



# Depression Self-Management Toolkit (DSMT)

## Created By:

**Angela Gervais**  
B.Sc.O.T. Reg. (Sask.)  
Occupational Therapist

**Sheila Olver Szakács**  
B.S.W, R.S.W.  
Mental Health Social  
Worker

# ***Depression Self-Management Toolkit***

## **Table of Contents**

### **Homework**

- Homework Log

### **Goals**

- SMART Goals
- Goal Work Sheet

### **My Treatment Plan and Tools**

- Health Care Providers' Treatment Plan (to be added by your health care provider)

### **Patient Health Questionnaire (PHQ-9)**

- Overview of the PHQ-9
- PHQ-9 Algorithm
- PHQ-9
- PHQ-9 for Adolescents

### **Antidepressant Skills Workbook**

- [Antidepressant Skills Workbook](#) by Dan Bilsker, PhD and Randy Paterson, PhD

### **Additional Information**

- Depression is Common and Treatable
- Stress Management and Relaxation Tips
- The Feeling Wheel
- Activities Incompatible with Depression
- Myths About Assertiveness
- How Can I Help - Resources for Support People

# ***Depression Self-Management Toolkit***

## **Table of Contents**

### **Resources Specific to your Mental and Physical Well-being**

- This section is to be individualized. Please add any additional resources as per your discretion.

### **Medication and Managing your Health Care**

- Things You Should Know About Your Antidepressant Medication
- Tips for Making and Keeping Healthcare Appointments
- List of Medications
- Chart for Healthcare Appointments

### **Coping with Suicidal Thoughts**

- Suicide Safety Plan
- Coping with Suicidal Thoughts
- SCHR Suicide Risk Assessment (for clinician use)

**For SCHR clinicians:** You may access the **Suicide Risk Assessment** on the R-drive at <R:\Forms\MH - Mental Health\Gen\MH-GEN-004 - Suicide Risk Assessment.pdf> and the **Suicide Risk Assessment Clinical Pathways** at <R:\Forms\TMP - Treatment Med Protocols\CPG\TMP-CPG-009 - Suicide Clinical Pathway.pdf>

### **Reasons for Getting Better**

- Reasons for Getting Better Work Sheet

### **Warning Signs and Relapse Prevention**

- Relapse Warning Signs
- My Relapse Prevention Plan

### **Journal**

- Journaling my Journey

# ***Depression Self-Management Toolkit***

## **Disclaimer:**

The Depression Self-Management Toolkit is designed for use in conjunction with your health care provider, not to replace professional help.

The Suicide Risk Assessment is for clinician use only.

For additional copies of the Depression Self-Management Toolkit or for individual work sheets from the toolkit, please visit [www.suncountry.sk.ca](http://www.suncountry.sk.ca)

## **About the DSMT creators:**

### **Sheila Olver Szakács B.S.W, R.S.W**

Sheila is a Child, Youth and Adult Mental Health Social Worker at the Kipling Mental Health Clinic, in the Sun Country Health Region. Sheila has played an important role in linking her knowledge of mental health to the improvements that have been made within Sun Country's practices. Sheila jointly created the Depression Self-Management Toolkit to assist in providing evidence based depression care. Sheila may be contacted at the Kipling Mental Health Clinic through e-mail at [Sheila.Szakacs@schr.sk.ca](mailto:Sheila.Szakacs@schr.sk.ca) or by telephone at (306)736-2638.

### **Angela Gervais BSc O.T. Reg(Sask.)**

Angela is an Occupational Therapist at Redvers Health Centre, in the Sun Country Health Region. Angela has expanded her scope of practice to include depression care. As a result, Angela has helped to create depression support groups in her community and jointly created the Depression Self-Management Toolkit. Angela may be reached at the Redvers Therapies Clinic through e-mail at [Angela.Gervais@schr.sk.ca](mailto:Angela.Gervais@schr.sk.ca) or by telephone at (306)452-6377.

# A message from Sheila and Angela:

Thanks for taking the time to use the toolkit we have created for you.

In an eco-friendly manner, the DSMT has been designed to be printed double sided, however we recognize that may not be an option for you. Due to the colour coded nature of the table of contents, it is also helpful to print in colour. We deliberately chose not to build the book in a traditional format. Page numbers were not included because we would like you to personalize your book with any additional information that is important to you or perhaps you may like to reorganize the information in a manner that makes more sense to you. The entire DSMT and the Antidepressant Skills Workbook will fit in a one inch binder with room to spare for your extra information.

Why the Depression Self-Management Toolkit, how it was started? Angela wanted to learn more about effective ways to treat depression for the people on her caseload. Sheila noticed that many of her clients were having trouble remembering to do their homework, misplacing information and generally were less organized than at times when they were not affected by depression. The DSMT holds a compilation of resources proven to be effective for treatment of depression. Other information included may seem like common sense, sometimes these tasks do not come naturally when a person is depressed. We also wanted our patients to be able to locate their relapse prevention information well into the future, as relapse of depression is quite common. It is our intention that you will keep this resource handy for years to come, as early intervention for relapse is extremely beneficial for improving outcomes.

This is your manual to personalize, write your information in and to share with those you trust as you see fit. If you have a supportive friend or family member that is willing to help you through your journey to wellness, we encourage you to let them know how they can assist you. Our patients have found it helpful to take their DSMT with them to health care appointments, for them the binder is a place to store all of their mental and physical health information. We encourage you to do the same.

This manual is not intended to be used cover-to-cover, feel free to jump around between sections as you see fit and to suit your needs. It was designed to fit with the principals of Cognitive Behavioural Therapy, an evidence based approach for treatment of depression as well as other mental health conditions. We have designed it to supplement whatever therapeutic intervention your health care provider recommends.

Best wishes for speedy recovery!

Sincerely,



Angela Gervais  
BSc O.T. Reg.(Sask.)



Sheila Olver Szakács  
B.S.W, R.S.W



# Homework





# Homework Log

## Why Homework?

- It is proven that homework will help you with your depression care
- By having homework, we are supporting self-management
- The Health Care Provider facilitates your care, but it is up to you as the patient to take responsibility of your own health
- Homework helps to streamline your depression care by focusing on the goals you discussed with your Health Care Provider
- The homework log is a spot to write down what you are working on; a reminder once you leave the office/treatment session
- The homework log helps creates accountability for the patient

Date Given	Homework Description and Comments	Date Completed

Date Given	Homework Description and Comments	Date Completed

# Goals



# SMART Goals

## How to set a SMART Goal

The first rule of goal setting is the commitment to write them down! You need to write them in a clear, understandable manner so that all actions required to achieve the goal will be easily created. A SMART Goal is one which is Specific, Measurable, Action-oriented, Realistic and Time-bound. If we write goals that meet these guidelines, we will have created a well written goal.

### SPECIFIC

- Does the goal include enough detail for decisive action?
- Is it easy for others to translate the goal into outcomes?
- Is the goal stated with a simplicity and clarity that ensures clear and broad understanding?
- Is the goal easy for others to align with?

### MEASURABLE

- When you achieve the goal, will there be tangible evidence of its completion?
- Will the evidence of the goal achievement allow for evaluation of its quality?
- Can you communicate and record results versus expectations?
- Could others easily quantify the results of completing the goal?

### ACTION-ORIENTED

- Are you able to describe what needs to be done?
- Is the goal stated in an energizing manner?
- Are there concrete steps that can be taken to realize the goal?
- Would others be energized by the goal?

### REALISTIC

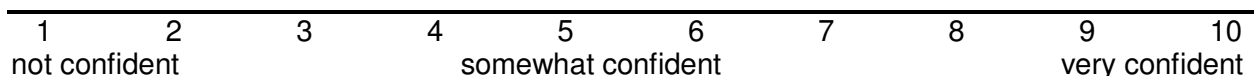
- Given the time and resources available, are you likely to reach the goal?
- Is the goal sufficiently challenging?
- Have you taken into account the likelihood that unplanned events may arise?
- Can you create a "Plan B"?

### TIME-BOUND

- Have you set a specific date for completion of the goal?
- Can you break down the goal into key accomplishments in order to gauge progress?
- Do you understand the sequence of events required for completion of the goal?

## Confidence Visual Analogue Scale:

On a scale of 1 – 10, where 1 is not at all confident and 10 is very confident, how confident are you that you will be able to accomplish this goal?



If you do not score at least 7, you should revise your goal in a way that makes it easier to achieve. A score of 7 or higher is required for success in achieving your goal.

## Goals you may like to consider

### Physical Well-being:

- Physical activity (improves energy level and alters brain chemistry)
- Nutrition (provides the building blocks for normal body and brain function)
- Sleep (restores the body's and brain's resources)
- Caffeine intake (affects sleep)
- Use of alcohol and non-prescribed drugs (seriously impacts your ability to get better by masking the problems/pain)

### Emotional Well-being:

- Physical relaxation (deep breathing, warm bath, progressive muscle relaxation)
- Mental relaxation (quiet time, patience with yourself, meditation)
- Pleasant activity (schedule some fun with others or alone, preferably daily – engage in a hobby, reading, playing games)

### Social and Spiritual Well-being:

- Building or maintaining supportive relationships (someone to assist you to deal with your struggles)
- Engaging your spirit/participating in your faith (readings, meetings, attending services)

### Problem Solving and Decision Making:

- Assess the areas of your life that are the most difficult to cope with. Find ways to break these problem areas down into manageable goals.

### Medication Management:

- Am I taking my medication as it has been prescribed?
- Should I learn more about my medication?

### Other Health Concerns:

- Am I managing my chronic health condition to the best of my ability?
- Should I quit smoking?

Source:

Peterborough Family Health Teams, *Mental health self care series: Depression is treatable: Personal self care and treatment plan.* (n.d.)

# Goal Work Sheet

<b>Goal:</b> _____ _____				
<b>Date goal was achieved:</b> _____				
<b>Specific</b>	<b>Measurable</b>	<b>Action Oriented</b>	<b>Realistic</b>	<b>Time Bound</b>

**Confidence Visual Analogue Scale** – How confident are you that you will achieve this goal?

1	2	3	4	5	6	7	8	9	10
not confident		somewhat confident				very confident			

If you've scored less than 7, rework your goal to increase your chance of reaching this goal.

<b>Goal:</b> _____ _____				
<b>Date goal was achieved:</b> _____				
<b>Specific</b>	<b>Measurable</b>	<b>Action Oriented</b>	<b>Realistic</b>	<b>Time Bound</b>

**Confidence Visual Analogue Scale** – How confident are you that you will achieve this goal?

1	2	3	4	5	6	7	8	9	10
not confident		somewhat confident				very confident			

If you've scored less than 7, rework your goal to increase your chance of reaching this goal.

<b>Goal:</b> _____ _____				
<b>Date goal was achieved:</b> _____				
<b>Specific</b>	<b>Measurable</b>	<b>Action Oriented</b>	<b>Realistic</b>	<b>Time Bound</b>

**Confidence Visual Analogue Scale** – How confident are you that you will achieve this goal?

1	2	3	4	5	6	7	8	9	10
not confident		somewhat confident				very confident			

If you've scored less than 7, rework your goal to increase your chance of reaching this goal.

# Goal Work Sheet

<b>Goal:</b>				
<hr/>				
<hr/>				
<b>Date goal was achieved:</b> _____				
<b>Specific</b>	<b>Measurable</b>	<b>Action Oriented</b>	<b>Realistic</b>	<b>Time Bound</b>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

**Confidence Visual Analogue Scale** – How confident are you that you will achieve this goal?

1	2	3	4	5	6	7	8	9	10
not confident		somewhat confident				very confident			

If you've scored less than 7, rework your goal to increase your chance of reaching this goal.

<b>Goal:</b>				
<hr/>				
<hr/>				
<b>Date goal was achieved:</b> _____				
<b>Specific</b>	<b>Measurable</b>	<b>Action Oriented</b>	<b>Realistic</b>	<b>Time Bound</b>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

**Confidence Visual Analogue Scale** – How confident are you that you will achieve this goal?

1	2	3	4	5	6	7	8	9	10
not confident		somewhat confident				very confident			

If you've scored less than 7, rework your goal to increase your chance of reaching this goal.

<b>Goal:</b>				
<hr/>				
<hr/>				
<b>Date goal was achieved:</b> _____				
<b>Specific</b>	<b>Measurable</b>	<b>Action Oriented</b>	<b>Realistic</b>	<b>Time Bound</b>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

**Confidence Visual Analogue Scale** – How confident are you that you will achieve this goal?

1	2	3	4	5	6	7	8	9	10
not confident		somewhat confident				very confident			

If you've scored less than 7, rework your goal to increase your chance of reaching this goal.



# Goal Work Sheet

<b>Goal:</b> _____ _____				
<b>Date goal was achieved:</b> _____				
<b>Specific</b>	<b>Measurable</b>	<b>Action Oriented</b>	<b>Realistic</b>	<b>Time Bound</b>

**Confidence Visual Analogue Scale** – How confident are you that you will achieve this goal?

1	2	3	4	5	6	7	8	9	10
not confident			somewhat confident				very confident		

If you've scored less than 7, rework your goal to increase your chance of reaching this goal.

<b>Goal:</b> _____ _____				
<b>Date goal was achieved:</b> _____				
<b>Specific</b>	<b>Measurable</b>	<b>Action Oriented</b>	<b>Realistic</b>	<b>Time Bound</b>

**Confidence Visual Analogue Scale** – How confident are you that you will achieve this goal?

1	2	3	4	5	6	7	8	9	10
not confident			somewhat confident				very confident		

If you've scored less than 7, rework your goal to increase your chance of reaching this goal.

<b>Goal:</b> _____ _____				
<b>Date goal was achieved:</b> _____				
<b>Specific</b>	<b>Measurable</b>	<b>Action Oriented</b>	<b>Realistic</b>	<b>Time Bound</b>

**Confidence Visual Analogue Scale** – How confident are you that you will achieve this goal?

1	2	3	4	5	6	7	8	9	10
not confident			somewhat confident				very confident		

If you've scored less than 7, rework your goal to increase your chance of reaching this goal.

# Goal Work Sheet

<b>Goal:</b> _____ _____				
<b>Date goal was achieved:</b> _____				
<b>Specific</b>	<b>Measurable</b>	<b>Action Oriented</b>	<b>Realistic</b>	<b>Time Bound</b>

**Confidence Visual Analogue Scale** – How confident are you that you will achieve this goal?

1	2	3	4	5	6	7	8	9	10
not confident			somewhat confident				very confident		

If you've scored less than 7, rework your goal to increase your chance of reaching this goal.

<b>Goal:</b> _____ _____				
<b>Date goal was achieved:</b> _____				
<b>Specific</b>	<b>Measurable</b>	<b>Action Oriented</b>	<b>Realistic</b>	<b>Time Bound</b>

**Confidence Visual Analogue Scale** – How confident are you that you will achieve this goal?

1	2	3	4	5	6	7	8	9	10
not confident			somewhat confident				very confident		

If you've scored less than 7, rework your goal to increase your chance of reaching this goal.

<b>Goal:</b> _____ _____				
<b>Date goal was achieved:</b> _____				
<b>Specific</b>	<b>Measurable</b>	<b>Action Oriented</b>	<b>Realistic</b>	<b>Time Bound</b>

**Confidence Visual Analogue Scale** – How confident are you that you will achieve this goal?

1	2	3	4	5	6	7	8	9	10
not confident			somewhat confident				very confident		

If you've scored less than 7, rework your goal to increase your chance of reaching this goal.

# My Treatment Plan and Tools



**Replace this page with your personalized treatment plan from each of your Health Care Providers. Often Health Care Providers do not hand them out to their patients, but feel free to ask if your Provider is willing to share theirs with you.**



# Patient Health Questionnaire (PHQ-9)





## Overview of the Patient Health Questionnaire

- The PHQ-9 is a nine item depression scale that can be useful with assisting Health Care Providers (HCP) in diagnosing depression and monitoring treatment response
- The nine items of the PHQ-9 are based directly on the nine diagnostic criteria for major depressive disorder in the DSM-IV
- The PHQ-9 can help track a client's overall depression severity as well as the specific symptoms that are improving or not with treatment
- The PHQ-9 is a reliable and valid measure of depression severity

## Administering the PHQ -9

- First, administer the “depression screen”. The PHQ-2 (the first 2 questions of the PHQ-9) is considered the depression screen:

Over the last two weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than ½ the days	Nearly every day
1. Little interest in doing things	0	1	2	3
2. feeling down, depressed or hopeless	0	1	2	3

- If the patient scores “Not at all” and/or “several days” for *both* questions, no further action is required
- If the patient scores “More than half the days” and/or “Nearly every day” for *either* question, proceed with the rest of the questions
- The PHQ-9 can be administered in person or by telephone by any type of Health Care Provider (HCP) or it can be self-administered

## Quick Facts and Benefits of the PHQ-9

- It was designed for use in primary health settings
- It can be completed by a patient without assistance from a HCP
- The PHQ-9 is appropriate for adults 19 years of age and older and an Adolescent version is available
- A Depression Care Algorithm accompanies the PHQ-9 and directs the HCP how to proceed with a standardized process for care of depression
- The PHQ-9 is shorter than other scales and is based on the *last two weeks*
- The PHQ-9 can be re-administered for those with depression as a tool for monitoring progress over a long period of time
- The Adult and Adolescent PHQ-9 and Depression Care Algorithm may be found on the R-Drive for SCHR employees at R:\Presentations\HQC CDMC II\HQC CDMC II Binder Appendices\Depression Files
- Uses both Client-Centered and Stepped-Care Models
- Fits with best practices in Depression Care and Cognitive Behavioural Therapy
- Patients benefit from early detection by having less severe depression prior to treatment, as well as improved outcomes if all HCPs speak the same language regarding their condition

### Sources:

Kroenke K, Spitzer R, Williams W, *The PHQ-9: Validity of a brief depression severity measure*. JGIM, 2001, 16:606-616

Spitzer R, Williams J, Kroenke K, et al, *Patient health questionnaire (PHQ-9)* 1999





# Depression Care Algorithm



*This guideline is designed to assist collaborative primary care treatment teams in enhanced depression management. This guideline is not intended to replace a clinician's judgment or establish a protocol for all patients with a particular condition*






## PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Over the last two weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly everyday
1. Little interest in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
 If you checked "more than half the days" or "nearly everyday" for at least <b>ONE</b> of the above questions, please complete the following questions.				
3. Trouble falling asleep or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or hurting yourself in some way	0	1	2	3

Add columns

 +  + 

Total

10. If you checked off *any* problems how difficult have these problems made it for you to do your work, take care of things at home or get along with people?

Not difficult at all \_\_\_\_\_

Somewhat difficult \_\_\_\_\_

Very difficult \_\_\_\_\_

Extremely difficult \_\_\_\_\_

PHQ-9 is adapted from PRIME MD TODAY, developed by Drs Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. For research information, contact Dr. Spitzer at [ris8@columbia.edu](mailto:ris8@columbia.edu). Use of the PHQ-9 may only be made in accordance with the terms of use available at <http://www.pfizer.com>. Copyright © 1999 Pfizer Inc. All rights reserved. PRIME MD TODAY is a trademark of Pfizer Inc.


Assess Suicide risk if a score of 1, 2 or 3 is recorded on Question 9 or a total score of 10 or greater. Suicide Risk Assessment form is MH-Gen-004 located at R:\Forms\MH-MentalHealth\Gen on the R:Dive.  
SCHR Mental Health Intake: 1-800-216-7689 (service available 24 hours a day)

## PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Over the last two weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly everyday
1. Little interest in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
 If you checked "more than half the days" or "nearly everyday" for at least <b>ONE</b> of the above questions, please complete the following questions.				
3. Trouble falling asleep or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or hurting yourself in some way	0	1	2	3

Add columns

 + 
  + 
 

Total

10. If you checked off *any* problems how difficult have these problems made it for you to do your work, take care of things at home or get along with people?

Not difficult at all \_\_\_\_\_

Somewhat difficult \_\_\_\_\_

Very difficult \_\_\_\_\_

Extremely difficult \_\_\_\_\_

PHQ-9 is adapted from PRIME MD TODAY, developed by Drs Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. For research information, contact Dr. Spitzer at [ris8@columbia.edu](mailto:ris8@columbia.edu). Use of the PHQ-9 may only be made in accordance with the terms of use available at <http://www.pfizer.com>. Copyright © 1999 Pfizer Inc. All rights reserved. PRIME MD TODAY is a trademark of Pfizer Inc.

Assess Suicide risk if a score of 1, 2 or 3 is recorded on Question 9 or a total score of 10 or greater. Suicide Risk Assessment form is MH-Gen-004 located at R:\Forms\MH-MentalHealth\Gen on the R:Dive.  
 SCHR Mental Health Intake: 1-800-216-7689 (service available 24 hours a day)


## PHQ-9 for ADOLESCENTS

### Modified Patient Health Questionnaire

**NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Over the last two weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly everyday
1. Little interest in doing things	0	1	2	3
2. Feeling down, depressed, irritable or hopeless	0	1	2	3
 If you checked " <u>more than half the days</u> " or " <u>nearly everyday</u> " for at least <b>ONE</b> of the above questions, please complete the following questions.				
3. Trouble falling or staying asleep or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite, weight loss or overeating	0	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as school work, reading or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or hurting yourself in some way	0	1	2	3

Add columns

++

Total

Developed by Drs Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. Copyright © 2005 Pfizer Inc. All rights reserved. Reproduced with permission.

Assess Suicide risk if a score of 1, 2 or 3 is recorded on Question 9 or a total score of 10 or greater. Suicide Risk Assessment form is MH-Gen-004 located at R:\Forms\MH-MentalHealth\Gen on the R:Dive.  
 SCHR Mental Health Intake: 1-800-216-7689 (service available 24 hours a day)


## PHQ-9 for ADOLESCENTS

### Modified Patient Health Questionnaire

**NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Over the last two weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly everyday
1. Little interest in doing things	0	1	2	3
2. Feeling down, depressed, irritable or hopeless	0	1	2	3
 If you checked " <u>more than half the days</u> " or " <u>nearly everyday</u> " for at least <b>ONE</b> of the above questions, please complete the following questions.				
3. Trouble falling or staying asleep or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite, weight loss or overeating	0	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as school work, reading or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or hurting yourself in some way	0	1	2	3

Add columns

++

Total

Developed by Drs Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. Copyright © 2005 Pfizer Inc. All rights reserved. Reproduced with permission.

Assess Suicide risk if a score of 1, 2 or 3 is recorded on Question 9 or a total score of 10 or greater. Suicide Risk Assessment form is MH-Gen-004 located at R:\Forms\MH-MentalHealth\Gen on the R:Dive.  
 SCHR Mental Health Intake: 1-800-216-7689 (service available 24 hours a day)



# Antidepressant Skills Workbook



**Replace this page with the Antidepressant Skills Workbook. A printer-friendly copy may be found at: <http://www.comh.ca/antidepressant-skills/adult/resources/index-asw.cfm>**

**The COMH website has several great resources. We encourage you to go through any you feel may be applicable to you.**



# Additional Information





# Depression

... is Common and Treatable

**Depression is a medical condition.** Common symptoms are:

- Prolonged feelings of sadness, feeling blue or down in the dumps
- Loss of interest or pleasure in things you usually enjoy
- Feeling slowed down or feeling restless and unable to sit still
- Having trouble sleeping or sleeping too much
- Loss of energy or feeling tired all of the time
- Change in appetite, leading to weight gain or loss
- Having problems concentrating, thinking positively, remembering or making decisions
- Feeling anxious, worthless, hopeless or guilty
- Feeling numb or empty emotionally, perhaps to the point of not being able to cry
- Having thoughts of death or suicide

**BUT, depression is treatable.** By understanding what the experience is all about and how to approach the problems that arise, individuals are able to manage the symptoms of depression and learn how to prevent worsening or recurrences of the problems.

## Local Resources

- Talk to someone you trust or someone who has experienced depression before, perhaps friends, family members or someone from your church
- Saskatchewan HealthLine                      1-877-800-0002                      Available 24 hours
- Weyburn Mental Health Intake              1-800-216-7689                      Monday to Friday 8 am - 5 pm
- Your health care provider
- The local hospital

## Additional Resources

Useful handbooks that may be purchased in bookstores

- Mind over Mood by Dennis Greenburgen and Christine Padesky, 1995
- The Feeling Good Handbook by David Burns, 1999

Internet websites that provide information specific to depression

- Beyond Blue                                      [www.beyondblue.org.au](http://www.beyondblue.org.au)
- Antidepressant Skills Workbook              [www.carmha.ca/selfcare](http://www.carmha.ca/selfcare)
- Mood gym    [www.moodgym.anu.edu.au](http://www.moodgym.anu.edu.au)

Interactive Internet websites for depression

- Living Life to the Full                              [www.livinglifetothefull.com/elearning](http://www.livinglifetothefull.com/elearning)
- Depression Centre                                [www.depressioncenter.net/](http://www.depressioncenter.net/)
- Mind your Mind                                    [www.mindyourmind.ca](http://www.mindyourmind.ca)
- All About Depression                              [www.allaboutdepression.com](http://www.allaboutdepression.com)

Websites on Mental Illness in general with good sections on depression

- Ontario Government [www.healthyonario.com](http://www.healthyonario.com)  
[www.checkupfromtheneckup.ca](http://www.checkupfromtheneckup.ca)
- Centre for Addictions and Mental Health [www.CAMH.net](http://www.CAMH.net)
- Canadian Mental Health Association [www.CMHA.ca](http://www.CMHA.ca)

## **Depression Self-Management Resources**

Online:

[www.moodgym.anu.edu.au](http://www.moodgym.anu.edu.au) – CBT for preventing and coping with Depression

[www.checkupfromtheneckup.ca](http://www.checkupfromtheneckup.ca) – information on mood disorders

[www.feelingbetternow.com](http://www.feelingbetternow.com) – gives you a number of excellent sites

[www.livinglifetothefull.com](http://www.livinglifetothefull.com)

[www.ecouch.anu.edu.au](http://www.ecouch.anu.edu.au)

[www.depressioncenter.net](http://www.depressioncenter.net)

[www.paniccenter.net](http://www.paniccenter.net)

The four above sites offer interactive Cognitive Behavioural Therapy (CBT).

### **We recommend you visit this site:**

[www.carmha.ca/publications](http://www.carmha.ca/publications) -- click on self care. Offers free CBT online or printable workbooks such as the Antidepressant Skills Workbook, Antidepressant Skills at Work, Positive Coping with Health Conditions, Dealing with Depression (depression workbook for teens), suicide resources, as well as a relaxation audio file.

### **Sources:**

BC Health Services, *Depression: A guide for patients* (n.d.)

Peterborough Family Health Teams, *Mental health self care series: Depression is treatable* (n.d.)

Saskatchewan Ministry of Health, *Fact sheet: Mood disorders*. 2009. Retrieved from <http://www.health.gov.sk.ca/mood-disorders-fact-sheet>

World Health Organization, *Depression is an illness: It is common and treatable*. (Canadian Revised Edition) 2002



# Stress Management and Relaxation Techniques

## What Causes Stress?

**Major Events** - Injury, illness, moving, death of someone close to you

**Everyday life events** - Disagreement, waiting for others, not sleeping well, meeting new people, being late, feeling bored, having too much to do

## Identify the Causes of Your Stress:

**Physical signs** - Fatigue, nightmares, tightness of the neck and shoulder muscles, headaches, high blood pressure, digestive problems, chest pain, irregular heartbeat

**Mental signs** - Memory problems, difficulty making decisions, inability to concentrate, negative thinking, racing thoughts, poor judgment, loss of objectivity

**Emotional Signs** - Restlessness, anxiety, depression, anger and resentment, easily irritated, overwhelmed lack of confidence, apathy

**Behavioural signs** - Eating more or less, sleeping too much or too little, nervous habits (e.g. nail biting, pacing), teeth grinding or jaw clenching, losing your temper, overreacting to unexpected problems

Keep a log of stressful events that occur in your life for 2 weeks.

## How to Cope with Stress:

- Prevent or avoid the situation
- Change as much of the situation as possible
- Change your response to the situation
- Learn to accept what can not be changed
- Talk about worries and frustrations
- Take one thing at a time; learn to prioritize and manage time

## Taking Care of Yourself so You can Handle Stress Better:

- Talk to someone about your feelings
- Exercise that includes stretching, strengthening and cardiovascular
- Get enough sleep
- Balance self-care and work with recreation
- Do something for yourself every day

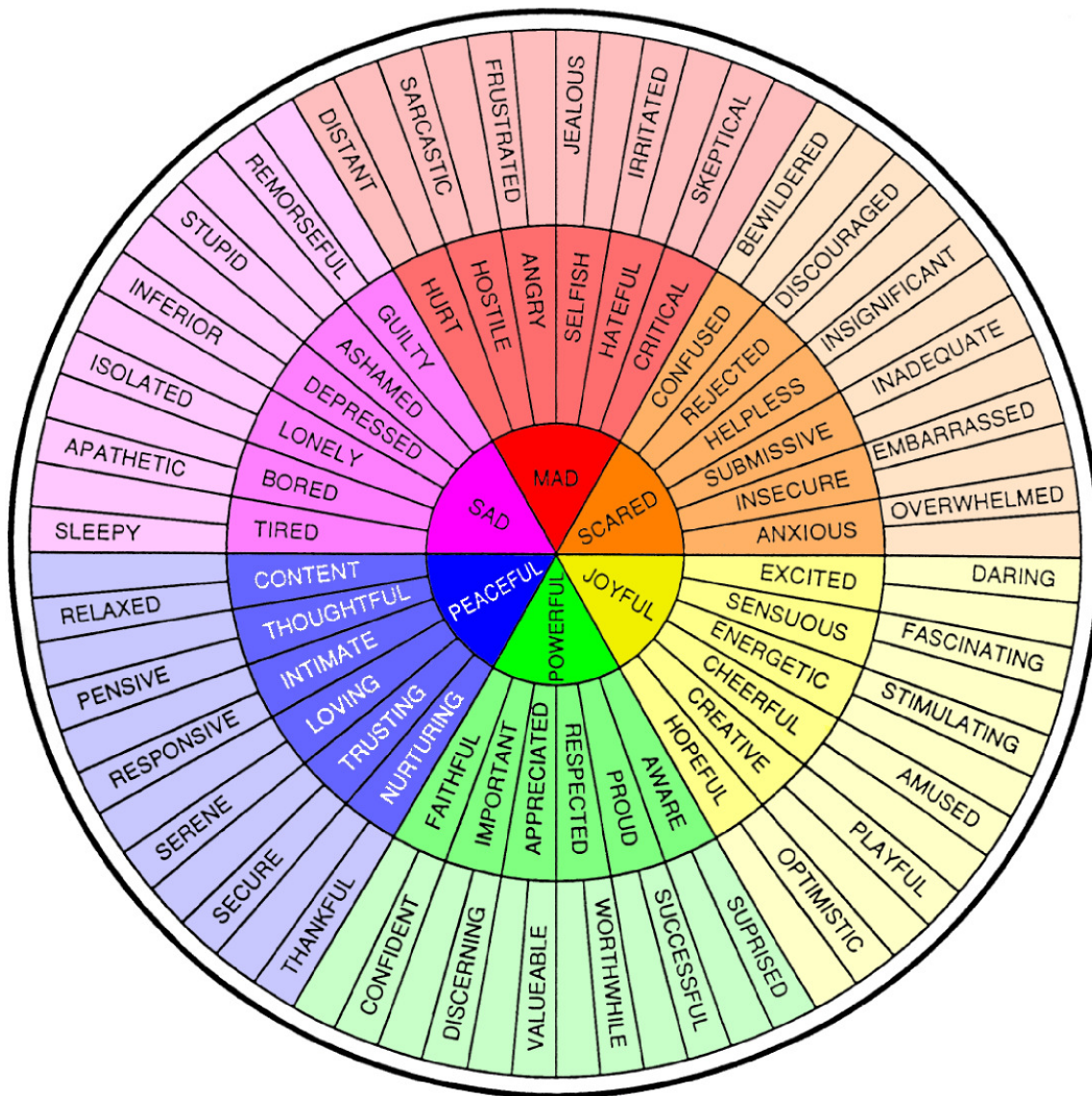
**Practice Relaxation and Stress Reduction Activities:**

- Relaxed Breathing
- Progressive Muscle Relaxation
- Imagery Exercises
- Meditation
- Prayer
- Listening to music
- Looking at a pleasant scene or piece of art
- Online relaxation exercises – [www.allaboutdepression.com/relax/](http://www.allaboutdepression.com/relax/)  
This website provides tips for relaxation and contains free auditory downloads of many different types of relaxation strategies including:
  - Diaphragmatic Breathing
  - Deep Breathing I
  - Deep Breathing II
  - Progressive Muscle Relaxation
  - Guided Imagery: The Beach
  - Guided Imagery: The Forest
  - Relaxing Phrases
  - Just this Breath
  - Increasing Awareness
  - Sending Thoughts away on Clouds
  - Sending Thoughts away on Leaves
  - Sorting into Boxes

Source:

Hall C, *Occupational therapy toolkit: Stress management and relaxation techniques*. 2009, pp 337-8

# The Feeling Wheel



Source:

Wilcox G, *The feeling wheel* (n.d.) Retrieved from

[http://guidance.blairschools.dps.schoolfusion.us/modules/locker/files/get\\_group\\_file.phtml?fid=3367553&gid=921013&sessionid139bedd2d549dc75119142a0017af69e](http://guidance.blairschools.dps.schoolfusion.us/modules/locker/files/get_group_file.phtml?fid=3367553&gid=921013&sessionid139bedd2d549dc75119142a0017af69e)

## Activities Incompatible with Depression: Strategies that Decrease the Likelihood of Depression Using a Cognitive Behavioural Therapy (CBT) Model

- High rate of social activity. Be with people who are good for you. Go for coffee, a meal, to church or call a friend
- Complaints are common, you won't feel well or have much energy when you are depressed
- We all have characteristics that we are not always proud of, don't get hung up on yours or use your negative characteristics to avoid getting better
- Personal goal setting fights depression and gives you something to look forward to
- Having a daily and weekly schedule and following it is important in the treatment of depression. Use a planner or electronic device to keep you on task
- Outside interests improve overall well-being, motivate a person and keep your mind off of how you feel (sports, music, employment, hobbies)
- Work on cognitive self-control - don't allow overwhelming or negative thoughts take control of your mood
- Build your problem solving skills to deal with nagging issues and increase self-esteem
- Receiving positive recognition for your accomplishments, effort or appearance also builds self-esteem and shifts negative thoughts about yourself to more positive ones
- Have a high rate of personal activity. Stay busy, *especially* when you don't feel like it
- Being assertive gives you a chance to stand up for yourself and those issues that are important to you

### Behaviours CBT discourages:

- Relative social isolation
- A focus on personal feelings
- Procrastination
- Ruminations, worrying and other negative thoughts
- Suicidal contemplation
- Poor tolerance for physiological complaints
- Complaining of personal plight to sympathetic others

Source:

CBT Connections, *Anxiety, depression, and externalizing disorders: Recognition, therapeutic assessment, and evidenced-based psychological treatment*. 2007-2008

## Myths about Assertiveness

### **Assertiveness means getting your own way all the time:**

Being assertive means expressing your point of view and communicating with others how you intend to behave. Always getting your own way requires that you be aggressive and controlling of others. In some situations being assertive means having your opinion and allowing others to have theirs. In other situations, you or the other person may change perspective based on information that is being shared. In certain situations being assertive means setting limits on what you are and are not willing to do, while leaving others free to choose their behaviour.

### **Being assertive means being selfish:**

Just because you express your opinions and your preferences does not mean that other people are forced to go along with you. If you express yourself assertively (not aggressively) then you make room for others. You can also be assertive on behalf of someone else (e.g. I would like Susan to choose the restaurant this week).

### **Passivity is the way to be loved:**

Being passive means always agreeing with others demands or requests over your own. Behaving this way is no guarantee that others will like or admire you. In fact, they may perceive you as dull and feel frustrated that they can't really get to know you.

### **The way to be accepted and appreciated by others is to give and give:**

This belief is often based on the idea that "If I do all of this for them, they will pay me back with love, affection, respect, friendship and favours." Ultimately, all of our giving is not really for the other person, but is actually for us – in the hope that we will be well liked and cared for. This doesn't usually work. Often people feel indebted to us. Doing something for them makes them feel that they have to pay us back. They may feel obligated and we may begin to feel resentful and used if they don't give back as much as we give them.

Social psychology research supports some aspects of the "balance theory" - that in interpersonal relationships people strive for a sense of balance. When someone does us a favour, an imbalance is created. One way to restore the balance is to return the favour. If someone is constantly doing us favours, we come to resent the sense of obligation that this brings with it. Research also suggests that constant "favour-givers" are viewed less positively than those who do not give quite as much. This suggests that over-the-top giving is not an effective way of gaining others' affection.

### **It's impolite to disagree:**

There are some situations when it is a good idea to agree even if you actually disagree (e.g. everyone says how beautiful your friend looks in her new dress). There are also some situations where it may not be appropriate to offer your opinion (e. g. the first day at a new job). Much of the time, however, other people will be interested to know what you think. Think how you would feel if everyone always agreed with you!

**I have to do everything I am asked to do:**

A central part of being assertive is setting and defending personal boundaries. This is difficult for many people. With our friends, we may worry that they will think we are selfish and uncaring if we don't do everything they ask. At work we may worry that others will think we are lazy or inefficient if we don't do everything we are asked to do.

The main idea is that other people can not possibly know how busy we are, how much we may dislike a particular task or what other plans we may have already made. Supervisors rely on the people working for them to provide feedback about the amount of work being given. It is very hard to know how long any given task may take. It is very important to be able to tell other people when we are too busy, tired or otherwise occupied to do what they ask. Most people would feel badly to learn that you had done something for them that you really didn't have the time for (e.g. writing a report that requires you to work all weekend) or that you really dislike doing (e.g. helping a friend move).

**Common Beliefs about Assertiveness:**

Below are some common beliefs that stand in the way of behaving assertively. Which of these are relevant for you? What beliefs or attitudes do you have that get in the way of your communicating assertively?

- Other people can't handle my assertiveness.
- If I start speaking up I'll never stop.
- It's important to be nice.
- My opinion doesn't matter.
- I'm entitled to be angry and express it whenever I want.
- If I'm not aggressive, nothing will happen.
- Honesty is the best policy.
- Other people should be more considerate.
- I'm afraid of trying to be assertive and failing.

Source:  
*Unknown*



# How Can I Help?

## A Resource for the Depressed Patient's Support Person or Support System

Thank you for taking an interest in your friend or loved one's well being. The impact your support can provide will be much greater than you likely anticipate at this time. It can be difficult for a depressed person to show their appreciation that you believe in them and will stand by them. It can take several weeks for treatment to start to be effective. Some days will be more difficult than others. Just hang in there, in time, and with your support, their mood will improve.

**If you are wondering what you can do to help someone who is depressed, here are some suggestions:**

- One of the most effective things you can do for a depressed person is to be supportive by showing encouragement, remind them that you are willing to participate in their journey, have patience and show affection. Reassure the patient that there will be better days ahead. Tell them everyday that they *will* feel better if they work at it.
- Ask them what they need or would like. Not too often, maybe once per day. This lets them know that you are willing to help if there is something they can't do for themselves right now.
- Ask permission to review the material found here in their Depression Self-Management Toolkit (DSMT). By doing so, you will get a sense of their struggles, goals, learn more about depression and how to effectively treat it. Their DSMT has their own private thoughts and treatment goals, so the depressed patient may be reluctant to share portions of their binder. That's okay, they will just be happy to know that you are interested in their well-being and at a later date may share the parts they feel will help you to help them.
- People that are depressed often have very low energy and a poor appetite. It can help if you would assist them to eat healthy well-balanced meals and snacks throughout the day. You may have to encourage the depressed person to eat often, even if it is just a few bites several times per day to get the appetite back on track. (See page 56 of the Antidepressant Skills Workbook or ASW, found in the light green section of this Depression Self-Management Toolkit)
- Exercise, sunshine and fresh air helps to improve mood. Encourage your friend or loved one to go outside with you, even if it is to sit on the deck or walk around the block. (See page 57 of the ASW)
- Sleep has one of the greatest influences in our ability to cope. Encourage a consistent sleep pattern and discourage too much time in bed. (See pages 58 and 59 of the ASW)
- Alcohol, drugs and caffeine also impact mood and a persons ability to cope and sleep. You may want to monitor the patient's intake of these substances. (More information may be found on pages 60 and 61 of the ASW). If you are concerned

that your friend or loved one may have an addiction, ask them if they feel their drug and/or alcohol use is a problem. If they feel it is a problem, they should mention it to their Health Care Provider who will be able to assist them in seeking treatment for their addiction.

- Help them to come up with solutions to the challenges that face them. Problem solving the simplest solutions can feel overwhelming when a person is feeling low.

**These strategies are not helpful:**

- Judging the patient or telling them what they *should* do will only lower their self-esteem. Encourage them to tell you what they have learned in therapy that will help them get better.
- Telling them to “Snap out of it” is not at all effective; if they could have snapped out of it they would have done so long ago.
- Pushing your loved one too hard. Encouragement to participate in outings and activities is helpful, but don’t expect someone who is depressed to do too much in a short period of time. Instead celebrate every success, no matter how small it may seem, as a step toward mental well-being.

**If you think the patient may be feeling suicidal:**

Take the comments or gestures very seriously. Get them help immediately. If the person is willing to go to see a doctor or nurse practitioner, take them to a hospital right away. If they are unwilling to go or are in immediate danger, call the police (911). You may worry that they will be angry with you, but at least they will live long enough to get over it.



# Resources Specific to your Mental and Physical Well-Being



## **Facts about Health Conditions and Mood Difficulties**

Many people with health conditions also experience mood difficulties, such as low mood, depression, worry, anxiety and anger.

Higher rates of mood difficulties have been found among individuals with the following health conditions:

- Stroke and heart disease
- Diabetes
- Obesity
- Parkinson's disease
- Epilepsy
- Arthritis
- Kidney Disease
- Asthma
- Pain
- Cancer
- AIDS
- Chronic Obstructive Pulmonary Disease (COPD)
- Dementia
- Alzheimer's disease

Health conditions make it more likely that individuals will have mood difficulties.

Mood difficulties can worsen the physical symptoms of health conditions.

Mood difficulties make it difficult to carry out recommended treatment and self-care for health conditions.

Positive Coping with Health Conditions 2009 by D. Blisker, J. Samra, & E. Goldner is a workbook that can be downloaded at no cost from: [www.comh.ca/selfcare/](http://www.comh.ca/selfcare/)

Source:

Consortium for Organizational Mental Healthcare, Faculty of Health Sciences Simon Fraser University, *PCHC facts about health conditions and mood difficulties*. 2009. Retrieved from <http://comh.ca/pchc/resources/general/index.cfm>



# Live Well™ with Chronic Conditions Program

**IF YOU ARE STRUGGLING TO TAKE CARE  
OF YOURSELF OR A LOVED ONE, THIS  
PROGRAM IS FOR YOU.**

- Learn how to take control of your chronic illness
- Commitment of 2 ½ hours a week for 6 weeks
- Open to all caregivers and/or individuals with a chronic disease, such as:
  - Chronic pain • Arthritis • Diabetes
  - Heart Disease • Osteoporosis • Chronic lung disease
  - Parkinson's Disease • Mental Health Condition
  - Stroke • Spinal Cord Injury

Classes are fun, practical and  
**FREE OF CHARGE**

To Register for a program in your area,  
please contact:

(306) 842-8711  
livewell@schr.sk.ca

This Program is a service of the  
***Sun Country Health Region***  
[www.suncountry.sk.ca](http://www.suncountry.sk.ca)

# Medication and Managing your Health Care



## Things You Should Know About Your Antidepressant Medication

- Target symptoms for antidepressant medications are:
  - Sleep
  - Concentration
  - Energy
  - Appetite
  - Mood
- Antidepressants only work if taken every day.
- Antidepressants are not addictive or habit forming.
- Benefits from medication appear slowly. It takes time for your medication to work. Most people begin to feel better in 1-4 weeks. Don't give up if you don't feel better right away.
- Take your medication exactly as your Health Care Provider (HCP) prescribes.
- Continue taking the antidepressant even after you feel better.
- Mild side effects are common and usually improve with time. The first week can be the hardest. Some people have mild side effects, but usually don't feel the medicine is working yet. Stick it out. The side effects usually go away and the medication should start to work soon.
- If you are thinking about stopping your medication, **talk to your HCP first**.
- Always ask your pharmacist for a print out of side effects for your medication.
- If you are experiencing side effects that concern you, talk to your HCP.
- Antidepressants are not uppers and they are not downers.
- It is safe to take your medication according to your Health Care Provider.
- If you are using alcohol or other drugs, please discuss this with your HCP.
- If you forget a dose, **do not double dose**. Take your next dose at the regular time.
- The goal of treatment is complete remission. Sometimes, it takes a few tries.

### Sources:

Lin E, Vonkorff M, Katon W, Bush T, Somon G, Walker E, Robinson P, *The role of the primary care physician in patients' adherence to antidepressant therapy*. Medical Care, 1995, 33 (1):67-74

Amann T, with Care Oregon Inc. *Things you should know about your antidepressant medication*. (n.d.)

## Tips for Making and Keeping Health Care Appointments

- Organize all of your medical information in a binder including, such items as: medical history, test results, medication and family medical history.
- Write a list of your Health Care Providers including their specialty, address, phone number and frequency you see them. Include doctors, nurse practitioner, physical therapist, occupational therapist, mental health social worker, dietitian and all other Health Care Providers you see. Also, include routine screening such as mammograms and routine blood work.
- Keep one calendar where you write all of your important dates including all of your medical appointments.
- Keep that calendar in a location where you will see it frequently, such as the door of the fridge or by the kitchen table.
- Write appointments in pencil so they can be changed easily, if required.
- Avoid making appointments early in the morning or early in the month.
- Ask your Health Care Provider if they would call you or send a postcard to remind you of your next appointment.
- Medication Management Resources are available including:
  - OnTimeRx will send you an e-mail, phone, cell phone and pager alerts for all types of reminders including daily medication, medication refills, healthcare appointments or other events. Phone: 1-407-843-8966 or go to [www.ontimerx.com](http://www.ontimerx.com)
  - E-Pill (medication reminders) Phone: 1-800-549-0095 or go to [www.epill.com](http://www.epill.com)

Source:

Hall C, *Occupational therapy toolkit: Tips for making and keeping healthcare appointments*. 2009, p 225



## List of Medications

Name of medication

Date prescribed and when did you start the medication?

What are you taking it for?

How long do you anticipate taking it?

Dose (How much should you take each time?)

How many times per day do you take it and what time of day do you take it?

What should you avoid while taking it?

Side effects you have noticed

How long after starting the medication did you start noticing the side effects and how long do they last?

Would you stop taking the medication because of the side effects?

How will you know the medication is helping?

Name of medication

Date prescribed and when did you start the medication?

What are you taking it for?

How long do you anticipate taking it?

Dose (How much should you take each time?)

How many times per day do you take it and what time of day do you take it?

What should you avoid while taking it?

Side effects you have noticed

How long after starting the medication did you start noticing the side effects and how long do they last?

Would you stop taking the medication because of the side effects?

How will you know the medication is helping?

**\*\*\*If you are experiencing side effects and are concerned about them, please talk to your Health Care Provider.\*\*\***

Source:

Blisker D, Samra J, Goldner E, *Positive coping with health conditions: A self-care workbook*. 2009

## List of Medications

Name of medication

Date prescribed and when did you start the medication?

What are you taking it for?

How long do you anticipate taking it?

Dose (How much should you take each time?)

How many times per day do you take it and what time of day do you take it?

What should you avoid while taking it?

Side effects you have noticed

How long after starting the medication did you start noticing the side effects and how long do they last?

Would you stop taking the medication because of the side effects?

How will you know the medication is helping?

Name of medication

Date prescribed and when did you start the medication?

What are you taking it for?

How long do you anticipate taking it?

Dose (How much should you take each time?)

How many times per day do you take it and what time of day do you take it?

What should you avoid while taking it?

Side effects you have noticed

How long after starting the medication did you start noticing the side effects and how long do they last?

Would you stop taking the medication because of the side effects?

How will you know the medication is helping?

**\*\*\*If you are experiencing side effects and are concerned about them, please talk to your Health Care Provider.\*\*\***

Source:

Blisker D, Samra J, Goldner E, Positive coping with health conditions: A self-care workbook. 2009

## List of Medications

Name of medication

Date prescribed and when did you start the medication?

What are you taking it for?

How long do you anticipate taking it?

Dose (How much should you take each time?)

How many times per day do you take it and what time of day do you take it?

What should you avoid while taking it?

Side effects you have noticed

How long after starting the medication did you start noticing the side effects and how long do they last?

Would you stop taking the medication because of the side effects?

How will you know the medication is helping?

Name of medication

Date prescribed and when did you start the medication?

What are you taking it for?

How long do you anticipate taking it?

Dose (How much should you take each time?)

How many times per day do you take it and what time of day do you take it?

What should you avoid while taking it?

Side effects you have noticed

How long after starting the medication did you start noticing the side effects and how long do they last?

Would you stop taking the medication because of the side effects?

How will you know the medication is helping?

**\*\*\*If you are experiencing side effects and are concerned about them, please talk to your Health Care Provider.\*\*\***

Source:

Blisker D, Samra J, Goldner E, Positive coping with health conditions: A self-care workbook. 2009

## List of Medications

Name of medication

Date prescribed and when did you start the medication?

What are you taking it for?

How long do you anticipate taking it?

Dose (How much should you take each time?)

How many times per day do you take it and what time of day do you take it?

What should you avoid while taking it?

Side effects you have noticed

How long after starting the medication did you start noticing the side effects and how long do they last?

Would you stop taking the medication because of the side effects?

How will you know the medication is helping?

Name of medication

Date prescribed and when did you start the medication?

What are you taking it for?

How long do you anticipate taking it?

Dose (How much should you take each time?)

How many times per day do you take it and what time of day do you take it?

What should you avoid while taking it?

Side effects you have noticed

How long after starting the medication did you start noticing the side effects and how long do they last?

Would you stop taking the medication because of the side effects?

How will you know the medication is helping?

**\*\*\*If you are experiencing side effects and are concerned about them, please talk to your Health Care Provider.\*\*\***

Source:

Blisker D, Samra J, Goldner E, *Positive coping with health conditions: A self-care workbook*. 2009

## Chart for Healthcare Appointments

Healthcare Provider	Specialty/Profession	Address	Phone Number	Frequency of Visits	Next Scheduled Visit

Source:

Hall C, *Occupational therapy toolkit: Healthcare providers appointments*. 2009, p 224

## Chart for Healthcare Appointments

[illegible]

Source:

Hall C, *Occupational therapy toolkit: Healthcare providers appointments*. 2009, p 224

# Coping with Suicidal Thoughts

**HealthLine 1-877-800-0002**





## **Suicide Safety Plan**

If you have thoughts of hurting yourself, start at Step 1. Go through each step until you are safe. Remember: Suicidal thoughts can be very strong. It may seem they will last forever. With support and time, these thoughts will usually pass. When they pass, you can put energy into sorting out problems that have contributed to you feeling so badly. The hopelessness you may feel now will not last forever. It is important to reach out for help and support. You can get through this difficult time. Since it can be hard to focus and think clearly when you feel suicidal, please copy this and put in places you can easily use it, such as your purse, wallet or by the phone.

Step 1. Do the following activities to calm/comfort myself:

Step 2. Remind myself of my reasons for living:

Step 3. Call a friend or family member:

Name:

Phone:

Step 4. Call a backup person if person above is not available:

Name:

Phone:

Step 5. Call a care provider (psychologist, psychiatrist, therapist):

Name:

Phone:

Step 6. Call HealthLine 1-877-800-0002

Step 7. Go somewhere I am safe:

Step 8. Go to the Emergency Room at the nearest hospital.

Step 9. If I feel that I can't get to the hospital safely, call 911 and request transportation to the hospital. They will send someone to transport me safely.

Source:

Consortium for Organizational Mental healthcare; Faculty of Health Sciences  
Simon Fraser University, *Coping with suicidal thoughts*. 2009 Retrieved  
from [http://www.comh.ca/publications/resources/pub\\_cwst/CWST.pdf](http://www.comh.ca/publications/resources/pub_cwst/CWST.pdf)

**HealthLine 1-877-800-0002**



# **Coping with Suicidal Thoughts**

## **I'm seriously thinking about suicide. What should I do?**

If you are thinking about suicide, you are not alone. Many people have thoughts of suicide, for a number of reasons. Thoughts of suicide can be very scary. You probably feel hurt, confused, overwhelmed and hopeless about your future. You may feel sadness, grief, anger, guilt, shame or emptiness. You may think that nothing can be done to change your situation. Your feelings may seem like they are just too much to handle right now. It is important to know that thinking about suicide does not mean that you will lose control to think or act on these thoughts. Having thoughts of suicide does not mean you are weak or 'crazy'. Many people think about suicide because they are looking for a way to escape the pain they are feeling.

Even though your situation seems hopeless and you wonder if you can stand another minute of feeling this bad, there are ways to get through this and feel better. You don't have to face this situation alone. Help is available. Here are a few ideas that you can use right now.

- **Connect with others:** If you are worried that you may lose control or do something to hurt yourself, tell someone. Make sure you are around someone you trust. If you live alone, ask a friend or family member to stay with you. If you don't know anyone or can't reach friends or family members, call HealthLine at 1-877-800-0002.
- **Keep your home safe by getting rid of ways to hurt yourself:** It is important to get rid of things that could be used to hurt or kill yourself, such as pills, razor blades or guns. If you are unable to do so, go to a place you can feel safe.
- **Develop a safety plan:** It is very helpful to have a written safety plan when you have thoughts of hurting yourself. Have a trusted family member, friend, or professional help you to complete this safety plan. Keep this plan somewhere you can see or find it easily. Write down the steps you will take to keep yourself safe. Follow the steps. If you follow these steps and still do not feel safe, call a crisis line, go to a hospital emergency room or call 911.

## **How can I better understand my suicidal thoughts and feelings?**

Some problems and experiences, especially those that have been around for a long time, can leave you feeling hopeless and overwhelmed. At these times, you may think that you have no options left. You may think about suicide as a way to escape intense emotional pain.

People who kill themselves often think that their problems are unbearable and can't be fixed. They feel like nothing they have tried has or will change their situation. Their emotional pain can distort thinking so it becomes harder to trust or to see possible solutions to problems or to connect with available love and support. Even if it seems that you can't stand another minute, it is important to remember that feelings (grief, anger, sadness, loneliness, shame) especially at this intense level, don't last forever.

**HealthLine 1-877-800-0002**

Sometimes thoughts of suicide can become very strong, especially if you have taken drugs or alcohol. It is important to not use non-prescription drugs or alcohol, particularly when you feel hopeless or are thinking about suicide.

### **Some of the thoughts you may be having are:**

- Believing there are no other options
- Sensing your family or friends would be better off without you
- Thinking you've done something so horrible that suicide is the only option
- Experiencing unbearable pain that feels like it will go on forever
- Wanting to escape your suffering
- Wanting to let your loved ones know how much you hurt
- Wanting to hurt or get revenge on others

Your feelings of pain are very real. However, it is important to know there is hope. With the help of professionals and the support of family and friends, you can learn about what is causing your suffering and how you can change or manage it.

Hurting or killing yourself are not your only options. Professionals can help you learn new skills for dealing with your pain. These might include: developing new skills to cope, seeing your problems in a new light, improving your ability to handle intense and painful emotions, improving your relationships, increasing your social supports or medications.

### **Some other things that may lead you to think of suicide are:**

**Mental health problems:** Depression or anxiety can increase feelings of suicide. Mental health problems are treatable. Talk to your health care provider if you feel low, depressed or anxious. Counselling or medication may help.

**Conflict with loved ones:** Conflict with others doesn't last forever. We know people who lose a loved one to suicide say that their lives are not better off.

**Loss:** There are many different types of loss including: a break-up, losing a job, losing social status, losing a loved one or friend.

**Financial or legal problems:** Overwhelming debt, gambling problems, problems with the law can be very stressful. There may be free services that can help you deal with these problems. These include Credit Counselling Society (1-888-527-8999) or Legal Services Society (1-866-577-2525)

**Lack of connection to friends and others:** You may feel that the people in your life don't understand the pain and unhappiness you are feeling or you spend a lot of time alone. Talk to a professional about ways to increase social supports and how to let others know about the pain and unhappiness you are feeling.

**Drug and alcohol problems:** Using alcohol or drugs can make thoughts about suicide worse. Drugs and alcohol can change the way you think about problems.

**HealthLine 1-877-800-0002**

**Medical problems:** Medical problems can increase chances that you may think about suicide. Make sure you have proper medical care. Some medications can increase feelings of suicide. Speak to your doctor about this. You can also call HealthLine (1-877-800-0002)

**Sexual identity issues:** People who are lesbian, gay, bisexual or transgender may have a higher risk of suicide. Confusion about sexual identity and fears of possible or real rejection from family or friends can make things worse.

### **What else can I do to decrease thoughts of suicide?**

**Problem solve:** It is always helpful to think of ways other than suicide that you can solve your problems. First, make a list of all the problems you are dealing with in your life. Second, make a list of all the solutions you can think of to those problems. You can ask someone you trust to help you with these. Dealing with 1 or 2 small problems can help to put an end to immediate feelings of suicide. Once you are thinking more clearly, you can tackle other bigger problems. You can find worksheets on Problem Solving and Healthy Thinking in the Anti-Depressant Skills Workbook, available free on-line at [www.carmha.ca](http://www.carmha.ca).

**Think of reasons for living:** Most people who think about suicide want to escape their pain, but they do not always want to die. When you feel low, it's easy to stay focused on things that are negative and upsetting in your life. This makes it easy to think of suicide as the only option. Start thinking about some reasons you have for living. This may include: loved ones, pets, religion, goals and dreams, responsibilities to others in their life that give them reasons to live and prevent them from acting on their suicidal thoughts. Think of all the reasons you have for living. Write them down. Remind yourself of them when you are feeling low.

**Remember things that have helped in the past:** Many people have had thoughts of suicide before. Think of some of the things that helped you feel better when you faced the same types of problems in the past. For example: having faith and trust that time always helps, reaching out to friends and family, seeing a professional, going to a support group, following a safety plan, doing something you enjoy, not being alone, keeping a journal, not drinking or using drugs.

**Talk to a trusted friend, family member or professional:** It is important to speak to someone you trust about how you feel. Sometimes just talking about how you feel can help. It is important to be open about all of your thoughts. If you have a suicide plan, it is important to tell someone what your plan is. People often say they are relieved that they shared how they felt with someone. Talking can help you feel less alone.

**Get treatment for mental health problems:** It is important to get treatment for depression, anxiety and alcohol and drug problems. Just seeing your family doctor may not be enough. It can help to see a mental health specialist, such as a psychologist or a psychiatrist. If you are already receiving treatment, speak up if your treatment plan is not working.

**HealthLine 1-877-800-0002**

**Do the opposite of how you feel:** When you have thoughts of suicide, it can be helpful to do the opposite of how you feel. For example, when people are depressed they usually want to be alone - doing the opposite would be spending time with others.

**Identify high-risk triggers or situations:** Think about the situations or factors that increase your feelings of despair and thoughts of suicide. Work to avoid those situations.

**Self-care:** Taking good care of yourself is important to feel better. It is important to:

- Eat a healthy diet
- Get some exercise every day
- Get a good nights sleep
- Decrease or stop using alcohol or drugs, as these can make feelings of depression and suicide worse.

**Follow through with prescribed medications:** If you take prescription medications, it is important to make sure you take them as your doctor directed. Speak to your doctor if medications aren't working or if side effects are causing you problems. If you have just begun taking antidepressants, it is important to know that symptoms of depression resolve at different rates. Physical symptoms such as energy or sleep may improve first. Improvement in mood may be delayed. Speak to your doctor if you are feeling worse.

**Structure and routine:** Keep a regular routine as much as possible, even when your feelings seem out of control. Here are some tips for creating structure in your life:

- Wake up at a regular time
- Have a regular bed time
- Have planned activities in your day, such as going for a walk or going to the gym
- Continue to go to work or school

**Do things you enjoy:** When you are feeling very low, do activities you enjoy. You may find that very few things bring you pleasure. Think of things you used to enjoy doing at times you didn't feel so depressed or suicidal. Do these things, even if they don't bring you enjoyment now. Giving yourself a break from suicidal thoughts can help, even if it's for a short time.

**Think of personal goals:** Think of personal goals you have for yourself or that you've had in the past. Some examples are: read a particular book, travel, get a pet, move to another place, learn a new hobby, volunteer, go back to school or start a family.

***This document is not intended to replace professional care with a therapist or physician.***

Source:

Consortium for Organizational Mental healthcare Faculty of Health Sciences Simon Fraser University, *Coping with suicidal thoughts*. 2009 Retrieved from [http://www.comh.ca/publications/resources/pub\\_cwst/CWST.pdf](http://www.comh.ca/publications/resources/pub_cwst/CWST.pdf)

**HealthLine 1-877-800-0002**

## RISK FACTORS: Refer to MH-Gen-005

QUICK CONSIDERATIONS: definite plan, hopelessness, severe depression, psychotic symptoms, recent discharge from a psychiatric facility, use of alcohol and/or drugs, recent suicide attempt, single man: young or elderly, homelessness, medical illness, history of childhood abuse, recent suicide attempt by a family member or friend and persons from a marginalized population.

Client Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
           mm      dd      yyyy  
 HSN#: \_\_\_\_\_

### SUICIDE ASSESSMENT (Section 1)

1. Have you thought about killing yourself? ☐ Yes ☐ No
2. Have you tried to harm/kill yourself in the past? ☐ Yes ☐ No  
 When was the most recent time? \_\_\_\_\_  
 (Is this an anniversary date or has the attempt been within one year?)
3. Do you have a plan? ☐ Yes ☐ No  
 What is your plan? \_\_\_\_\_ When do you plan on carrying it out? \_\_\_\_\_  
 Have you written a note? Said your Goodbyes? \_\_\_\_\_  
 Does the plan seem feasible to you, the nurse? ☐ Yes ☐ No  
 Are the methods available? ☐ Yes ☐ No Is it likely to be lethal? ☐ Yes ☐ No  
 Are there any things/reasons that stop you from acting on these thoughts?  
 \_\_\_\_\_
4. Do you know anyone who has recently tried to harm themselves? ☐ Yes ☐ No

If yes to any of the above questions:

1. Contact GP as per facility protocol
2. Move patient to a safe secure environment in your facility
3. Maintain observation of patient. (family, friend or staff may assist with this)
4. Contact Mental Health Services for consultation @ 842-8665
5. If patient refuses to allow staff to call mental health, into the GP. GP may utilize *The Mental Health Act. (Section 18 Form A)*

### IF A SUICIDE ATTEMPT HAS BEEN MADE (Section 2)

What happened in the past 24hrs? What did you hope would happen as a result of your attempt?

- Is this your first attempt? ☐ Yes ☐ No  
 What did you use?  
 Do you still have access to the method used? ☐ Yes ☐ No  
 Did you use alcohol or drugs before the attempt? ☐ Yes ☐ No

IF suicide attempt has been made:

1. Contact GP as per facility protocol continue as above instructions following section 1.  
 If patient becomes distressed and threatens to leave or leaves consider calling Police Services.

- HAVE YOU HAD THOUGHTS OF HURTING ANYONE ELSE? (Section 3)** ☐ Yes ☐ No  
 Have you acted on these thoughts? ☐ Yes ☐ No  
 If yes, were you using drugs or alcohol at the time? ☐ Yes ☐ No  
 Do you have a weapon with you? ☐ Yes ☐ No

### DUTY TO WARN

*If you suspect a person is carrying a weapon, NOTIFY POLICE NOW. Activate Code White Protocol. Inform GP.*

### HOW ARE YOU FEELING RIGHT NOW? (Settled, Calmer, Agitated, Defeated, Worse)

\*Telephone calls: please keep the patient on the line; utilize same questions as Section 1. Advise patient to present to acute care. Attempt to acquire as much information as possible and call Police or EMS if threat appears imminent.

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Signature: \_\_\_\_\_

Referral made to Mental Health and Addictions Services ☐ Yes ☐ No Why not? \_\_\_\_\_

Fax Number: Intake 842-8690 after hours Inpatient Unit 842-8687 Medical Clearance ☐ Yes ☐ No





# Reasons for Getting Better



## Reasons for Getting Better

Identify areas in your life that are positive. What is special to you and what do you value?

- Include such things as: family, friends, work, music, sport, hobbies and spirituality or anything else that is meaningful to you.
- You can write a list including as much description as you like. You can also include pictures, photographs, poems, song titles or lyrics, motivational sayings, Bible scriptures or drawings.
- Include anything that makes you feel good when you see it or read it and would be worth improving your health for.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



# Warning Signs and Relapse Prevention



## Relapse Warning Signs

Warning signs alert me that I may be having difficulty again. For example:

- Not wanting to spend time with friends or family
- Feelings of “I don’t care”
- Unclear thinking or concentration problems
- Loss of interest or motivation
- Thoughts of not wanting to be here or be alive

My Warning Signs:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

If I experience any of the above, I will:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

In the event of an emotional crisis, I will:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**HealthLine is available 24 hours a day at 1-877-800-0002**

Source:

Peterborough Family Health Teams, *Mental health self care series: Depression is treatable: Warning signs.* (n.d.)





## My Relapse Prevention Plan

My Mental Health diagnosis is: \_\_\_\_\_

Three symptoms I experience with my illness are:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Stressful events that endanger my mental health and put me in crisis are:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

What can I do to avoid stressful events in the future?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Current stressors in my life are:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Three ways that I can reduce my stress are:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Three of my positive qualities are:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Supportive friends/family members that I call on a regular basis:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

A daily community/leisure/healing activity I will engage in is:

- \_\_\_\_\_

An activity I will definitely avoid is:

- \_\_\_\_\_

Three steps I will take to prevent relapse:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

If I begin to relapse (when symptoms/warning signs return or get worse) I will:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Source:  
*Unknown*

# Journal



# Journaling My Journey

A word about journaling: People with depression tend to ruminate on their past problems and failures. It would be in your best interest not to allow this to happen here. This is a great place for you to reflect on your successes, monitor progress, record the knowledge and skills you have gained and list all of the things for which you are grateful. Please add more paper as needed.

This image shows a full page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for handwriting practice or general writing. There are no margins, text, or other markings on the page.

[illegible]

## References

- Amann T, with Care Oregon Inc. *Things you should know about your antidepressant medication*. (n.d.)
- BC Health Services, *Depression: A guide for patients*. (n.d.)
- Blisker D, Paterson R, *Antidepressant skills workbook: Self-care depression program 2<sup>nd</sup> edition*. (n.d.)
- Blisker D, Samra J, Goldner E, *Positive coping with health conditions: A self-care workbook*. 2009
- CBT Connections, *Anxiety, depression, and externalizing disorders: Recognition, therapeutic assessment, and evidenced-based psychological treatment*. 2007-2008
- Consortium for Organizational Mental Healthcare, Faculty of Health Sciences Simon Fraser University, *Coping with suicidal thoughts*. 2009. Retrieved from [http://www.comh.ca/publications/resources/pub\\_cwst/CWST.pdf](http://www.comh.ca/publications/resources/pub_cwst/CWST.pdf)
- Consortium for Organizational Mental Healthcare, Faculty of Health Sciences Simon Fraser University, *PCHC facts about health conditions and mood difficulties*. 2009. Retrieved from <http://comh.ca/pchc/resources/general/index.cfm>
- Hall C, *Occupational therapy toolkit: Healthcare providers appointments*. 2009, p 224
- Hall C, *Occupational therapy toolkit: Stress management and relaxation techniques*. 2009, pp 337-8
- Hall C, *Occupational therapy toolkit: Tips for making and keeping healthcare appointments*. 2009, p 225
- Hall C, *Occupational therapy toolkit: Medication management resources*. 2009, p 233
- Kroenke K, Spitzer R, Williams W, *The PHQ-9: Validity of a brief depression severity measure*. JGIM, 2001, 16:606-616
- Lin E, Vonkorff M, Katon W, Bush T, Somon G, Walker E, Robinson P, *The role of the primary care physician in patients' adherence to antidepressant therapy*. Medical Care, 1995, 33 (1):67-74
- Peterborough Family Health Teams, *Mental health self care series: Depression is treatable*. (n.d.)
- Peterborough Family Health Teams, *Mental health self care series: Depression is treatable: Personal self care and treatment plan*. (n.d.)
- Peterborough Family Health Teams, *Mental health self care series: Depression is treatable: Warning signs*. (n.d.)
- Saskatchewan Health Quality Council, *Depression care algorithm*. (n.d.)
- Saskatchewan Ministry of Health, *Fact sheet: Mood disorders*. 2009. Retrieved from <http://www.health.gov.sk.ca/mood-disorders-fact-sheet>
- Spitzer R, Williams J, Kroenke K, et al, *Patient health questionnaire (PHQ-9)*. 1999
- Spitzer R, Williams J, Kroenke K, et al, *PHQ-9 for adolescents: Modified patient health questionnaire*. 2005
- Wilcox G, *The feeling wheel* (n.d.) Retrieved from [http://guidance.blairschools.dps.schoolfusion.us/modules/locker/files/get\\_group\\_file.phtml?fid=3367553&gid=921013&sessionid139bedd2d549dc75119142a001af69e](http://guidance.blairschools.dps.schoolfusion.us/modules/locker/files/get_group_file.phtml?fid=3367553&gid=921013&sessionid139bedd2d549dc75119142a001af69e)
- World Health Organization, *Depression is an illness: It is common and treatable*. (Canadian Revised Edition) 2002



To download a free copy of the  
Depression Self-Management Toolkit, or for additional work sheets, go to:  
<http://www.suncountry.sk.ca/service/58/88/mental-health-services.html>