or self reproach
- poor concentration/indecisiveness
- thoughts of death or suicide attempts

(American Psychiatric Association 2004)

When we feel deeply depressed we may have a whole range of symptoms in addition to the above, including tearfulness, hopelessness, feelings of guilt, negative expectations, negative self-concept, reduced libido, feeling we have poor memory, irregular menstrual cycle and constipation. Depression is a condition that affects the whole body; it's not just something in our heads.

For some people depression may be a one-off event in their lives; for others it may be a recurring theme. In extreme cases people may develop psychotic depression: they become delusional, may have suicidal or murderous plans and are likely to neglect themselves. Such extreme cases are very rare and need qualified medical care beyond the scope of this book. Some people suffer from alternating periods of depression and mania, which used to be called manic depression and is now called bi-polar disorder. This is a more complicated condition and I have not addressed it directly in this book. Some of the

suggested approaches in the book may be helpful for those with bipolar disorder, but it is important to seek medical advice if you think you may be suffering from this condition.

Theories of depression

So what is it that causes one person to cope with a traumatic life event and another to get stuck in a downward spiral and need help? There are an extraordinary number of competing theories about the causes of depression and new ones are being developed all the time. The theories can generally be divided into two groups, nature theories and nurture theories.

I now take a brief look at some of the more popular theories before looking at the possible ‘cures’ in Part 2. *Note: Some of this information is a little technical so feel free to skip it and go straight to the next section if it doesn't interest you.*

Nature theories

There are a number of theories about depression that focus on biological causes.

Neurotransmitters

Put simply, neurotransmitters are chemicals that carry signals from one brain cell to another. The traditional biological approach looks towards the biology of the brain and in particular neurotransmitter and hormonal imbalances to explain depression. In the 1950s it was discovered that taking a particular drug caused depression. The drug was known to reduce levels of certain neurotransmitters and it was therefore concluded that depression was caused by a lack of these neurotransmitters. This led to the idea that a lack of two particular neurotransmitters, serotonin and noradrenalin, caused depression. This in turn led to the development of drugs to help maintain the levels of these chemicals (see Part 2, Chapter 1).

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It is now generally accepted that certain neurotransmitters have an impact on our mood. The key players are:

- Acetylcholine: Improves your memory and mental alertness
- Adrenalin: Motivates and stimulates, helping you respond to stress
- Dopamine and Noradrenalin: Make you 'feel good', energised and in control
- Endorphins: Give you a sense of bliss or euphoria
- GABA: Relaxes and calms you down after stress
- Serotonin: Makes you 'feel happy'

It is worth considering whether chemical imbalances lead to depression or whether depression leads to chemical imbalances. What is it that causes the imbalance of brain chemicals in the first place? At the moment we don't know the answer to this question, so it is possible that a biological imbalance could have a non-biological (that is, an external) cause.

Over-reactive stress response

Not all depressed people respond to antidepressant drugs and our current understanding of the brain suggests that there are more complex mechanisms at work. An alternative theory is that depression may be caused by stress. Stress hormones are thought to restrict the growth of certain brain cells. Researchers found that in some chronically depressed patients the parts of the brain called the hippocampus (important for memory and spatial awareness) and the prefrontal cortex (thought to be important for setting and achieving goals and decision-making) have physically shrunk (Bremner et al. 2000; Ongur et al. 1998). Other studies show that people with depression have a lack of functioning in their left prefrontal cortex – an area that is thought to process positive emotions and suppress negative ones. (See Resources for more information.)

In her book *Why Love Matters* Sue Gerhardt suggests that

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experiences in the womb and in early infancy ‘hardwire’ our brains to react to stress in particular ways. When we are under stress our brains produce cortisol, the so-called ‘stress hormone’ which is involved in our ‘fight or flight’ response. In our brain we have cortisol receptors, areas that detect and absorb cortisol. The number of receptors we have is linked to our ability to cope with stress. According to Sue Gerhardt the number of cortisol receptors that we develop is largely determined by our experiences in infancy, when our brain is still developing.

If a baby feels safe and secure then only small amounts of cortisol are produced and so a large number of cortisol receptors develop in the baby’s brain. (A large number is needed in order to detect the small amount of cortisol.) This means that in later life the baby is able to ‘mop up’ cortisol efficiently and so is better able to cope with stress. However, if a baby is exposed to continuous stress then large amounts of cortisol are produced. This means that fewer cortisol receptors develop and existing receptors close down. In later life the adult brain is unable to cope with cortisol produced during stressful situations due to the lack of receptors. This leads to the feeling that stress is something beyond our control that can’t be stopped. Such feelings of anxiety and helplessness are linked to depression. So our early experiences of stress can affect the biology of our brain and hence how we deal with stressful situations in later life.

The introduction of stress as a potential cause of depression opens up the possibility of bringing together those who believe that depression is due to biology and those who believe that it is due to psychology. It also highlights the importance of parenting and other early influences in the development of depression. Gerhardt herself sees a ‘fragile sense of self’ as being the underlying factor that predisposes some people to depression, causing them to react to external stress by developing depression when others find alternative ways of coping. This ‘fragile sense of self’ can be expressed as a psychological state, but also explained in biological terms as relating to cortisol regulation.

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The good news, according to Gerhardt, is that if the levels of cortisol in people with depression can be reduced then the symptoms of depression will reduce too. That is, learning to cope with stress can help to combat depression.

Genetics

Some people believe that a tendency towards depression is inherited. There is some evidence that you have a greater risk of depression if someone in your close family has suffered from depression. However, this is not necessarily due to your genes, as there may be other common environmental factors at play.

For example, if your mother is depressed it is perhaps not surprising that you also develop depression, as she was your main model for behaviour whilst you were growing up. This problem is compounded where in addition to a depressed mother there is no father present (due to death or separation), or where the father is present but 'distant' due to other emotional problems (such as alcoholism). A depressed father and absent or alcoholic mother can be equally problematic. How can a child learn to be emotionally well-balanced without an appropriate role model?

These are children who don't expect support, who don't anticipate relief from distress as a result of contact with their parent, and who don't know how to regulate their negative feelings. . . . Because they have not been taught to focus on solving problems step by step, they cannot imagine any solution.

(Gerhardt 2004)

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So if your parents suffered from depression and you do too, this could be due to a genetic factor, or it could be due to the way they brought you up. So far no single gene for depression has been found and there is no absolute proof that genes cause depression. However, there is some evidence from studies of twins that there may be a genetic link.

In addition, one study has shown that a particular gene does seem to be linked to the occurrence of depression in people experiencing traumatic life events. The authors of the study suggested that ‘genetic factors may not directly “cause” disease, but instead moderate responses to environmental factors’ (Caspi et al. 2003). So if you have this particular gene it doesn’t mean that you will definitely develop depression; it just means that, compared to someone without the gene, you have a higher chance of developing depression if something traumatic happens to you. This is only an increased likelihood, not a certainty.

Other studies have indicated that there may be links between other genes and depression. It seems unlikely that any single gene is responsible for depression; the condition is more likely to be related to a whole range of factors, including a number of different genes and environmental influences. So the good news here is that even those scientists studying genetics are not claiming that anyone is destined from birth to develop depression.

In fact, some people believe that although our genes may carry the potential for a given disease, it is the environment that actually triggers the development of any such disease.

Suddenly I realised that a cell’s life is controlled by the physical and energetic environment and not by its genes. Genes are simply molecular blueprints used in the construction of cells, tissues and organs. The environment serves as a ‘contractor’ who reads and engages those genetic blueprints and is ultimately responsible for the character of a cell’s life. It is a single cell’s “awareness” of the environment, not its genes, that sets into motion the mechanisms of life.

(Lipton 2005)

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So just because you carry a gene for cancer or depression, this doesn't necessarily mean that you will develop these diseases. This idea opens up the way for a more integrated approach to disease, looking at physical, psychological and emotional factors.

Nurture Theories

There are a number of theories that suggest non-biological causes of depression.

Psychological theories

Cognitive theories

These theories view the way a person thinks (their cognitive functioning) as related to how they deal with life events. To put it crudely, persistent negative thinking leads to depression. The individual gets stuck in negative thoughts that are not corrected by life events and ends up viewing the world through a negative filter. These negative thought processes may well have started in childhood, due to an inappropriate or dysfunctional family environment. So two people may experience the same life event and one of them will recover reasonably quickly, whilst the other will get trapped in their negative thinking and fall into a depression.

Behavioural theories

Behavioural theories suggest that our behaviour is a result of reward and punishment, a 'carrot and stick' approach. According to this view depression results from a lack of positive reward. This lack of positive reward may be because the depressed person unconsciously behaves in a way that invites a negative response; or it may be because their friends and family tend to react negatively to everything (due to their own emotional issues). So again a dysfunctional family environment may lead to a child growing up surrounded by negative responses, with no opportunity to learn that positive responses are possible, or how to encourage them. This has many similarities with the cognitive

approach and the two have been combined to produce cognitive behavioural therapy. (See Part 2, Chapter 3.)

Psychodynamic and other psychological theories

These have a lot in common with the cognitive and behavioural approaches and some think that the differences between them have been exaggerated. According to these theories people have developed ways of being in the world that are unhelpful. Again, this is often, though not always, due to problems in childhood. Sometimes the individual will be aware that their childhood was not ideal; however, in other cases the negative influences will have been more subtle. These theories generally suggest that there is more to healing ourselves than just deciding to change the way in which we think. (See Part 2, Chapter 2.)

One common interpretation is that depression is anger turned in on oneself. This is a behaviour learned in childhood, when perhaps anger was not acceptable within the family. Perhaps one or both parents were themselves depressed and so could not cope with the child's natural emotions, or provide an appropriate role model for expressing emotions. Depression is seen as a coping mechanism, a way of dealing with difficult or impossible situations in childhood, which has been carried forward into adulthood. Depression may be linked to feelings of helplessness and dependency, a need to give up and rely on others. This can be seen as linking back to childhood when the child was dependent on their parents and their own needs were in some way not met.

As with the cognitive approach the problem is often seen as relating back to early childhood and the solution is seen to lie in changing existing patterns of thinking and behaviour in some way. (See Part 2, Chapter 2.)

Social theories

These look at the link between multiple negative life events and depression. It does seem that those suffering from depression report more negative life events than those not suffering from depression.

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The life events most likely to be linked to depression are 'exit' events, such as a relationship break-up or the death of someone close. However, not everyone who experiences such a life event develops depression, so these seem to be contributing factors, rather than the whole picture.

Social theories also look at other factors, such as racism and unemployment. Studies show no definite link between depression and race, but unemployment seems to be a definite risk factor for men. This is probably associated with our society's expectations of men as providers. Rates of depression have historically been higher for women than men. However, it is now being suggested that men may have just as high levels of depression, but are less likely to seek help and be diagnosed. Instead, men are more likely to turn to drugs or alcohol. It is also interesting to note that the rate of increase in diagnosed depression is greater for men than for women (Office for National Statistics 2000). So far this has not been explained.

Energy medicine

There are now many holistic approaches based on the idea that we have an 'energy body' as well as a physical body. You may have heard of meridians (channels of energy) or chakras (energy vortexes). According to these theories all disease, including psychological and emotional disorders such as depression, is seen as manifesting first in the energy body and only later in the physical body. The energy body may be knocked out of balance by trauma or other factors and, if left untreated, eventually the physical body becomes affected. Some claim that energy therapies can heal depression. (See Part 2, Chapter 9.)

The spiritual aspect

Again, there are many different spiritual approaches to depression. One view is to see depression as a spiritual crisis in which the lack of meaning and hopelessness is related to a lack of spiritual meaning. Depression could therefore be seen as an unresolved spiritual crisis, which can be

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resolved through counselling, psychotherapy, prayer or meditation.

Another view is to see depression as a very low energy state. In this theory we are viewed as beings of light, temporarily occupying physical bodies. In order to interact with the physical world we have had to lower our energy levels (that is, we have a lower vibrational frequency) in order to interact with matter. Those suffering from depression have lowered their energy levels too far and need to raise their energy levels again. This can be done through meditation, energy therapies and other spiritual practices.

These spiritual approaches are certainly not mainstream, but I've included them, as they are helpful to some people. Spiritual approaches don't fit neatly into the nature versus nurture debate, but they generally seem to have more in common with the nurture approaches.

One ceases to recognize the significance of mountain peaks if they are not viewed occasionally from the deepest valleys.

Dr Al Lorin

What do I think?

As we come to understand how closely mind and body are linked, the old debate between biological and psychological theories becomes less relevant. We now know that the mind (our thoughts and emotions) can affect our physical health. We are all familiar with the idea that stress can make us ill in various ways. We can see how our early environment can lead to both biological changes in the brain and negative thought processes, both of which can make us more susceptible to depression. This opens the door to a theory of depression that allows for both biological and psychological factors.

In my experience, many people suffering from depression do seem to be caught up in negative thinking patterns, although this is not

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always the case. For some people depression has been triggered by an obvious event and is relatively short lived. However, others seem to have experienced an enormous number of negative life events. Sometimes this means a series of negative but relatively common events over a short period of time, such as an unexpected number of deaths in the last year. In more extreme cases some clients have experienced a whole series of traumatic events, such as abuse, rape or physical attacks, over their whole lives. The sort of events that most of us hope to avoid completely appear to be a recurrent theme in these people's lives.

So are these events the cause of their depression, or is it that some individuals develop negative thinking patterns that make them vulnerable to further negative events? Perhaps early negative experiences make them susceptible to negative thinking, which in turn makes them more likely to experience negative life events, which then reinforce the negative thinking in a self-perpetuating cycle. If you have trouble understanding how negative thinking could lead to negative life events then consider these examples:

- The response you get from a stranger if you smile at them in the street, compared to the response you get if you frown.
- How some days everything seems to go wrong and other days things just seem to go right. The way you start your day can set the tone for the whole day – hence the expression ‘I got out of bed on the wrong side this morning’.
- Two young men fail their driving test. The first feels a complete failure, goes to the pub, gets drunk and then has an argument with his partner. This puts him in a bad mood for the rest of the week and he messes up a meeting at work. This makes him feel even worse and he spends even more time at the pub. He blames everyone else and thinks the whole world is against him. Six months later his partner has left him, he is feeling depressed and he still can't drive.

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The second young man feels fed up and goes home to talk to his partner about it. His partner is supportive and encourages him not to give up. He decides to take some extra driving lessons to make sure he passes the next time. Three months later he passes on the second attempt and celebrates with his partner. As he can now drive this opens up a new opportunity for him at work and he gets promoted.

Okay, that last example was a bit exaggerated, but you get the point. The same event can be interpreted and used differently by two different people depending on how they think.

Another important factor that's highlighted by this last example is the supportive partner. Having positive, supportive people around you can help you to avoid depression and recover more quickly. This doesn't have to be a partner; it can be friends, parents or siblings. I often find that my clients who are struggling to recover from depression are in unsupportive environments. Perhaps their partner is an alcoholic, or their parents are themselves suffering from depression.

On the other hand, some of my depressed clients had no obvious triggering events, no history of depression and a seemingly average childhood. So could there be some biological factors at work too? It may be that some individuals are more likely to develop depression if their body chemistry is already out of balance for some reason. Perhaps due to poor diet (see Part 2, Chapter 6), ill health or some other unknown cause.

Each individual's experience of depression is unique. Depression appears to have many different causes and many different cures. So is it possible that what we call depression is not actually one disease, but rather a cluster of symptoms triggered by a whole variety of factors? Maybe for some people depression is a result of early childhood experiences creating a 'fragile sense of self', whereas for others it is a temporary inability to cope due to poor diet, or illness, or some other factor. As a counsellor it is important for me to approach

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each individual with an open mind in order to help them find their unique path to recovery.

Some of the people I've spoken to have actually said that they now see their depression as a gift, as it has helped them to grow as a person. Without it they might never have realised their potential.

2.

Age and Depression

Depression can affect people of any age, but are certain age groups more susceptible to depression? Different studies show different results so there is no definitive answer to this question. In this section I talk briefly about depression amongst the oldest and youngest in our society. This is not because these groups are most affected, but rather because in the past they have often been overlooked.

Depression in later life

There are a number of triggers for depression that are especially common in later life, including:

- Deteriorating health
- Fear of death
- Fear of not being able to take care of oneself in later years
- Feeling out of touch with the world
- Loss of a lifelong partner
- Loss of a sense of meaning gained from a career, or taking care of children
- Vitamin deficiencies, especially B12 (See Part 2, Chapter 6.)

However, depression is not a normal or inevitable part of getting older.

Sometimes depression can go undiagnosed and therefore untreated in older people as their symptoms are mistaken for other

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conditions, such as dementia, or are dismissed as simply part of getting older. Older people also seem to be less likely to seek help for depression, perhaps as it was less acceptable to suffer from depression in the past. Some may still not see it as a 'real' illness and so not want to bother their doctor. On the other hand, there is concern that some older people are being given antidepressants and tranquilisers to 'keep them quiet', with no proper diagnosis of depression.

Depression seems to be more common in the more advanced later years, perhaps as people are increasingly isolated and unable to take care of themselves. However, studies show that most people over 85 are still reasonably satisfied with their life. Depression seems to be more likely in older people where there is a loss of family or friends to support them and where other medical problems become dominant.

Depression in children and young people

Statistics tell us that depression is on the rise in all age groups, but worryingly the biggest increase is amongst the young. Twenty years ago depression amongst children was virtually unheard of. So either we have changed the way we diagnose depression, or we have a potential epidemic on our hands. It is possible that we are diagnosing young people with depression today who would have gone undiagnosed in the past. It is almost impossible to know for sure. However, when one Harvard study shows the rate of depression in children increasing at 23 per cent a year, it's difficult not to conclude that something is going wrong (Harvard 2002). According to Professor Tim Kendall of the National Collaborating Centre for Mental Health: 'We know that between 10 and 19 years old the third leading cause of death is now suicide, and suicide and depression tend to go hand in hand.'(BBC News Online 2004)

Many people see the rise in depression amongst young people as

evidence for the non-biological theories. They suggest that young people are suffering from depression due to changes in society, where basic needs for comfort and security are no longer being met. The media promotes an ideal that most young people can never hope to live up to – the perfect body, fame, fortune; they are encouraged to feel inadequate if they can't live up to the perfect celebrity lifestyle. The decline in organised religion has left a spiritual vacuum, so that consumer values are left unchecked by any sense of a higher purpose. For many there is no longer a sense of belonging to something greater than ourselves.

However, the increase in depression could also be seen to have a biological basis, due to worsening diet, greater exposure to toxins and so on. Plus, all these factors could work to increase the stress felt by young people, supporting the stress-based theory of the cause of depression.

What do I think?

I hope that as society comes to see depression as a more acceptable illness older people will feel more able to seek help. By talking more openly about the condition and how it can be treated we can encourage this change. We can also all play our part in ensuring that the oldest in our communities do not become isolated and in encouraging them not to just accept depression as an inevitable part of getting old.

With regard to the increasing incidence of childhood depression, I am always suspicious of claims that things are worse now than they used to be. We have a tendency to view the past through 'rose-tinted spectacles' and forget about the realities. Getting accurate statistics about rates of teenage depression and depression-related suicide is extremely difficult. Everyone seems to agree that there has been an increase and that it is a problem, but when I try to trace quoted figures back to a reliable source document I often run into problems. On their

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website NHS Direct state that according to certain studies 2 per cent of teenagers in the UK suffer from depression (NHS Direct 2007). However, other websites quote 'government figures' as high as one in eight (12.5 per cent), but without referencing their source. News reports are particularly good at including statistics without backing them up.

What is important is that we are now recognising depression in young people and that appropriate treatment is now available. Children are no longer prescribed antidepressants and their special needs are recognised.

If you suspect your child is depressed then you should seek advice from your doctor. The suggestions in this book are not generally appropriate for young children, but most teenagers will be able to engage in counselling and other talking therapies and some of the other suggestions may also be appropriate.

Don't panic!

If you think your child has depression then please don't let all the scary statistics make you panic. Most people who experience depression recover fully and do not relapse. These figures need to be taken in context. Very few children actually commit suicide. The reason it appears so high on the list of causes of death (compared to adults) is that far fewer children die from disease (the main cause of adult deaths). Plus, you should always be wary of statistics: people tend to use them to support their own argument and avoid studies that contradict their point of view. I have tried not to be biased in my own use of statistics, but I'm only human, so some bias may have crept in.

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