Understanding Depression:

A Resource for Providers and Patients

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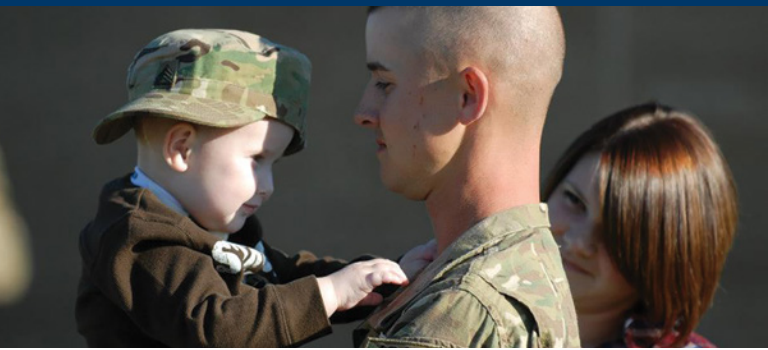

Fast facts on depression:

- Depression is one of the most common mental health conditions[1]
- Almost 7 percent of American adults have depression in a given year[2]
- Major depressive disorder ranks first worldwide among the leading causes of disability[2]
- Depression impacts all services, ranks and ages
- Women are 70 percent more likely than men to experience depression[2]
- Service members returning from combat deployments have an increased risk of developing depression[2]

This brochure will help you:

- Learn to recognize the symptoms of depression
- Understand the causes of depression
- Learn how depression can be treated
- Take steps to help you or your loved one feel better
- Learn how to improve your sleep
- Learn how to talk with your family and friends about depression

Understanding Depression:
A Resource for Providers and Patients

DEPRESSION IS COMMON. It can affect anyone. It is **NOT** a character flaw or mental or physical weakness. Depression is a medical condition and just like other medical conditions, it can be treated and managed. The first step to recovery is to have an open and honest conversation with your health care provider.

More Than a Passing Emotion

Depression is more than temporary sadness or other emotions that often follow a loss or when going through difficult times. Depression can affect thoughts, feelings and behaviors, as well as physical health. People with depression may experience several of the following symptoms nearly every day for at least two weeks:

- Thoughts of death or of hurting oneself
- Persistent sad or down mood, often called the blues
- Loss of interest or pleasure in activities usually enjoyed
- Feelings of hopelessness, worthlessness or guilt
- Trouble sleeping or sleeping too much
- Loss of energy or feeling tired all the time
- Extreme changes in appetite and/or weight
- Problems concentrating, remembering or making decisions

Causes of depression

Depression is considered to be a largely biological illness, but can result from a combination of genetic, biological, environmental and psychological factors.[2]

Biological – Everyone has brain chemicals called "neurotransmitters." People with depression may have too much or not enough of these chemicals.

Genetic – A family history of depression increases the risk of developing the condition.

Environmental – Trauma, loss of a loved one, a difficult relationship or any stressful situation may trigger symptoms of depression.

Psychological – A person's mental and emotional state can influence his/her perception of events in his/her life.

Co-occurring Conditions – People who have certain physical illnesses such as stroke, heart disease, cancer, Alzheimer's disease, diabetes and hormonal disorders are more likely to develop depression. It is important to treat both depression and the co-occurring physical or psychological condition.

No matter what the cause, depression needs to be diagnosed and treated.

Contributing risk factors for depression may include:

- Personal or family history of depression
- Permanent Change of Station (PCS), deployment and family separation
- Certain physical illnesses and medications
- Reintegration
- Mission/operational stress
- High operational tempo

Treatments for depression

Depression is treatable. There are a variety of treatment options available for people with depression including medication, psychotherapy or both. Talk to your health care provider to find out if you may have depression so that you can begin treatment. Don't be afraid to ask questions and take an active role in your treatment.

If you are an active duty service member, a diagnosis of depression doesn't lead to a medical or administrative separation and doesn't automatically prevent deployment.[3] There are medications that can be used during deployment.[4] A medical separation is a last resort, and generally occurs only after months of treatment have failed to return the service member to a fit-for-duty status. Service members who disagree with the need for medical separation can appeal the medical board recommendation.

Some proven and effective methods for treating depression include:

- ☑ Psychotherapy
- ☑ Prescription medication
- ☑ Self-management

Psychotherapy

Psychotherapy has been proven to be effective in the treatment of depression. There are six types of psychotherapies that are recommended by the Department of Veterans Affairs (VA) and Department of Defense (DoD). Psychotherapy is usually conducted in a one-on-one session, but your mental health provider may also suggest group, family or couples psychotherapy.

Most psychotherapy sessions are brief – often lasting 45–60 minutes per visit for 6 to 20 visits.

Types of psychotherapies proven effective by research include:

- Acceptance and Commitment Therapy (ACT)
- Behavioral Therapy/Behavioral Activation (BT/BA)
- Cognitive Behavioral Therapy (CBT)
- Interpersonal Psychotherapy (IPT)
- Mindfulness-Based Cognitive Therapy (MBCT)
- Problem-Solving Therapy (PST)

To find a mental health provider who uses one of these recommended psychotherapies, ask your health care provider for a recommendation. Additional resources are listed on the last page. Other types of support are available through chaplain services or specific support groups in your area.

Acceptance and Commitment Therapy (ACT)

ACT encourages the acceptance of emotional distress and promotes the choice of goal-directed behaviors. One of the primary focuses of ACT is to help you to acknowledge the difficulty in your life without feeling the need to escape from or avoid your emotions.

During ACT your mental health provider will:

1. Help you to accept your thoughts, feelings and memories that are sometimes difficult to control;
2. Teach you how to identify your personal values and to commit to living consistently within those values; and
3. Encourage you to take action in the areas that matter to you.

ACT is an effective treatment for adults with mild to moderate depression. ACT is typically provided in a few sessions and should be conducted by a trained mental health provider.

Behavioral Therapy/Behavioral Activation (BT/BA)

People with depression often isolate themselves and avoid social situations. The goals of BT/BA are to highlight positive life events and to reinforce social skills. BT/BA encourages you to engage in enjoyable activities that have been shown to improve mood.

During BT/BA your mental health provider will:

1. Help you to increase access to pleasant activities; and
2. Help you to use those positive activities to encourage the development of social skills and promote future, positive experiences.

BT/BA is an effective treatment for adults with mild to moderate depression. BT/BA is typically provided in 8–15 sessions and should be conducted by a trained mental health provider.

Cognitive Behavioral Therapy (CBT)

For some people, depression is caused by a combination of negative thoughts and behaviors resulting from those thoughts. Since thoughts and behaviors are learned, you can also learn new skills that can help improve your mood and increase your ability to handle stress. The goal of CBT is to help you make your thoughts and behaviors more positive, despite difficult and challenging situations.

During CBT your mental health provider will:

1. Help you to recognize unhelpful and/or negative ways of thinking and behaviors that interfere with your usual day to day functioning; and
2. Help you to replace those unhelpful and/or negative thoughts and behaviors with ones that are more beneficial and useful.

CBT is an effective treatment for adults with moderate to major depression. CBT is typically provided in 16–20 sessions and should be conducted by a trained mental health provider.

Interpersonal Therapy (IPT)

Some people experience depression because of problematic relationships. The goal of IPT is to help you solve relationship problems, such as problems with your family, friends and co-workers. IPT has been found to be most helpful for improving communication and conflict resolution and/or increasing problem-solving skills.

During IPT your mental health provider will:

1. Help improve your communication and problem-solving skills;
2. Help you to learn better ways of responding to situations that tend to result in feelings of depression; and
3. Help you to learn new and better ways of relating to others.

IPT is an effective treatment for adults with mild to moderate depression. IPT is typically provided in 16–20 sessions and should be conducted by a trained mental health provider.

Mindfulness-Based Cognitive Therapy (MBCT)

The goals of MBCT, much like CBT (see page 7), are to learn new skills that can help to improve your mood and to increase your ability to handle stress. MBCT uses mindfulness-based skills to teach you to become more detached and to observe your thoughts as objects.

During MBCT your mental health provider will:

1. Teach you skills such as meditation and imagery and practice experiential exercises; and
2. Help you to use those skills in order to overcome negative thoughts and emotions.

MBCT is an effective treatment for adults with mild to moderate depression. MBCT is typically provided in 8–16 sessions and should be conducted by a trained mental health provider.

Problem-Solving Therapy (PST)

Problem-Solving Therapy has been found to work well for certain groups of people, such as older adults and/or families. PST teaches you how to solve problems in a step-by-step way. The goals of PST are to solve problems, achieve goals and change your behavior.

During PST your mental health provider will:

1. Help you to understand the link between your feelings of depression and your problems;
2. Help you to define your current problems; and
3. Teach you problem-solving techniques to help you solve problems in a step-by-step manner on your own when future problems occur.

PST is an effective treatment for adults with mild to moderate depression. PST is typically provided in six sessions over three months and can be conducted by a trained primary health care provider or a trained mental health provider.

Tips for getting the most out of your psychotherapy:

- Keep all of your appointments with your mental health provider
- Talk to your mental health provider about your treatment goals and what type of support works best for you
- Be honest and open about how you feel and what issues are concerning you
- Ask questions related to your care
- Work cooperatively with your mental health provider and complete any "homework" assignments that you may be asked to do between sessions

Medication

Prescription medications called antidepressants can often help you recover from depression more quickly. VA and DoD recommend several types of antidepressants:

- Selective serotonin reuptake inhibitors (SSRIs)
- Serotonin norepinephrine reuptake inhibitors (SNRIs)
- Tricyclic antidepressants (TCAs)
- Monoamine oxidase inhibitors (MAOIs)
- Mirtazapine and Bupropion are other antidepressant medications that don't fall into the above categories, but are safe and effective for many patients

Common side effects of antidepressants include:

- Nausea and vomiting
- Diarrhea
- Sleepiness
- Weight gain
- Sexual problems

STOP If you have suicidal thoughts or other serious side effects like seizures or heart problems, contact your health care provider immediately.

Reminders about taking antidepressant medication:

- Taking medication for depression is like taking medication for any medical condition – take all medications as prescribed
- Tell your health care provider if you develop any side effects
- Tell your health care provider if you have any allergies or existing health conditions
- Tell your health care provider about all the prescription and over the counter medications you are taking (including vitamin and dietary supplements) as they may lessen the effectiveness of the antidepressants or cause side effects
- You should continue to take the medication even after you begin to feel better
- If you are thinking about stopping your medication, call your health care provider first – negative side effects can happen if you stop taking your medication too quickly
- If you have any questions about or problems with your medication between visits, contact your health care provider as soon as possible

At the start of your treatment, your health care provider may want to see you frequently (possibly every week or two) to check the medication dosage, to watch for any side effects and to see how the treatment is working. Once you begin to feel better, you may not have to visit your health care provider as often.

Everyone reacts differently to medications and it may take four to six weeks to feel better. If your depression does not noticeably improve after four to six weeks, ask your health care provider about other treatment options.

Other treatments for depression

Most cases of depression, even when they are severe, can be treated with psychotherapy, medication or both. However, sometimes other treatment methods may be recommended, including:

Bright Light Therapy

- Bright light therapy may help people who have mild or moderate seasonal depression (during months when there are less daylight hours)
- A special type of light (called a broad-spectrum light) in specially made light boxes or light visors is required
- Exposure to the light gives the effect of having a few extra hours of daylight
- Check with your mental health provider to discuss whether this treatment might be helpful

Hospitalization

- Although most people with depression are successfully treated through outpatient visits to their primary care and/or mental health provider, others may require hospitalization because there are additional medical conditions that affect treatment or the depression is so severe that hospital care is needed
- By seeking early treatment, before depression becomes severe or chronic, you can lower the chances of needing hospitalization

Electroconvulsive Therapy (ECT)

- ECT may be an option for treating severe cases of depression when other treatments, such as medication and psychotherapy have not worked
- You and your health care provider together can decide whether ECT is the right treatment for you

Repetitive Transcranial Magnetic Stimulations (rTMS)

- rTMS may be recommended if other treatments have not worked
- rTMS uses magnetic fields to modify the activity of certain regions of the brain and normally requires daily treatments for several weeks

Self-management strategies to reduce depression symptoms

It can often take a few weeks before you feel an improvement from psychotherapy or medication. There are a number of things you can do to help yourself, as listed below.

STOP **Tell someone if you are thinking about death or hurting yourself.**

Thoughts of death or hurting yourself may accompany depression. Always discuss these thoughts with your health care provider and/or mental health provider and reach out to your battle buddy, shipmate, fellow Marine, wingman, your spouse or a relative who can get you immediate emergency professional help.

1. **Engage in physical activities and exercise**
   - Regular exercise can improve your mood
   - Even taking a short walk every day may help you feel a little better
2. **Make time for activities you enjoy** – Even though you may not feel as motivated or happy as you used to, commit to scheduling a fun activity (such as a favorite hobby) at least a few times a week.
3. **Spend time with people who can support you.**
   - It's easy to avoid contact with people when you're feeling down, but it's during these times that you actually need the support of your battle buddies, shipmates, fellow Marines, wingmen and family
   - You might try to explain to them what you are feeling or just ask them to be with you during an activity
   - Suggestions: Meet a friend for coffee or watching videos, take a walk with a neighbor or work in the garden with your friend or family member
4. **Practice relaxation** – Since physical relaxation can lead to mental relaxation, try deep breathing, taking a hot shower, or just finding a quiet, comfortable and peaceful place.

5. **Take small steps to take care of larger problems.**
   - It's easy to feel overwhelmed by problems and decisions when you're feeling depressed, have little energy or aren't thinking as clearly as usual
   - Try breaking down one large problem into several smaller ones and then take one small step at a time to solve it

6. **Avoid making major life decisions while feeling depressed**
   - Major decisions might include whether to change jobs, make a financial investment, relocate, divorce or make a major purchase
   - If you feel you must make a major decision about your life, ask your mental health provider, your commander, your family member or someone you trust for advice

7. **Eat nutritious, balanced meals**
   - Many people find that when they eat more nutritious, balanced meals, they not only feel better physically, but also emotionally and mentally
   - To learn about choosing healthy foods, talk with a nutritionist or visit My HealtheVet at https://www.myhealth.va.gov/

8. **Avoid using alcohol, illegal drugs and tobacco**
   - Alcohol is a depressant and can add to feeling down and alone
   - Alcohol and illegal drugs can also reduce the effectiveness of antidepressant medications and may create harmful side effects

9. **Follow your health care provider's instructions about your treatment**
   - It is important to take your medication as prescribed each day, to keep your appointments with your health care provider, even when you begin to feel better
   - Talk to your health care provider if you have concerns or questions about your treatment

10. **Remain hopeful – depression is treatable**
   - With treatment, most people with depression begin to feel better, but it may take some time
   - Remember that negative thinking (blaming yourself, feeling hopeless, expecting failure and other similar thoughts) is part of depression – as the depression lifts, so will the negative thinking

You don't have to do all of these things right away! Start slowly and take small steps on your way to feeling better. Work with your health care provider(s) to select the activities that fit your own situation, lifestyle and needs.

Keep the worksheet on the next page handy to remind you of things you can do to help yourself feel better.

Self-Management Worksheet

You can do several things to help yourself feel better, even when you're not at your best. Start by selecting one of the activities from this list. Remember to take it slowly and add new things as you begin to feel better. *(Make copies of this worksheet, and review it weekly with your mental health provider or a trusted family member or friend to track your progress.)*

1. Tell someone if you are thinking about death or hurting yourself.

   If I am thinking about death or hurting myself, I will call

   _____.

   (friend or family member), the ***Military/Veterans Crisis Line*** *800-273-8255 or the National Suicide Prevention Lifeline 800-273-TALK (8255).*

2. Make time for physical activities and exercise.

   For ____days next week, I'll spend at least ____minutes doing _____

   _____.

   (Remember to make your goal reasonable.)

3. Find time for pleasurable activities.

   For ____days next week, I'll spend at least ____minutes doing _____

   _____.

4. Spend time with people who can support you.

   During the next week, I'll make contact at least____times

   with_____(name) to do/talk about_____

   _____.

5. Practice relaxation.

   For ____days next week, I'll practice physical relaxation

   at least ____times for at least ____ minutes each time.

6. Take small steps to take care of larger problems.

The problem is: _____.

My goal is: _____.

I can achieve this goal by taking the following steps:

Step 1: _____.

Step 2: _____.

Step 3: _____.

7. Avoid making major life decisions when you are feeling depressed.

*If I need to make a major life decision, I will reach out to*_____

_____.

8. Eat nutritious, balanced meals.

During the next week, I will improve my diet by: _____

_____.

(Example: "Strive for five." Eat at least five fruits and vegetables a day.")

9. Avoid or minimize use of alcohol.

I will avoid drinking alcohol or limit my alcohol intake to no more than two drinks on no more than two days per week.

10. Follow your health care provider's instructions about your treatment and communicate openly.

I will take my medication each day at _____ (time), even when I begin to feel better. I will keep my appointment with my health care provider and be honest about how I am feeling.

11. Practice positive thinking.

When I have negative thoughts, I will tell myself _____

_____.

(Example: "Depression is highly treatable. I am taking steps to help myself feel better.")

Talking to your family and friends about your symptoms of depression

Your depression can impact your relationships with family and friends. Your family and friends have probably noticed a change in your mood, behaviors and attitude. Your spouse or significant other and your friends may feel that it is their fault, and your children may feel sad and confused.

You don't have to face depression alone! Even if you are receiving professional treatment, your family and friends can provide you with extra support to help you overcome your depression. Talking to them about your condition has several benefits. It can:

- Help them understand what you're going through
- Address any hurt feelings they have or confusion they feel about their role in your behavior and mood
- Help you get the support, care and comfort you need to successfully recover from depression

Suggestions for talking with others about depression:

- You can choose who to talk to – you don't have to tell anyone, or if you choose to talk to someone, you might want to start with the person who you know will be the most supportive
- Provide general information with people who might be able to help you such as your leadership or employer if you think you will need to take time off from work for medical appointments or if you need additional time or help to complete your work
- Before talking to others, think about what information you want and do not want to share and your responses to possible questions they might ask
- Find a private setting for your discussion; you want to feel comfortable and be able to speak openly without interruptions
- Limit the number of people you speak to, to one or two people at a time to avoid feeling overwhelmed
- Allow your family and friends to ask questions and to express their concerns, but if the conversation becomes too overwhelming, let them know that you would like to continue the discussion at another time
- Let your family and friends know what they can do to support you during this time such as encourage you to exercise or join activities, listen to you when you need to talk, or accompany you to health care appointments

Remember – you choose what you share and with whom you share it.

Talking to your child about depression

Talking to your child about your depression will depend on his/her age and ability to understand. When sharing information with your child, keep it short, simple and in language that he/she can understand. A few key points to cover when talking with your child include:

- A young child may think that the depression is his/her fault; reassure him/her that your depression is not his/her fault
- Reassure him/her that the adults in the family and other people, such as doctors, are helping you and getting help for your depression is a grown-up's – not a child's – responsibility
- Explain that depression affects people in different ways and tell your child how depression affects you (for example, you may be more tired, irritable, inpatient or cry more often)
- Tell your child what you are doing to make yourself feel better – this gives you the opportunity to explain that you are seeing a health care provider to talk about your depression or why you are taking medicines that your child has likely seen you take
- If you are a single parent, it may be helpful to develop a plan for taking care of your young child in the event that your depression gets worse for any reason
- If you are a service member and single parent, be sure that your family care plan is up to date

Books such as *Sad Days, Glad Days: A Story About Depression* by Dewitt Hamilton or *What Does Depressed Mean? A Guidebook for Children with a Depressed Loved One*, by Therese Borchard can be helpful for talking with children.

Talking to your Family and Friends Worksheet

Talking with your friends and family about your depression symptoms is not easy. Use the worksheet below to help plan the discussion.

1. Decide who to talk to.

   List the family and friends that you will tell. Circle the person you will tell first.

   _____ _____

   _____ _____

   _____ _____

2. Decide when and where to talk.

   Sample talking plan:

   I will talk with David *(insert name) on* Friday at 3:00 p.m.

   at my house *(location).*

   My talking plan:

   I will talk with _____ *(insert name)*

   on _____ *(date and time)*

   at _____ *(location).*

3. Share your experience with depression.

   Sample depression history:

   I first noticed last May that I was feeling irritable and less interested in spending time with people. At the worst point, I felt like there was no point in getting out of bed. I decided to get treatment when my wife said that she was worried.

My depression history:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____.

4. Share your understanding of depression.

Sample Overview:

Depression is a condition that affects how I feel, act and think. It is different than a feeling of sadness and includes a major change in mood and behavior. This major change in mood and behavior can last for weeks or months. It can include low or irritable mood and a loss of interest or pleasure in usual activities. It interferes with normal functioning and often includes physical symptoms. Depression is treatable, usually using medications and/or psychotherapy.

My Overview:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____.

** Please refer to Depression: Fast Facts for Families and talk to your mental health provider about additional information to share with your family.*

5. Explain your depression symptoms and behaviors related to depression.

Sample symptoms and behaviors:

When I am depressed, I feel: Hopeless.

You may notice that I: Have trouble getting out of bed.

When I am depressed, I feel: Angry.

You may notice that I: Am very irritable.

My symptoms and behaviors:

When I am depressed, I feel: _____.

You may notice that I: _____.

When I am depressed, I feel: _____.

You may notice that I: _____.

6. Share your recovery plan.

Sample Recovery Plan:

I am currently taking medication and getting more sleep and more exercise. I am beginning to feel a little better. My provider says that I may have some side effects but should expect to feel better in about six weeks. I am hoping to feel less sad and more interested in spending time with other people.

My Recovery Plan:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____.

7. Check the questions you think your family member or friend might ask. Then fill in your responses.

- ☐ How long has this been going on?_____.
- ☐ Why didn't you tell me before? _____
  _____.
- ☐ Everyone feels bad sometimes. How is this different?_____
  _____.
- ☐ What are you doing to help yourself feel better?_____
  _____.
- ☐ Does therapy/medication really work?_____
  _____.
- ☐ What can I do to help? _____
  _____.
- ☐ (Add your own question)_____ _____
  _____
  _____
  _____
  _____.

8. Prepare for unexpected responses.

Sample plan:

If things become too overwhelming, I will say Thank you for talking with me. Let's take a break and talk some more later.

Your plan:

If things become too overwhelming, I will say _____
_____
_____.

9. Explain how your family member or friend can help.

Check three ways that you would like your family member or friend to help you.

Educational Support

- ☐ Learn more about depression

Treatment Support

- ☐ Assist you with getting the appropriate treatment
- ☐ Accompany you to your health care provider's office
- ☐ Encourage you to continue your treatment as directed by your health care provider
- ☐ Attend individual and/or group therapy sessions with you

Recovery Support

- ☐ Learn and help you carry out your health care provider's recommendations for lifestyle changes and any medication-related dietary restrictions
- ☐ Help to monitor your progress and stay on treatment
- ☐ Attend group meetings with you

Emotional Support

- ☐ Provide emotional support by listening when you need to talk
- ☐ Encourage you to participate in activities that once brought you pleasure
- ☐ Participate in activities with you to keep you engaged

Emergency Support

- ☐ Contact your health care provider if your symptoms worsen

10. Plan a follow-up conversation.

Sample Follow-Up Plan:

I will talk with David *again in* one week.

My Follow-Up Plan:

I will talk with _____ *(insert name)*

again in _____ *(time period).*

Improve your sleep

Sleep problems are common for those with depression and can lead to serious health problems. You can improve the amount and quality of your sleep, but be patient. Changing your sleep pattern can take at least six to eight weeks, and anxiety about sleep can make the problem worse. The Sleep Hygiene Improvement Plan included in this brochure will help you to develop a plan for improving the quality of your sleep. The plan includes the following guidelines:

1. **Create a Comfortable Bedroom Environment**
   - Maintain a comfortable temperature; reduce noise by wearing earplugs or create a background of white noise by using a fan or white noise machine
   - Keep cell phones and clocks out of sight because watching the clock can make you more anxious about not sleeping
   - Ensure your mattress is not too soft or too firm
2. **Set a Regular Sleep Schedule**
   - Establish a regular time to go to bed each evening and to get out of bed each morning, no matter how poorly you slept
   - A regular routine helps set your body clock (or circadian rhythm) so your body learns to sleep at the right time
   - Try to get the same number of hours of sleep each night, even on the weekends
3. **Avoid Naps**
   - Sleeping during the day can make it difficult to fall asleep at night
   - If you must nap, do so for only 10 to 15 minutes – consider setting an alarm so you don't sleep any longer

4. **Limit Your Time in Bed**
   - Don't lie in bed for too long when you're not actually sleeping as doing so can worsen existing sleep problems and reduce the quality of your sleep
   - If you don't fall asleep within 15 to 20 minutes, get up and do something relaxing outside of the bedroom – return to bed when you feel sleepy

5. **Get Regular Exercise**
   - Exercise in the late afternoon or early evening can help you to sleep at night
   - Exercising irregularly is not likely to improve sleep, and exercising within two hours of bedtime may actually interfere with it

6. **Take a Hot Bath or Shower** – A shower or bath one or two hours before going to bed may help you to relax and to sleep.

7. **Eat a Light Snack**
   - A glass of warm milk, a bowl of cereal or some cheese can help promote sleep
   - Avoid caffeinated foods like chocolate; gas-inducing foods like peanuts, beans and raw fruits and vegetables; and high-fat foods like potato chips and heavy or spicy evening meals

8. **Limit Use of Sleeping Medications** – Talk to your health care provider before using prescription or over-the-counter sleep medications.

9. **Avoid Caffeine, Nicotine and Alcohol**
   - Caffeine is a stimulant found in coffee, tea, soda and chocolate, as well as in many over-the-counter medications
   - Although nicotine and alcohol make many people feel relaxed, they can cause you to sleep fitfully and wake up throughout the night

Sleep Hygiene Improvement Plan

Use this worksheet to develop a plan for improving your sleep. It will take time for your sleep to improve, so stick with your plan for at least six to eight weeks. (Make copies of this worksheet and review it weekly with your mental health provider or loved one to track your progress.)

1. Ensure that your bedroom is quiet, dark, and has a comfortable temperature, and that your mattress and pillow are in good condition.

   I will make the following changes to my bedroom: _____

   _____

   _____

   _____.

2. Limit time in bed.

   I have been sleeping an average_____hours per night

   Therefore, I will limit my time in bed to ____hours (same number).

   If I am not asleep in 15 to 20 minutes, I will get up and not return to bed until I am sleepy.

3. Stay on a regular sleep schedule.

   I will get up at ____a.m., seven days a week, no matter how poorly I slept overnight.

4. Exercise regularly, but not within two hours of bedtime.

   I will do_____for_____minutes on the following days each week: _____.

5. Take a hot shower or bath one to two hours before bedtime.

   I will take a hot shower or bath at_____p.m.

6. Eat a light snack at bedtime but avoid large amounts of foods that can create indigestion.

   I will eat_____ or_____

   or_____ before bed.

7. Avoid using sleep medication unless discussed with a health care provider.

   If you are currently using sleeping pills regularly, your health care provider should medically supervise any changes.

8. Avoid caffeine, nicotine and alcohol six to eight hours before bedtime.

   I will not have caffeine after_____p.m.

   I will not have a cigarette or other tobacco after_____p.m.

   I will not have more than_____drinks in the evening.

References

1 U.S. Department of Health and Human Services, National Institutes of Health, National Institute of Mental Health. (2015). Depression: What you need to know (NIH Publication No. 15-3561). Retrieved from https://infocenter.nimh.nih.gov/pubstatic/NIH%2015-3561/NIH%2015-3561.pdf

2 Management of Major Depressive Disorder Working Group, Department of Veterans Affairs & Department of Defense. (2016). VA/DoD Clinical Practice Guideline for the Management of Depressive Disorder. Version 3.0. Retrieved from http://www.healthquality.va.gov/guidelines/MH/mdd/VADoDMDDCPGFINAL1.pdf

3 Department of Defense. (2010). Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees (DoD Instruction 6490.07). Retrieved from http://www.dtic.mil/whs/directives/corres/pdf/649007p.pdf

4 Assistant Secretary of Defense. (2013). Clinical Practice Guidance for Deployment-Limiting Mental Disorders and Psychotropic Medications. Retrieved from http://health.mil/Policies/2013/10/07/Deployment-Limiting-Mental-Disorders-and-Psychotrophic-Medications

DoD and VA Resources

Military/Veterans Crisis Line
800 273 8255, service members and veterans, press 1
www.veteranscrisisline.net

Military OneSource
800 342 9647
www.militaryonesource.mil

Real Warriors
www.realwarriors.net

Defense Centers of Excellence Outreach Center
866-966-1020
www.dcoe.mil/Families/Help.aspx

My HealtheVet
www.myhealth.va.gov

Deployment Health Clinical Center
www.pdhealth.mil

External Resources

National Suicide Prevention Lifeline
800-273 8255
www.suicidepreventionlifeline.org

Depression and Bipolar Support Alliance
800 826 3632
www.dbsalliance.org

Families for Depression Awareness
781 890 0220
www.familyaware.org

National Alliance on Mental Illness
www.nami.org

Mental Health America
800-969-6642
www.mentalhealthamerica.net

National Institute of Mental Health
866 615 6464
www.nimh.nih.gov

SAMHSA s National Helpline
Provides 24 hour free and confidential information and treatment referrals in English and Spanish;
Call 800 662 HELP (4357)

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