Here you will find advice and help

Information

You can contact emergency services on 999 or 112.

Health Service Executive:

https://www2.hse.ie/wellbeing/mental-health/low-mood-and-

Jiasaw

6 Westland Square, Pearse Street, Dublin 2 Online Information: https://jigsaw.ie/

Aware:

9 Leeson Street Upper, Dublin 4, D04 KD80

https://www.aware.ie/information/depression/

Mental Health USI: https://mentalhealth.usi.ie/

Mental Health Ireland:

https://www.mentalhealthireland.ie/depression-calling-it-by-itsproper-name/

https://shine.ie/support/

Psychiatric outpatient departments

Health Services Executive:

https://www.hse.ie/eng/services/list/4/mental-health-services/ dsc/communityservices/outpatientclinic.html

HSE Local Teams:

https://www.hse.ie/eng/services/list/4/mental-health-services/ dsc/dubwestsouth/teams/ourteams.html

In a Crisis

Call 999 or 112 if you or someone you know is about to harm themselves or someone else.

Self-help and special care services

Aware Support & Self Care Group - Cork and Kerry Bru Columbanus, Cardinal Way, Wilton, Cork, T12 TN9 Face to face counselling: https://awareireland.wufoo.com/forms/ s3esas91bma4i9/

Aware main office: 9 Leeson Street Upper Dublin 4, D04 KD80 More informatio: https://www.aware.ie/support/support-groups/

Activation of personal interests Well-structured daily routine

Psychotherapists

in private practice

Crisis helplines Psycho-social community centers

Clinics and out-patient units

Medication

Diagnostic

clarification

Psychotherapy

Resident doctors

Physical activity

Crisis Services

Light therapy and

sleep restriction therapy

Ways out of **DEPRESSION**

Counselling

Social-psychiatric services

Learning to appreciate

small progress

Self-help contact and

information points

Relaxation techniques

General social services

therapy

Counselling for relatives

Supportive online services

Contact with other

depressed people and

self-help groups

Outpatient

DEPRESSION?

Support services in Cork and Kerry. Self-test. Information.









Regional Alliance Against Depression Contact

Cork Kerry Alliance Against Depression National Suicide Research Foundation WHO Collaborating Centre for Surveillance and Research in Suicide Prevention 4.28 Western Gateway Building University College Cork Cork, Ireland eaadbest@ucc.ie



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Depression can affect anyone

A common disease!

Depression is a common illness worldwide, with more than 300 million people affected. Women are diagnosed with depression twice as often as men. Even though depression is a common medical condition, it goes unnoticed in public and is often misunderstood as being mainly a reaction to difficult life circumstances. Depression can – just like diabetes and hypertension – affect anyone: people of all age groups, occupations, social status, genders, and children. Depression is an illness and not an expression of personal failure.

Reliable diagnosis is possible!

Depression can often arise suddenly, amid a well-functioning daily routine, but it can also slide in over several weeks. For specialists it is in most cases possible to differentiate the illness from the normal ups and downs of life or from a crisis. Typical for depression are for example the feelings of guilt, the feeling of complete exhaustion with high inner tension (»I feel all the time like being before an exam«), diurnal fluctuations with increased depression severity in the morning or antidepressant effects of therapeutic sleep deprivation. Depression can hide behind somatic complaints because depression increases the perception e.g. of lower back pain or tinnitus and makes them unbearable.

IMPORTANT:

Depression is not a reaction to difficult life circumstances, but a common and often life-threatening disease, which can be effectively treated.

Depression has many faces

The causes are manifold!

People who suffer from a depressive episode have a vulnerability for depression and have therefore a high risk to suffer from more episodes in the future. This vulnerability can be inherited – therefore many affected people have also close relatives suffering from depression – , but also acquired by traumatization and abuse early in the childhood. Sometimes life events such as stress at work, loss of a loved one or interpersonal conflicts preceed the onset of depression and possible have triggered the onset of depression. However, people with a vulnerability for depression can suffer from an episode without any detectable external trigger. Untreated, a depressive episode typically lasts several months.

Psychic and physical symptoms!

Depression is always associated with changes in behaviour (e.g. withdrawal) and feelings (e.g. high inner tension) on one side and changes in brain function on the other side. Many changes in the body such as overactivity of stress hormones, dysfunction of the autonomic nerve system (e.g. sweeting, tachycardia) or dysregulation of the sleep-wake cycle have been documented in depression, however the exact pathomechanism is not completely understood yet.



IMPORTANT:

If you feel or are worried that your current mood might be related to depression, seek professional help.

Depression can be treated

Effective treatment options!

Depression can be successfully treated with antidepressants and/or psychotherapy. Often, however, guideline-oriented treatment is not taking place due to a variety of different reasons. For example, there is the bottleneck of getting access to psychiatrists or GPs, other patients avoid seeking professional help because they are afraid or feel ashamed, often non-guideline oriented or »alternative« treatments without sufficient evidence for efficacy and safety are offered.

Antidepressants can help!

Most people believe that depression is caused by factors such as interpersonal conflicts or stressful working conditions. Having this disease concept in mind they are often reluctant to consider antidepressants as a good treatment option. It is only after learning that depression is also a brain disorder that it is understood why antidepressants are the most often used treatment for depression. Antidepressants influence different brain functions; however, the exact mechanism of action is not understood yet. Antidepressants are not addictive (no tendency to increase dosage, not »happy pills«). However, treatment should not be stopped abruptly but in several steps over several weeks because rebound effects can occur. Sometimes a certain antidepressant does not work or is not well tolerated. In this case several steps to overcome these problems such as combining antidepressants or shifting to another antidepressant are available.

Psychotherapy and self-help are important!

The psychotherapy with the by far broadest evidence base is Cognitive Behavioural Therapy (CBT). Patients learn how thinking, behaviour, and feelings are interconnected. Within CBT they also learn for example how to structure the day in order to avoid to overstrain oneself or how to avoid negative ruminations and self blaming. Ten or more treatment sessions are necessary in order to get good effects.

Both psychotherapy and antidepressants are effective concerning the prevention of relapses or new depressive episodes.

IMPORTANT:

Depression is neither a personal failure nor unavoidable, but a disease which can be effectively treated.

Self-test depression

Self-

Please read the following statements carefully.

You are asked to answer the statements simply by selecting <code>syes</code> or <code>sno</code>.

Tick »yes« if they have applied to you for more than the past two weeks. All statements rated »yes« count as 1 point and those rated »no« count as 0 point.

* If you have rated two out of the first three (No. 1, No. 2 and No. 3) statements with "yes" OR you have in total 3 points or more, this might be an indication that you are affected by a depression. You can find help and support at institutions mentioned in this flyer.

Please note: This test is not a diagnosis of depression.

For a clinical/accurate diagnosis, if you have any questions, or if you need help and support, please contact your General Practitioner or psychologist.

Important: If you have rated the statement No. 10 with "yes" (and it applies to you for more than the past two weeks), please contact medical services urgently (e.g. your GP, a psychiatrist, psychologist, neurologist, emergency unit, psychiatric outpatient clinic), regardless of your responses to the other nine questions!



Simply »in a bad mood«? Or is there a »depression« behind it?

Do the following apply to you for more than the last 2 weeks:		*yes no
1.	Depressed mood	00
2.	No interest in things you liked before and/or anhedonia	00
3.	Loss of drive, tiredness, and feeling exhausted and/or agitated	00
4.	Lack of self-confidence and/or self-esteem	00
5.	Lack of concentration and/or ruminating thoughts and/or difficulties in decision-making	00
6.	Strong feelings of guilt and/or increased self-criticism	00
7.	Negative outlook of the future and/or hopelessness	00
8.	Persistent sleeping problems	00
9.	Loss of appetite	00
10	Deep desperation and/or thoughts of death	00

Based on ICD-10/V (F); © Prof. Hegerl