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ON MENTAL ILLNESSES AND HOW TO LIVE WITH THEM

1. Uwagi ogólne

Zestaw materiałów opatrzony wspólnym tytułem *On mental illnesses and how to live with them* jest adresowany do studentów uzupełniających studiów magisterskich lub jednolitych studiów magisterskich studiujących kierunki humanistyczne. Ze względu na swoją tematykę przedstawione ćwiczenia mogą być wykorzystane przede wszystkim do pracy z grupami studentów psychologii.

2. Poziom zaawansowania: B2+ oraz C1 i C1+

3. Czas trwania opisanych ćwiczeń

Ćwiczenia zaprezentowane w tym artykule są przeznaczone na dwie jednostki lekcyjne (180 minut (cykl dwóch zajęć – zadania 1–9 i 10–12). Czas trwania został ustalony na podstawie doświadczenia wynikającego z pracy nad poniższymi ćwiczeniami w grupach na poziomie B2+ i (słabsze) C1.

4. Cele dydaktyczne

W swoim założeniu artykuł ma rozwijać podstawowe umiejętności językowe, takie jak mówienie, słuchanie, czytanie oraz pisanie.

5. Uwagi i sugestie

W zbiorze przewidziane są ćwiczenia na interakcję student–nauczyciel, student–student oraz na pracę indywidualną. Ćwiczenia mogą być odpowiednio zmodyfikowane w zależności od poziomu grupy, kierunku oraz stopnia zaangażowania studentów w zajęcia. Zadania tu zamieszczone możemy omawiać na zajęciach lub część przedstawionych ćwiczeń zadać jako pracę domową, jeżeli nie chcemy poświęcać na nie zbyt dużo czasu na zajęciach.

Materiały obejmują pytania, informacje, artykuły i zadania dotyczące problemów i wyzwań, z jakimi stykają się osoby cierpiące na zaburzenia/choroby psychiczne. Rozpoczynamy od dyskusji na temat liczby osób dotkniętych problemem, możliwości leczenia w Polsce itd., a następnie przechodzimy do filmiku pochodzącego z zasobów TED, który przedstawia teorię wyjaśniającą ogromną liczbę osób cierpiących na różnego rodzaju zaburzenia. W kolejnym zadaniu studenci mają się zapoznać z różnymi metodami terapeutycznymi i przedyskutować ich wady i zalety. W kolejnych zadaniach (5–10) studenci zapoznają się z problemem depresji – są tu dyskusje, filmik z TED-Ed oraz zadanie na słownictwo związane z tą chorobą, przydatne dla studentów psychologii. Zadanie 11 – artykuł napisany przez terapeutkę cierpiącą na depresję (rozumienie z tekstu) – można pozostawić do pracy w domu i rozpocząć następne zajęcia od podsumowania odpowiedzi oraz od krótkiej dyskusji (pytania z zadania 12) przed rozpoczęciem kolejnego tematu.

ON MENTAL ILLNESSES AND HOW TO LIVE WITH THEM

1. In pairs, try to answer the questions below:

A) How many people suffer from mental illnesses/disorders nowadays?
B) What types of mental disorders are the most common?
C) What opportunities are available to Poles in terms of being diagnosed? How easy/difficult is it to get help?
D) What may be the reasons for so many disorders occurring these days?

2. Watch the video and try to answer the questions below.

You will find the video here: https://www.youtube.com/watch?time_continue=283&v=mbbMLOZjUYI [accessed: 29 July 2020].

A) Why does Ruby thank the makers of certain medication?
. . . . . .
B) What were the circumstances of her nervous breakdown?
. . . . . .
C) What did she realise when she finally woke up?
. . . . . .
D) What advice was she given by the people who called her in the hospital?
. . . . . .
E) Why do people with mental disorders not receive the same treatment (e.g., sympathy) as new mothers or cancer patients?
. . . . . .
F) What factors does Ruby mention as the reasons for mental conditions occurring in such abundance?
. . . . . .

3. Discuss in pairs:

A) What is the attitude towards people with mental illnesses and disorders? Has it changed in recent years?
B) What therapies have you heard of?

4. Work in groups of 3 – person A reads about CBT, person B reads about DBT and Interpersonal Therapy and person C reads about Psychodynamic Therapy and FFT.

When you have finished, give your partners a summary of what you have read. Stress the advantages of the therapies you have read about and be sure to name the disorders they are most effective in treating.

Cognitive Behavioral Therapy
Cognitive behavioral therapy (CBT) is a blend of two therapies: cognitive therapy (CT) and behavioral therapy. CT was developed by psychotherapist Aaron Beck, M.D., in the 1960s. CT focuses on a person's thoughts and beliefs and how they influence a person's mood and actions and aims to change a person's thinking to be more adaptive and healthy. Behavioral therapy focuses on a person's actions and aims to change unhealthy behavior patterns. CBT helps a person focus on his or her current problems and how to solve them. Both patient and therapist need to be actively involved in this process. The therapist helps the patient learn how to identify distorted or unhelpful thinking patterns, recognize and change inaccurate beliefs, relate to others in more positive ways and change behaviors accordingly. CBT can be applied and adapted to treat many specific mental disorders.

CBT for depression
CBT helps people with depression restructure negative thought patterns. Doing so helps people interpret their environment and interactions with others positively and realistically.

CBT for anxiety disorders
A CBT therapist may use "exposure" therapy to treat certain anxiety disorders, such as a specific phobia, post-traumatic stress disorder, or obsessive-compulsive disorder. Exposure therapy works by helping a person confront a specific fear or memory while in a safe and supportive environment.

CBT for bipolar disorder
People with bipolar disorder usually need to take medication, such as a mood stabilizer. But CBT is often used as an added treatment. The medication can help balance a person's mood so that he or she is receptive to psychotherapy and can get

the most out of it. CBT can help a person cope with bipolar symptoms and learn to recognize when a mood shift is about to occur and helps stick with a treatment plan to reduce the chances of relapse.

CBT for eating disorders

Eating disorders can be very difficult to treat. CBT may reduce some symptoms of bulimia and it may also help some people reduce binge-eating behavior.

Dialectical Behavior Therapy

Dialectical behavior therapy (DBT), a form of CBT, was developed by Marsha Linehan, PhD. First developed to treat people with suicidal thoughts and actions, it is now also used to treat people with borderline personality disorder (BPD). BPD is an illness in which suicidal thinking and actions are more common.

The term "dialectical" refers to a philosophic exercise in which two opposing views are discussed until a logical blending or balance of the two extremes–the middle way–is found. The therapist assures the patient that the patient's behavior and feelings are valid and understandable. At the same time, the therapist coaches the patient to understand that it is his or her responsibility to change unhealthy or disruptive behavior. The therapist consistently reminds the patient when his or her behavior is unhealthy or disruptive and then teaches the skills needed to better deal with future similar situations. DBT involves both individual (learning new skills) and group therapy (practice these skills).

A recent NIMH-funded study found that DBT reduced suicide attempts by half compared to other types of treatment for patients with BPD.

Interpersonal Therapy

Interpersonal therapy (IPT) is most often used on a one-on-one basis to treat depression or dysthymia (a more persistent but less severe form of depression).

IPT is based on the idea that improving communication patterns and the ways people relate to others will effectively treat depression. IPT helps identify how a person interacts with other people. When a behavior is causing problems, IPT guides the person to change the behavior. IPT explores major issues that may add to a person's depression, such as grief, or times of upheaval or transition. Sometimes IPT is used along with antidepressant medications. A therapist using IPT helps the patient identify troubling emotions and their triggers and helps the patient learn to express appropriate emotions in a healthy way. The patient may also examine relationships in his or her past that may have been affected by distorted mood and behavior. Doing so can help the patient learn to be more objective about current relationships.

Studies vary as to the effectiveness of IPT. It may depend on the patient, the disorder, the severity of the disorder and other variables. In general, however, IPT is found to be effective in treating depression.

Psychodynamic therapy

Historically, psychodynamic therapy was tied to the principles of psychoanalytic theory, which asserts that a person's behavior is affected by his or her unconscious mind and past experiences. Psychodynamic therapy helps people gain greater self-awareness and understanding of their actions. It helps patients identify and explore how their nonconscious emotions and motivations can influence their behavior. Sometimes ideas from psychodynamic therapy are interwoven with other types of therapy, like CBT or IPT, to treat various types of mental disorders. A review of 23 clinical trials involving psychodynamic therapy found it to be as effective as other established psychotherapies.

Family-focused Therapy

FFT was developed for treating bipolar disorder. It was designed with the assumption that a patient's relationship with his or her family is vital to the success of managing the illness. FFT includes family members in therapy sessions to improve family relationships, which may support better treatment results.

The therapist educates family members about their loved one's disorder, its symptoms and course and how to help their relative manage it more effectively and helps family members recognize when they express unhelpful criticism or hostility toward their relative with bipolar disorder. The main components of a structured FFT usually include family education on bipolar disorder, building communication skills to better deal with stress and solving problems together as a family.

Research has shown that primary caregivers of people with bipolar disorder are at increased risk for illness themselves. For example, a 2007 study trial found that primary caregivers of participants were at high risk for developing sleep problems and chronic conditions, such as high blood pressure.

Other types of therapy include expressive or creative arts therapy, animal-assisted therapy and play therapy.

Adapted from: http://www.nimh.nih.gov/health/topics/psychotherapies/index.shtml [accessed: 29 July 2020].

5. In pairs/groups of three answer the question:

A) How long do you think it may take a sufferer of, e.g., depression to seek treatment?
B) In your opinion, what difficulties may a person who has decided to undergo therapy encounter?
C) How long do you think it may take to get better when you're suffering from, e.g., depression?

6. Watch the first part of a TED-Ed video (0–1:28) and fill in the gaps with one word each.

You will find the video here: https://www.youtube.com/watch?v=z-IR48Mb3W0&t=85s [accessed: 29 July 2020].

Depression is the leading cause of disability in the world. In the United States close to 10% of adults struggle with depression. But because it's a mental illness, it can be a lot harder to understand than, say, high cholesterol. One (1) ..... source of confusion is the difference between having depression and just feeling (2) ..... . Almost everyone feels (3) ..... from time to time. Getting a bad grade, losing a job, having an argument, even a rainy day can bring on feelings of sadness. Sometimes there's no trigger at all. It just pops up out of the (4) ..... . Then circumstances change and those sad feelings disappear. Clinical depression is different. It's a medical (5) ..... and it won't go away just because you want to. It lingers for at least 2 (6) ..... weeks and significantly interferes with one's ability to work, play or love. Depression can have a lot of different (7) .....: a low mood, a loss of interest in things you'd normally enjoy, changes in appetite, feeling worthless or excessively (8) ....., sleeping either too much or too little, poor concentration, restlessness or slowness, loss of energy, or recurrent thoughts of (9) ..... .
If you have at least 5 of those symptoms, according to psychiatric guidelines, you qualify for a (10) ..... of depression.

7. Before you watch the second part, in pairs, try to explain the terms listed below. It will help you better understand the video. The more difficult terms are already explained:

the frontal lobe – it is the largest of the four major lobes in the mammalian brain. The frontal lobe plays a large role in voluntary movement. It houses the primary motor cortex which regulates activities like walking.

Its function involves the ability to project future consequences resulting from current actions, the choice between good and bad actions (or better and best) (also known as the conscience), the suppression of socially unacceptable behaviour and the determination of similarities and differences between things or events.

the hippocampus – a major component of the brains of humans and other vertebrates. Three main ideas of hippocampal function have dominated the subject literature: response inhibition, episodic memory, spatial cognition and memory in general.

depletion – . . . . . .

to deplete –. . . . . .

dopamine – in the brain, dopamine functions as a neurotransmitter – a chemical released by neurons (nerve cells) to send signals to other nerve cells. It plays important roles in executive functions, motor control, motivation, arousal, reinforcement and reward, as well as lower-level functions including lactation, sexual gratification and nausea.

serotonin – a neurotransmitter, serotonin helps to pass messages on from one area of the brain to another. Because of the widespread distribution of its cells, it is believed to influence a variety of psychological and other body functions. Most of the 40 million brain cells are influenced either directly or indirectly by serotonin (brain cells related to mood, sexual desire and function, appetite, sleep, memory and learning, temperature regulation and some social behavior).

norepinephrine – an organic chemical that functions in the brain and body as a neurotransmitter system, that, when activated, exerts effects on large areas of the brain. The effects are manifested in alertness, arousal and readiness for action.

REM – Rapid Eye Movement, the stage in the sleep cycle when dreams occur. It lasts from 90–120 minutes. Rapid eye movement can be identified when slight twitching of the eye is evident through the eyelid.

the circadian rhythm – . . . . . .

abnormalities – . . . . . .

cortisol – also known as the stress hormone

the thyroid – a large ductless gland in the neck which secretes hormones regulating growth and development through the rate of metabolism.

intangible – . . . . . .

electroconvulsive therapy – a procedure, done under general anaesthesia, in which small electric currents are passed through the brain, intentionally triggering a brief seizure. ECT seems to cause changes in brain chemistry that can quickly reverse the symptoms of certain mental illnesses.

insurmountable – . . . . . .

the stigma – . . . . . .

8. Watch the second part (1:28–4:16) and answer the questions:

A) What are the changes in the frontal lobe and the hippocampus if you have depression?

. . . . . .

B) What happens with your dopamine, serotonin and norepinephrine levels?

. . . . . .

C) What about the circadian rhythms (your biological clock)?

. . . . . .

D) Why is it difficult to spot a person with depression?

. . . . . .

E) How much time does it take for a depression sufferer to seek treatment?

. . . . . .

F) What should you do if you know someone with depression?

. . . . . .

. . . . . .

G) What shouldn't you do?

. . . . . .

H) What can be the result of talking to the sufferer about his/her suicidal thoughts?

. . . . . .

9. Discuss in pairs/groups of three:

A) What facts surprised you when you were watching the video?
B) Do you know any people suffering from depression? How long did it take them to get help? What kind of assistance do they have?

10. In groups of three, discuss the questions below. You can make short notes if you want.

A) How are people with depression diagnosed? What tools are used?

. . . . . .

. . . . . .

. . . . . .

B) What types of depression can you name? What are their symptoms?

. . . . . .

. . . . . .

. . . . . .

C) What type of medication is used in the treatment of depression?

. . . . . .

. . . . . .

. . . . . .

D) How much time does it take to get used to a given medication? What are potential side effects of antidepressants?

. . . . . .
. . . . . .
. . . . . .
. . . . . .

E) What can happen when the patient stops taking medication out of their own accord?

. . . . . .
. . . . . .
. . . . . .
. . . . . .

F) What can you help somebody with before they see their doctor? Think of the things people with depression may find difficult. What questions should they ask during their appointment?

. . . . . .
. . . . . .
. . . . . .
. . . . . .

G) What can people suffering from depression do to make themselves feel better? What would be a good idea to do and try? (Obviously, they will still need therapy and medication).

. . . . . .
. . . . . .
. . . . . .
. . . . . .

11. In pairs/groups of three, discuss:

A) How does having a mental disorder help or make work difficult, if you're a therapist?
B) Do you know anyone who has suffered from depression for a long time? How do they cope with day-to-day living?
C) What challenges do friends and family face when being around a person with this particular problem?

KEY

1.

A) Generally, about 1 out of 4.
B) Depression (300 mln worldwide), bipolar personality disorder (30 mln) and schizophrenia (21 mln).
C) Even a GP can prescribe the first antidepressant. The problem is that sometimes it takes a long time to see a psychiatrist. Also, seeing a therapist privately, if you don't want to/can't wait isn't cheap (in general, it's around 90–100 PLN per 55-minute session). Another major problem is that it is difficult to seek help and try to get a diagnosis when you are suffering.
D) It is the fact that the world has changed dramatically and we still have the same body and brain as we did thousands of years ago – and the same mechanisms.

2.

A) Because if it wasn't for the medication, she couldn't function, let alone speak in front of an audience.
B) It was during her daughter's sports day.
C) That she had been institutionalised.
D) She was told to perk up.
E) Because there's nothing visibly wrong with them.
F) It is the fact that the world had changed dramatically and we still have the same body and brain as we did thousands of years ago – and the same mechanisms.

3.

Jeśli wiedza studentów o rodzajach psychoterapii nie jest zbyt rozbudowana, można skupić się na pytaniu A.

6.

1) major
2) depressed
3) down
4) blue
5) disorder
6) consecutive
7) symptoms
8) guilty
9) suicide
10) diagnosis

7.

depletion – reduction in number; exhaustion, loss
to deplete – to use up; to drain

the circadian rhythm – the biological clock, the 24-cycle the body undergoes
abnormalities – irregularities; anomalousness
intangible – not having physical evidence
insurmountable – too great to be overcome
the stigma – a mark of shame and disgrace

8.

A) They are smaller.
B) They are depleted.
C) It is blunted.
D) Because the illness is intangible – the sufferers can hide many symptoms.
E) Over 10 years.
F) Encourage them to seek treatment, or even help them perform some tasks.
G) Compare them to other people, who just feel down from time to time.
H) They could become less likely to commit it.

10.

A) **Diagnosis – Your doctor may determine a diagnosis of depression based on:**
Physical examination. Your doctor may do a physical examination and ask questions about your health. In some cases, depression may be linked to an underlying physical health problem.

Lab tests. For example, your doctor may do a blood test called a complete blood count or test your thyroid to make sure it's functioning properly.

Psychiatric evaluation. Your mental health professional asks about your symptoms, thoughts, feelings and behavior patterns. You may be asked to fill out a questionnaire to help answer these questions.

DSM-5. Your mental health professional may use the criteria for depression listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), published by the American Psychiatric Association.

B) **Types of depression**
Symptoms caused by major depression can vary from person to person. To clarify the type of depression you have, your doctor may add one or more specifiers. A specifier means that you have depression with specific features, such as:

Anxious distress – depression with unusual restlessness or worry about possible events or loss of control

Mixed features – simultaneous depression and mania, which includes elevated self-esteem, talking too much and increased energy

Melancholic features – severe depression with lack of response to something that used to bring pleasure and associated with early morning awakening, worsened mood in the morning, major changes in appetite and feelings of guilt, agitation or sluggishness

Atypical features – depression that includes the ability to temporarily be cheered by happy events, increased appetite, excessive need for sleep, sensitivity to rejection and a heavy feeling in the arms or legs

Psychotic features – depression accompanied by delusions or hallucinations, which may involve personal inadequacy or other negative themes

Catatonia – depression that includes motor activity that involves either uncontrollable and purposeless movement or fixed and inflexible posture

Peripartum onset – depression that occurs during pregnancy or in the weeks or months after delivery (postpartum)

Seasonal pattern – depression related to changes in seasons and reduced exposure to sunlight

Other disorders that cause depression symptoms

Several other disorders, such as those below, include depression as a symptom. It's important to get an accurate diagnosis, so you can get appropriate treatment.

Bipolar I and II disorders. These mood disorders include mood swings that range from highs (mania) to lows (depression). It's sometimes difficult to distinguish between bipolar disorder and depression.

Cyclothymic disorder. Cyclothymic (sy-kloe-THIE-mik) disorder involves highs and lows that are milder than those of bipolar disorder.

Disruptive mood dysregulation disorder. This mood disorder in children includes chronic and severe irritability and anger with frequent extreme temper outbursts. This disorder typically develops into depressive disorder or anxiety disorder during the teen years or adulthood.

Persistent depressive disorder. Sometimes called dysthymia (dis-THIE--me-uh), this is a less severe but more chronic form of depression. While it's usually not disabling, persistent depressive disorder can prevent you from functioning normally in your daily routine and from living life to its fullest.

Premenstrual dysphoric disorder. This involves depression symptoms associated with hormone changes that begin a week before and improve within a few days after the onset of your period and are minimal or gone after the completion of your period.

Other depression disorders. This includes depression that's caused by the use of recreational drugs, some prescribed medications or another medical condition.

C) **Treatment**

Medications and psychotherapy are effective for most people with depression. Your primary care doctor or psychiatrist can prescribe medications to relieve symptoms. However, many people with depression also benefit from seeing a psychiatrist, psychologist or other mental health professional.

If you have severe depression, you may need a hospital stay, or you may need to participate in an outpatient treatment program until your symptoms improve.

Here's a closer look at depression treatment options.

Medications. Many types of antidepressants are available, including those below. Be sure to discuss any possible major side effects with your doctor or pharmacist.

Selective serotonin reuptake inhibitors (SSRIs). Doctors often start by prescribing an SSRI. These drugs are considered safer and generally cause fewer bothersome side effects than other types of antidepressants. SSRIs include citalopram (Celexa), escitalopram (Lexapro), fluoxetine (Prozac), paroxetine (Paxil, Pexeva), sertraline (Zoloft) and vilazodone (Viibryd).

Serotonin-norepinephrine reuptake inhibitors (SNRIs). Examples of SNRIs include duloxetine (Cymbalta), venlafaxine (Effexor XR), desvenlafaxine (Pristiq, Khedezla) and levomilnacipran (Fetzima).

Atypical antidepressants. These medications don't fit neatly into any of the other antidepressant categories. They include bupropion (Wellbutrin XL, Wellbutrin SR, Aplenzin, Forfivo XL), mirtazapine (Remeron), nefazodone, trazodone and vortioxetine (Trintellix).

Tricyclic antidepressants. These drugs – such as imipramine (Tofranil), nortriptyline (Pamelor), amitriptyline, doxepin, trimipramine (Surmontil), desipramine (Norpramin) and protriptyline (Vivactil) – can be very effective, but tend to cause more severe side effects than newer antidepressants. So tricyclics generally aren't prescribed unless you've tried an SSRI first without improvement.

Monoamine oxidase inhibitors (MAOIs). MAOIs – such as tranylcypromine (Parnate), phenelzine (Nardil) and isocarboxazid (Marplan) – may be prescribed, typically when other drugs haven't worked, because they can have serious side effects. Using MAOIs requires a strict diet because of dangerous (or even deadly) interactions with foods – such as certain cheeses, pickles and wines – and some medications and herbal supplements. Selegiline (Emsam), a newer MAOI that sticks on the skin as a patch, may cause fewer side effects than other MAOIs do. These medications can't be combined with SSRIs.

Other medications. Other medications may be added to an antidepressant to enhance antidepressant effects. Your doctor may recommend combining two antidepressants or adding medications such as mood stabilizers or antipsychotics. Anti-anxiety and stimulant medications also may be added for short-term use.

D) **Finding the right medication**

If a family member has responded well to an antidepressant, it may be one that could help you. Or you may need to try several medications or a combination of medications before you find one that works. This requires patience, as some medications need several weeks or longer to take full effect and for side effects to ease as your body adjusts.

Inherited traits play a role in how antidepressants affect you. In some cases, where available, results of genetic tests (done by a blood test or cheek swab) may offer clues about how your body may respond to a particular antidepressant. However, other variables besides genetics can affect your response to medication.

Antidepressants and pregnancy
If you're pregnant or breastfeeding, some antidepressants may pose an increased health risk to your unborn child or nursing child. Talk with your doctor if you become pregnant or you're planning to become pregnant.

Antidepressants and increased suicide risk
Most antidepressants are generally safe, but the Food and Drug Administration (FDA) requires all antidepressants to carry a black box warning, the strictest warning for prescriptions. In some cases, children, teenagers and young adults under age 25 may have an increase in suicidal thoughts or behavior when taking antidepressants, especially in the first few weeks after starting or when the dose is changed.

Anyone taking an antidepressant should be watched closely for worsening depression or unusual behavior, especially when starting a new medication or with a change in dosage. If you or someone you know has suicidal thoughts when taking an antidepressant, immediately contact a doctor or get emergency help.

Keep in mind that antidepressants are more likely to reduce suicide risk in the long run by improving mood.

E) **Risks of abruptly stopping the medication**
Don't stop taking an antidepressant without talking to your doctor first. Antidepressants aren't considered addictive, but sometimes physical dependence (which is different from addiction) can occur.

Stopping treatment abruptly or missing several doses can cause withdrawal-like symptoms and quitting suddenly may cause a sudden worsening of depression. Work with your doctor to gradually and safely decrease your dose.

F) What can you help somebody with before they see their doctor? Think of the things people with depression may find difficult. What questions should they ask during their appointment?

What you can do
Before your appointment, make a list of:
- **Any symptoms you've had,** including any that may seem unrelated to the reason for your appointment.
- **Key personal information,** including any major stresses or recent life changes.
- **All medications, vitamins or other supplements** that you're taking, including dosages.
- **Questions to ask** your doctor or mental health professional.

Take a family member or friend along, if possible, to help you remember all of the information provided during the appointment.

Some basic questions to ask your doctor include:
- Is depression the most likely cause of my symptoms?

- What are other possible causes for my symptoms?
- What kinds of tests will I need?
- What treatment is likely to work best for me?
- What are the alternatives to the primary approach that you're suggesting?
- I have these other health conditions. How can I best manage them together?
- Are there any restrictions that I need to follow?
- Should I see a psychiatrist or other mental health professional?
- What are the main side effects of the medications you're recommending?
- Is there a generic alternative to the medicine you're prescribing?
- Are there any brochures or other printed material that I can have? What websites do you recommend?
- Don't hesitate to ask other questions during your appointment.

What to expect from your doctor

- Your doctor will likely ask you a number of questions. Be ready to answer them to reserve time to go over any points you want to focus on. Your doctor may ask:
- When did you or your loved ones first notice your symptoms of depression?
- How long have you felt depressed? Do you generally always feel down, or does your mood fluctuate?
- Does your mood ever swing from feeling down to feeling intensely happy (euphoric) and full of energy?
- Do you ever have suicidal thoughts when you're feeling down?
- Do your symptoms interfere with your daily life or relationships?
- Do you have any blood relatives with depression or another mood disorder?
- What other mental or physical health conditions do you have?
- Do you drink alcohol or use recreational drugs?
- How much do you sleep at night? Does it change over time?
- What, if anything, seems to improve your symptoms?
- What, if anything, appears to worsen your symptoms?

G) **Psychotherapy**

- Psychotherapy is a general term for treating depression by talking about your condition and related issues with a mental health professional. Psychotherapy is also known as talk therapy or psychological therapy.
- Different types of psychotherapy can be effective for depression, such as cognitive behavioral therapy or interpersonal therapy. Your mental health professional may also recommend other types of therapies. Psychotherapy can help you: adjust to a crisis or other current difficulty,
    - identify negative beliefs and behaviors and replace them with healthy, positive ones,
    - explore relationships and experiences and develop positive interactions with others,
    - find better ways to cope and solve problems,

- identify issues that contribute to your depression and change behaviors that make it worse,
- regain a sense of satisfaction and control in your life and help ease depression symptoms, such as hopelessness and anger,
- learn to set realistic goals for your life,
- develop the ability to tolerate and accept distress using healthier behaviors.

Alternate formats for therapy

Formats for depression therapy as an alternative to face-to-face office sessions are available and may be an effective option for some people. Therapy can be provided, for example, as a computer program, by online sessions, or using videos or workbooks. Programs can be guided by a therapist or be partially or totally independent.

Before you choose one of these options, discuss these formats with your therapist to determine if they may be helpful for you. Also, ask your therapist if he or she can recommend a trusted source or program. Some may not be covered by your insurance and not all developers and online therapists have the proper credentials or training.

Smartphones and tablets that offer mobile health apps, such as support and general education about depression, are not a substitute for seeing your doctor or therapist.

Hospital and residential treatment

In some people, depression is so severe that a hospital stay is needed. This may be necessary if you can't care for yourself properly or when you're in immediate danger of harming yourself or someone else. Psychiatric treatment at a hospital can help keep you calm and safe until your mood improves.

Partial hospitalization or day treatment programs also may help some people. These programs provide the outpatient support and counseling needed to get symptoms under control.

Other treatment options

For some people, other procedures, sometimes called brain stimulation therapies, may be suggested:

Electroconvulsive therapy (ECT). In ECT, electrical currents are passed through the brain to impact the function and effect of neurotransmitters in your brain to relieve depression. ECT is usually used for people who don't get better with medications, can't take antidepressants for health reasons or are at high risk of suicide. Transcranial magnetic stimulation (TMS). TMS may be an option for those who haven't responded to antidepressants. During TMS, a treatment coil placed against your scalp sends brief magnetic pulses to stimulate nerve cells in your brain that are involved in mood regulation and depression.

H) **Home and lifestyle remedies**
Depression generally isn't a disorder that you can treat on your own. But in addition to professional treatment, these self-care steps can help:

Stick to your treatment plan. Don't skip psychotherapy sessions or appointments. Even if you're feeling well, don't skip your medications. If you stop, depression symptoms may come back and you could also experience withdrawal-like symptoms. Recognize that it will take time to feel better.

Learn about depression. Education about your condition can empower you and motivate you to stick to your treatment plan. Encourage your family to learn about depression to help them understand and support you.

Pay attention to warning signs. Work with your doctor or therapist to learn what might trigger your depression symptoms. Make a plan so that you know what to do if your symptoms get worse. Contact your doctor or therapist if you notice any changes in symptoms or how you feel. Ask relatives or friends to help watch for warning signs.

Avoid alcohol and recreational drugs. It may seem like alcohol or drugs lessen depression symptoms, but in the long run, they generally worsen symptoms and make depression harder to treat. Talk with your doctor or therapist if you need help with alcohol or substance use.

Take care of yourself. Eat healthily, be physically active and get plenty of sleep. Consider walking, jogging, swimming, gardening or another activity that you enjoy. Sleeping well is important for both your physical and mental well--being. If you're having trouble sleeping, talk to your doctor about what you can do.

Coping and support
Talk with your doctor or therapist about improving your coping skills and try these tips:

Simplify your life. Cut back on obligations when possible and set reasonable goals for yourself. Allow yourself to do less when you feel down.

Write in a journal. Journaling, as part of your treatment, may improve mood by allowing you to express pain, anger, fear or other emotions.

Read reputable self-help books and websites. Your doctor or therapist may be able to recommend books or websites to read.

Locate helpful groups. Many organizations, such as the National Alliance on Mental Illness (NAMI) and the Depression and Bipolar Support Alliance, offer education, support groups, counseling and other resources to help with depression. Employee assistance programs and religious groups also may offer help for mental health concerns.

Don't become isolated. Try to participate in social activities and get together with family or friends regularly. Support groups for people with depression can help you connect with others facing similar challenges and share experiences.

Learn ways to relax and manage your stress. Examples include meditation, progressive muscle relaxation, yoga and tai chi.

Structure your time. Plan your day. You may find it helps to make a list of daily tasks, use sticky notes as reminders or use a planner to stay organized.

Don't make important decisions when you're down. Avoid decision-making when you're feeling depressed, since you may not be thinking clearly.

11.
1C 2H 3D 4B 5A 6G 7E 8F

Zadania 4, 5, 9 i 12 nie wymagają klucza.