# How to Beat Depression Middle Age Manual





"While we may encounter
emotional hurdles in our lives,
it doesn't signal the end.
Setbacks prompt us to change and
make U-turns in Our attitudes.
Letting go doesn't mean that we've failed.
You let go to give yourself
a better way out!"

(Author Unknown)

## CONTENTS Middle Age Manual

Mi	dd	10	Age	Ma	nual
2 800 50		10, 110	THE RESERVE TO SERVE THE PARTY OF THE PARTY	100 100	

rilddie Age Manual	
	Foreword
	Introduction
MAN DE LA COMP	Middle-aged men
POTO	Middle-aged women
ALL THE REAL PROPERTY.	How stressed am I?
	Stress Checklist
	Stress and the Body 6
	Stress and the body
KIK	Understanding Depression
A DENIE DAY IN BOTH	Real life story
	Why do people get depressed?
<b>共工工程等等等。</b>	Symptoms of depression
n 10 a	Am I feeling depressed?
A CALL SHEET OF STREET	If you are feeling suicidal right now···  If you know someone who is suicidal···
	if you know someone who is suicidal
	Self-help tips for feeling good
	Problem-solving
	Sleep hygiene
Alexander of the same	Aerobic exercise Catching your thoughts
	Catching your thoughts
	What works for depression
	Effective treatments for depression
	Healthy lives, healthy lifestyles
	Miller-Smith Lifestyle Assessment Inventory 14
	Ten One Minute Techniques to Longevity 15-18
	Self Help Numbers
	References
	Acknowledgements
THE REPORT OF THE PARTY OF THE	

## **FOREWORD**

Suicide among the middle-aged in Hong Kong has become a major concern. Within a short span of just six years, the suicide rate for those aged 30 to 59 has risen significantly; from 11.7 in 1997 to 18.7 persons per 100,000 in 2002. This dramatic increase within such a short period is both alarming and distressing. Using the data from the Coroners' Court, our research indicated that factors such as relationship problems, unemployment and financial debts are closely associated with suicide of the middle aged.

In response to these concerns, we have published the following series of manuals for middle-aged people. Documented in these materials are true stories, evidence-based information and recommendations on ways to tackle the challenges encountered by the middle aged.

#### They are:

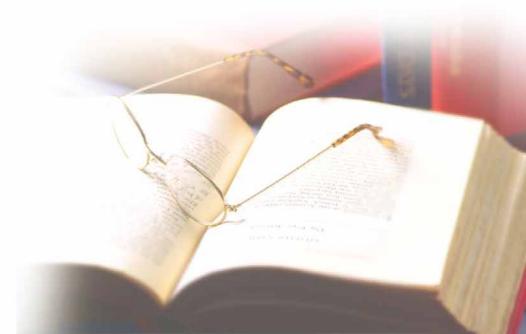
- (I) How to beat depression
- (2) Managing Financial debts and Unemployment
- (3) When Marriage Turns Sour

This manual, How to beat depression, is the first of the entire collection.

Apart from conducting suicide research and training programmes, our Centre also produces resources to promote community education. This manual is written in an effort to promote community awareness on mental health.

We wish to thank the Hong Kong Jockey Club for its generous support in publishing this series of manuals. During the course of their development, a number of mental health professionals closely reviewed the document and provided valuable information and critical input. Therefore, we would also like to express our gratitude to these experts for their contributions, which have greatly aided the development of this series of manuals.

Paul Yip, Ph.D
Director
The Hong Kong Jockey Club Centre for Suicide Research & Prevention
The University of Hong Kong
March, 2004



## <u>INTRODUCTION</u>

Many people are faced with an extraordinary amount of stress in their everyday lives. Middle-aged people encounter major challenges in keeping their jobs, providing for their families and taking care of their children as well as their parents and grandparents. Unemployment and issues of financial debts are also the concerns of many middle-aged people.

Regular commuting to work in China has also become a common trend these days, which has created a great deal of tension in many families. Extra-marital affair is also an increasingly common concern. Today's middle-aged population has to shoulder enormous financial burdens and family pressure.

Given these economic and marital challenges, how can middle-aged people overcome these difficulties?

This manual is designed to provide information and resources for the middle-aged to beat depression.



## **TRODUCTION**

Many Middle-aged men are finding themselves under tremendous financial pressure being breadwinners of the family. Many men are finding themselves under tremendous financial pressure. They are worried about being laid off while still having to pay off their mortgages. Mortgage payments, living expenses, children's expenses and other financial responsibilities all add up to heavy financial burdens.

When there are massive layoffs and a continuous drop in real estate prices, not only is their financial situation at stake, but their personal sense of self worth comes under fire as well.1-3 Many men in debt also find themselves losing their own sense of confidence and self-integrity. Often it is very hard for men to talk about their problems. The notion that "men don't cry" is so deeply ingrained in the male psyche that they feel it is unmanly and weak to ask for help.

There is a new definition for men in modern times. Real men have the courage to talk about their real problems



Middle age is also a time when people begin re-evaluating their lives. Some people get disappointed and feel that their lives are unfulfilling. Many men cope by compulsive working gambling, delving into extramarital affairs,4 and even falling into substance abuse.

Middle age is a stage when men need to be acknowledged for the efforts they put into their work and creating success.

## INTRODU

Middle-aged Women find themselves caught up in multiple roles when they enter this stage in life. Caretaking, parenting and working constitute their roles as a mother, housewife and employee. Many women feel themselves getting pulled in many different directions by their spouses, children, parents and employers. Some feel they cannot control their own lives because they have to devote all their time taking care of others.

The cultural definitions of gender roles have identified women as caregivers and nurturers.5-7 Many traditional women view marriage as a life-long endeavour. Since status and social standing as women are often derived from their roles as wives to their husbands after marriage, it is natural for them to devote most of their energies into taking care of their family.<sup>8-9</sup> For those middle-aged women who take pride in their families, extra-marital affairs or divorce can hurt them deeply. They may feel that they have lost their husbands, families, and personal identity and all that they have. Depression is not uncommon among women who have marital problems.

Middle age marks a major turning point in the lives of many women. It is a poignant time for them to evaluate the first half of their lives and set up goals for the next half. It is critical for many women to shift their attention from fulfilling the expectations of their families and society to

## Balancing their personal needs

with the needs of those they care about.

Learning to value themselves and attend to their needs is important in building a happy and healthy life. It takes a lot of courage to evaluate one's life and make necessary changes. In this process of self evaluation, a therapist can be a good companion on the journey.

## Middle-aged women

need to be acknowledged for their dedication in cultivating

meaningful relationships.



## HOW STRESSED AM I?

#### Stress Checklist

### Stress comes in many shapes and forms.

The following is a list of symptoms, which describe how people react when they are under stress.  $^{10\text{-}11}$ 

Please tick the items that have applied to you over the past week.	<b>/</b>
I was aware of dryness in my mouth.	
I couldn't seem to experience any positive feelings at all.	
<ul> <li>I experienced breathing difficulties</li> <li>(e.g., excessive rapid breathing, breathlessness in the absence of physical exertion).</li> </ul>	
I tended to overreact to situations.	
I found it difficult to relax.	
I felt that I had nothing to look forward to.	
I felt that I was using a lot of nervous energy.	
I felt I wasn't worth much as a person.	
I felt that I was rather touchy.	
I felt scared without any good reason.	
I found it hard to wind down.	
I was aware of the action of my heart in the absence of physical exertion.	
I felt downhearted and blue.	
I felt I was close to panic.	
I was unable to become enthusiastic about anything.	
I was intolerant of anything that kept me from getting on with what I was doing.	
→ I felt that life was meaningless.	
I found myself getting agitated.	
I was worried about situations in which I might panic and make a fool of myself.	
I experience trembling (e.g., in the hands).	
I found it difficult to work up the initiative to do things.	

If you find yourself checking many of the above items, it is important that you pay attention to taking care of your mind, body, and spirit.

## HOW STRESSED A

When we are under tremendous stress, our brains activate a mechanism that leads to the secretion of a stress hormone called cortisol. 12 Cortisol gives us the energy to take action. However, high levels of cortisol are associated with sleep deprivation and a loss of concentration.

## Excess secretions of cortisol are linked to depression in some cases as well. 13-14

Too much cortisol blocks the signals sent out by serotonin, the so-called "happy hormone". Prolonged high levels of cortisol can also lead to a breakdown of body tissues and cells, which take a long time to repair and recover. 15 In order to lead a happy, healthy and productive life, it is very important for us to manage the response of our body to stress. Stress management becomes a crucial strategy for survival in today's fast-paced society.

Sometimes the stress we face is so overwhelming that we start feeling depressed. Depression is different from sadness in that it lasts for at least two weeks and significantly affects the ability to work and relate to others. Depression is so widespread among the general population that can be considered the "common cold" of mental disorders.



The WHO World Health Report 2001 cited depressive disorders as the fourth leading cause of global diseases, and this category is expected to rank second by 2020.

## NDERSTANDING DEPRESSION

Real Life Story

## Real Life Story

## Mr. Chan's new life after depression

Approaching his fifties, Mr. Chan Ji Wong had worked in the accounting field for 18 years and made steady progress in his career during that time. In the 1980s he earned a monthly salary of HK\$15,000 and was promoted to head the accounting section of a firm. In time, ever-increasing responsibilities and a stressful work environment exacted a tremendous emotional toll on him. Becoming more and more fatigued from work, he was compelled to resign to take a long rest.

Later when he again tried to find a job he failed in all his attempts. When he finally found a job, Mr. Chan found that he could only earn a meager salary compared with his previous highly paid accounting post. He even worked as a librarian assistant for over nine months. Already feeling dejected, his depressive situation got even worse and he was eventually diagnosed with depression. Prone to self- destructive behaviour, he tried to commit suicide on several occasions.

His wife said, "I strongly believed that he would recover eventually." She had held a few jobs during the six years of hardship. Not only was she the sole breadwinner of the family, she also had to look after their three children and handle family chores, not to mention shouldering the burden of trying to encourage her depressed husband.

## Support from Guardian Angel

Mrs. Chan candidly expressed her great fear and fatigue she felt in her body and mind, saying: "At that time, I comforted him (her husband) by saying that it didn't matter if he couldn't find a job. I would back him up. I told him, it was no use getting impatient, things would improve!" With the encouragement and support of his wife, Chan decided to pull himself together and start a new phase of life.

With proper treatment and care from his wife, Mr. Chan has recovered from his depression and is thriving in his new post. He also participates in voluntary welfare services for the aged. He often expresses his great gratitude towards his wife. She has been his guardian angel throughout all these years. Now he is more than willing to become the guardian angel for other people. He advises all people that they should always value the people around them, including themselves.

Copied with permission from an article in the Ming Pao Daily News and Life Angel Education Centre: Ngai Wing Yan 22/09/2002

## UNDERSTANDING DEPRESSION

• Why do people get depressed?

## Why do people get depressed?

Many people think that those who suffer from depression are weak or have personality flaws; as if they had a choice in the matter. This is actually a misconception. Depression can afflict the most determined people and those with strong personalities. Experts and researchers in this area believe that many factors contribute to the onset of depression, and that sometimes it strikes for no obvious reason.

## Stressful life events, neuro-biological factors and negative thinking patterns can all play a part in depression.

Stressful life events like financial problems, unemployment, and relationship breakups can also activate the stress hormones that affect the neuro-chemical balance in our brains and adversely influence our mood. The level of serotonin, or 5-HT, which transports chemical messages in the brain, has been closely associated with depressive symptoms.

### Sadness & Depression

Sadness	Depression
The feeling of sadness eventually passes when one distracts oneself by doing other things.	Such feelings persist everyday for at least 2 weeks and do not go away easily.
Does not significantly affect a person's level of functioning.	Depression affects a person's interpersonal, occupational or academic functioning.

### Symptoms of depression

A person with depression also experiences the following symptoms:

- Irritability
- Depressed mood
- Loss of pleasure in all activities
- Insomnia or hypersomnia
- Loss/gain in appetite
- Dramatic weight loss/gain
- Constant feelings of fatigue
- Difficulty in concentrating or indecisiveness
- Feelings of hopelessness about the future
- Feelings of worthlessness
- Frequent thoughts of death or suicide

If these symptoms persist for more than two weeks and significantly affect your occupational and/or interpersonal functioning, it is advisable for you to call your primary care physician or schedule a meeting with a therapist immediately.

## DERSTANDING DEPRESSION

### Am I feeling depressed

The National Institute of Mental Health has devised The Centre for Epidemiologic Studies Depression Scale (CES-D), 17 which is a quick self-test that measures a person's level of depression over the prior week.

For the following 20 items, please select the choice that best describes how you have felt over the past week:	Rarely or none of the time (<1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of the time (3-4 days)	Most or all of the time (5-7 days)	
I was bothered by things that usually don't bother me.					
2. I did not feel like eating my appetite was poor.					
I felt that I could not shake off the blues even with the help from my family and friends					
4. I felt that I was not as good as other people.					
<ol><li>I had trouble keeping my mind on what I was doing.</li></ol>					
6. I felt depressed.					
7. I felt that everything I did was an effort.					
8. I felt hopeless about the future.					
9. I thought my life had been a failure.					
10. I felt fearful.					
11. My sleep was restless.					
12. I was unhappy.					
13. I talked less than usual.					
14. I felt lonely.					
15. People were unfriendly.					
16.1 did not enjoy life.					
17.1 had crying spells.					
18.1 felt sad.					
19.1 felt that people disliked me.					
20. I could not get "going."					

#### Scoring:

Step 1: For each answer, assign the following value:

- 0- Rarely or none of the time (<1 day)
- I- Some or a little of the time (I-2days)
- 2- Occasionally or a moderate amount of the time (3-4 days)
- 3- Most or all of the time (5-7days)

Step 2: Add up the total scores

If the score is 22 or higher, the person may be suffering from major depression.

If the score is 15-21, the person may be suffering from mild to moderate depression.

If the score is below 15, this test does not indicate that the person is depressed.

If the score is 15 or higher, please consider seeking professional help.

## UNDERSTANDING DEPRESSION

## "One single call, one single thought can change the entire situation."

Feeling depressed can be a very painful experience. 60%-80% of people with depression feel better after they receive therapy and medication treatment. <sup>17-19</sup> Call your doctor and schedule an appointment now. You can also talk to a social worker, who will work with you on this issue; there is no need to be alone.

## Like a common cold, depression is highly treatable and you can get better.

The earlier you seek help, the faster you will recover. Call now and talk to someone about it. The numbers are listed on page 19-20.

### Suicide

Not everyone who experiences depression wants to commit suicide. 15% of people who are depressed have had thoughts of suicide, according to a study conducted in the US.<sup>20</sup> Some people become so depressed that they can no longer bear their pain and want to end their lives.

### If you are feeling suicidal right now...

Someone is waiting for your call. Please pick up your phone and call the numbers on page 19-20.

## If you know someone who is suicidal, you can take the following steps...

- Listen attentively to the person helps to soothe some of the pain experienced.
   Acknowledge the person's feelings and listen without judgement. Don't give advice.
- 2. Ask the person if he or she is suicidal... It is okay for you to ask the person: "It sounds like you are going through a very difficult time right now. Some people I know who are in a difficult position like you want to end their lives. Have you thought about not living anymore?"
- Let the person know that you are very concerned. If the person does not have an imminent danger in committing suicide, you can accompany him/her to see a doctor or a counselor.
- Stay with the person...
  - Do not leave the person alone. If the person has the means to carry out the suicide plan and has a serious intent in committing suicide, you can take the person to the nearest hospital emergency room or call 999 immediately.
- Try to remove any access to the means of committing suicide; e.g. remove all pills or charcoal from the person's possession, or make sure that the person does not stand close to a window.
- Do not keep the plan a secret...
   A person's life is more important than keeping a secret or a bond of friendship.
   Friendships can be repaired. Take what a suicidal person says seriously.

If you want to know more about how to help your suicidal friend, please visit our website http://csrp.hku.hk

### Problem-Solving Skills

	n we encounter problems in our lives, there are specific steps we can take to tackle them: <sup>21</sup>
١.	Identify the problem
2.	List as many solutions as possible
3.	Find out the pros and cons of each possible solution
4.	Select the best and most promising solution
5.	Plan how to carry out the chosen solution
6.	Try it out, review what happens, and acknowledge all your efforts

### Sleep Hygiene

### How to get a good night's sleep 24-25

- Use your bed for sleep only. Keep it as a sleep area, free of work and stress-related cues.
- If you are sleepless for more than 20 minutes, get up and do some relaxing activity to change your thoughts.
- Exercise, but do it at least 4 to 6 hours before going to sleep.
- Establish fixed times for going to bed and waking up.
- Wind down before you sleep. Do not do things that stir up your emotions before you sleep.
- Avoid caffeine, alcohol or tobacco before going to bed.
- Consult your doctor if your sleep has been disturbed for more than 2 months.
- Everyone has his/her own way to sleep well, such as drink milk, reading or music. Learning from your experience, you can find out what works best for you.





· Aerobic Exercise, Catching your thoughts

### Aerobic Exercise

Research shows that aerobic exercise is effective in reducing symptoms of depression.<sup>23</sup> 40 minutes of brisk exercise three times a week for at least 4 months is

## Effective in decreasing symptoms of mild depression.

## Catching your thoughts

The way you interpret things determines how you feel. There are certain ways of thinking that can make you feel depressed.

The key is to: 22

- I "Catch" your thoughts you can write them down
- 2. Find out if your thoughts are realistic e.g. go and ask the appropriate person
- 3. Consider other possible explanations for the incident.

Incident	Negative thinking	Reframing thought
When you lose your job	"I am so useless.""My whole life is ruined, I am such a failure." (Thinking about the worst)	"This job is not a good match for me." "This is a challenging time but things will soon change."
When your partner leaves you	"I am not good enough. I am not worthy of being loved." (Personalizing)	"Even if my partner doesn't love me, I am still a lovable person." "I will take good care of myself and love myself."
When you are in debt and the loan collectors keep calling you and putting pressure on you to repay.	"I can't stand it anymore. This is so disgraceful. I can't face myself and other people. I feel so useless" (Tunnel vision: seeing only the negative of the situation)	"Yes, the loan collectors keep calling me everyday. This is a problem that can be resolved. I know I cannot resolve this problem by myself only. I will find professionals in the field of financial counseling to work through this problem together."

## VORKS FOR DEPRESSIC

fective treatments for depression

Here is a summary of treatments for depression.<sup>26</sup> Please consult your doctor or counselor to find out what works best for you. It is very important for you to work collaboratively with your doctor and counselor in the treatment process:

000	These treatments are very useful. They are strongly supported by scientific evidence as being effective.
00	These treatments are useful. They are supported by scientific evidence as being effective, but the evidence is not so strong.

0.0	0.0	0.0	Combination of psychotherapy and anti-depressants <sup>27-29</sup>
0.0	0.0	0.0	Antidepressants 30-31
0	00	00	Cognitive behavioural therapy- Focuses on how people think about themselves, the world and the future 32-34
00	0		Interpersonal therapy - Focuses on how people relate and cope with losses 35-36
00	00		Group Therapy <sup>37</sup>
00	0.0		Exercise <sup>38-40</sup>
00	00	(	St. John's Wort 41

Treatment helps people to recover faster and prevent future relapses. 42-43 Different people respond differently to each type of treatment. Therefore, it is important to find one that works best for you. How do you know if your therapist is working effectively with you?

In therapy, you will:

Become more aware of your thought patterns
Become more aware of how you relate to other people
Learn or refine some of the ways in which you cope with situations

Stress management can be achieved through the lifestyle we choose. The way we live everyday affects our level of resilience in dealing with stress. The following inventory is a useful tool to assess our lifestyle and how it affects our vulnerability to stress.44

Read each item carefully. There are no right or wrong answers to these questions. The more accurately you answer, the more you will be able to identify proper ways to manage your level of stress. Rate each item from 1 to 5,	Score
I = Almost always, 2= Often, 3= Sometimes, 4= Occasionally, 5= Almost never.	
(I) I eat at least one hot and balanced meal a day.	
(2) I get seven to eight hours sleep at least four nights a week.	
(3) I give and receive affection regularly.	
(4) I have at least one relative whom I can rely on living within four MTR stations from my residence.	
(5) I exercise to the point of perspiration at least twice a week.	
(6) I smoke less than half a pack of cigarettes a day. (non-smokers score 1).	
(7) I take fewer than five alcoholic drinks a week (non-drinkers score I)	
(8) I am the appropriate weight for my height.	
(9) I have an income adequate to meet basic expenses.	
(10) I get strength from my religious beliefs.	
(11) I regularly attend club or social activities.	
(12) I have a network of friends and acquaintances.	
(13) I have one or more friends to confide in about personal matters.	
(14) I am in good health (including eyesight, hearing and teeth).	
(15) I am able to speak openly about my feelings when angry or worried.	
(16) I have regular conversations with the people I live with about domestic problems, e.g. chores, money, and daily living issue	
(17) I do something for fun at least once a week.	
(18) I am able to organize my time effectively.	
(19) I drink fewer than three cups of coffee (or tea or cola drinks) a day.	
(20) I take quiet time for myself during the day.	
Total Marks	:

To get your scores on the test, add up the ratings you have marked. Then use the scale below to get a general indication of how your lifestyle is making you vulnerable to stress.

Score	Indicates	
Less than 50	Low vulnerability	
50 to 70	Vulnerable to stress	
70 to 95	Seriously vulnerable	
More than 95	Extremely vulnerable	

Each of the items above illustrates steps you could take to better manage your stress in your everyday life, especially for items rated 3 or above. Re-read the items again and you will find new ways to manage stress.

## THY LIVES THY LIFESTYLES

### Ten Techniques to Longevity<sup>5</sup>

he following are some one-second acupressure techniques to help reduce stress. Acupressure is a massage technique used over 3,000 years ago in China and Japan. It enhances natural vitality and is highly effective in relieving stress.46

These are easy to learn, take little time to practice, but can bring about quick effects.

#### 1. Eyes and head



a. Massage the acupuncture points around the eye, 36 rotations on various points.



b. Use the thumb to massage the side of the forehead. Roll the thumb in 36 circles. This can relax tension and reduces stress.

#### Nose and face



a. Massage the side of the nose ridge as there are a large number of acupuncture points there. This can reduce nasal allergies and improve circulation.



b. Massage the face using upward strokes as there are many acupuncture points here which enhance the immune system.

### 3. Lips and teeth



- a. Press two fingers on the middle of the upper lip and lower lip. Rub the acupuncture point 36 times. Change hands and rub another 36 times.
- b. Clench the teeth (the upper set of teeth with the lower set of teeth)
  36 times with sound. This serves to relax the tension in the head.

#### 4. Head

Tap your fingers on your head and skull, making a pounding sound. acupuncture points on the head and top of the skull, which help promote personal well-being.



### 5. Ear



- Massage the ears by rubbing the entire ear 36 times until it's red and warm.
- b. Press the palms on both ears while using the index finger and the middle finger to hit on the back of the skull to make an 'ear drum'. The pounding sound of the ear drum also aids relaxation.

### 6. Neck



a. With both hands, make upward strokes 36 times to massage the neck.



b. Massage the back of the neck with both hands to relax the muscles there.

#### 7. Chest and hands



- Use your palms and hit on the chest
   36 times, creating a pounding sound.
   This clears the lungs and improves breathing.
- b. Massage both hands 36 times as all twelve meridians pass through the hands.



c. Massage both wrists 36 times as there are many acupuncture points around the wrist which promote a calming effect.

#### 8. Back



With both hands rub the sides of the spine 36 times.

#### Knee



Rub the knees with both hands. There are a number of acupuncture points there.



b. With your knuckles, hit on the space below the knee in between the bones of the feet. This area of the body aids digestion.

#### 0. Feet



- a. Massage the feet because all twelve meridians pass through here.
- b. Massage the inner side of the leg a distance of four fingers from the ankles. This is an acupuncture point that enhances the immune system.

he 'One-second Techniques' can be practiced one technique at a time, or performed as a whole set. Most of the techniques are simple enough to learn in a few seconds. Practicing these exercises 3 times a day can help you to attain peace and harmony in your mind, body and spirit.

## SELF HELP NUMBERS

#### Crisis Hotlines

Family Caritas Crisis: 18288 The Samaritans: 2389 2222

Samaritan Befrienders: 2896 0000 (Multilingual) Social Welfare Department Hotline: 2343 2255

Suicide Prevention Services: 2382 0000

#### Counseling Services

Baptist Oi Kwan Social Service: 3413 1500 Breakthrough Counseling Centre: 2736 6999 Christian Family Service Centre: 2861 0283 Hong Kong Caritas Family Service: 2843 4670 Hong Kong Christian Service: 2731 6316 Hong Kong Family Welfare Society: 2527 3171

Social Welfare Department Family Services Centre Hotline: 2343 2255 (push I and then 7)

Yang Memorial Methodist Social Service: 2388 7141

Or ask your physician for a referral to a private practice psychologist, counselor,

or psychiatrist.

#### Hotlines for Men

Caritas Hotline for Men: 2649 1100 Po Leung Kuk Hotline for Men: 2890 1830

### Unemployment

To apply for Comprehensive Social Security Assistance at the Social Welfare

Department: 2343 2255 (push I and then I again)

Christian Action: 2382 3339 offers job training on different skills

Christian Family Service Centre Hotline: 2787 1355, Sat 10am-10pm, Weekday 2-5pm

Methodist Epworth Village Community Centre: 2558 3035

Hong Kong YWCA Counseling Hotline: 2711 6622 Weekday 2pm-4pm for women;

Weekday 7pm-10pm for all.

## SELF HELP NUMBERS

### Financial debts Counseling Services

Caritas Family Crisis Support Centre

**Debt Counseling Project** 

24 hour debt Hotline: 2382 2929

Hotline number: 18288 http://fcsc.caritas.org.hk

Christian Family Service Centre

Sunny Life Family Support Project for the Debtors

Tel: 2701 5592/ 2793 3573

Fax: 2304 7762

Hours of Operation: Mon-Fri 10:00-13:00, 14:00-18:15, 19:15-22:15

Official Receiver's Office

Tel: 2867-2448

oroadmin@oro.gcn.gov.hk

Tung Wah Group of Hospital Healthy Budgeting Family Debt Counseling Centre: 2548 0803

Mon-Fri 10:00-22:00, Sat 10:00-18:00

http://fdcc.tungwahcsd.org

#### Extramarital Affairs

The Caritas Hotline services for EMA: 2537 7247

Treatment groups for women who experience EMA and divorce: 2498 0328

Time-out service is designed for people to have a safe place to go to calm down and

tackle their crisis. 3476 1300

Hong Kong Anglican Church Sheng Kung Hui Counseling Service: 2713 9174

Hong Kong Catholic Marriage Advisory Council: 2810 1104 Hong Kong Federation of Women's Centres: 2386 6256

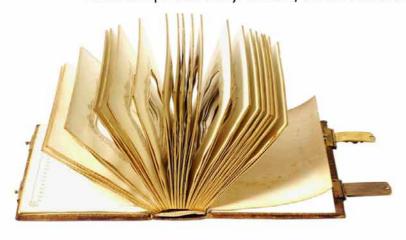
All of the above organizations are listed in alphabetic order

## REFERENCES

- 1. Schlozman, K.L. & Verba, S. Injury to Insult: Unemployment, Class, and Political Response. Cambridge, MA: Harvard University Press, 1979.
- 2. Seabrook, J. Unemployment. London. England: Quartet, 1982.
- Warr, P. Work, Unemployment, and Mental Health. New York: Oxford University Press, 1987.
- Guon, C.Y. Transcending Middle Age. Hong Kong: Han Yan Hon Publisher, 1997.
- Chodorow, N. The reproduction of mothering. Berkeley: University of California Press, 1978.
- Gilligan, C. In a different voice. Cambridge, MA: Harvard University Press, 1982.
- Parsons, T., & Bales, R.F. (Eds.). Family, socialization, and the interaction process. New York: Free Press, 1955.
- Cherlin, A. J. Public and private families: An introduction (2nd ed.). New York: McGraw Hill, 1999.
- Gerstal, N., & Gallagher, S. K. Kinkeeping and distress: Gender, recipients of care, and work-family conflict. Journal of Marriage and the Family, 1993: 55: 598-607.
- 10. Lovibond, S. H. and Lovibond, P. F. Manual for the Depression, Anxiety, and Stress Scales. Sydney, Australia: Psychological Foundation of Australia, 1995.
- 11. Lovibond, S. H. and Lovibond, P.F. The structure of negative emotional states: Comparison of the Depression Anxiety and Stress Scales (DASS) with the Beck Depression and Anxiety Inventories, Behavior Research and Therapy, 1995: 33, 335-342.
- 12. Holsboer, F. CRHRI Antagonist as Novel Treatment Strategoes, CNS Spectrums, CNS Spectrums 2001: 6(7): 590-594.
- 13. Stokes, P.E. The potential role of excessive cortisol induced by HPA hyperfunction in the pathogenesis of depression. European Neuropsychopharmacology 1995: 5: 77-82.
- 14. Gold, P.W., Drevets, W. C., Charney, D. S. New insights into the role of cortisol and the glucocorticoid receptor in severe depression. Biological Psychiatry 2002: 52: 381 385.
- 15. Sapolsky RM. Why stress is bad for your brain. Science 1996: 273:749-50.
- 16. Radloff, L.S. The CES-D scale: a self report depression scale for research in the general population. Applied Psychological Measurement, 1977, 1, 385-401.
- 17. Joffe, R., Sokolov, S., Streiner, D. Antidepressant treatment of depression: a meta analysis. Canadian Journal of Psychiatry, 1996: 41: 613-616.
- 18. Moller, H. J., Fuger, J., Kasper, S. Efficacy of new generation antidepressant: meta analysis of imipamine-controlled studies. Pharmacopsychiatry 1994: 27: 215-223.
- 19. Schulberg, H.,, Block, M. R.,, Madonia, M. J.,, Scott, C. P., Rodriquez, E., Imber, S. D., Perel, J., Lave, J., Houck, P.R., Coulehan, J.L. Treating Major Depression in Primary Care Practice: eight month outcome. Archives of General Psychiatry 1996: 53: 913-920.

## REFERENCE

- 20. Clark, D.C., & Fawett, J. Review of empirical risk factors for evaluation of the suicidal patient. In B. Bongar (Ed.), Suicide: Guidelines for assessment, management, and treatment (pp. 16-48). New York: Oxford University Press, 1992.
- 21. Rudd, M.D., Joiner, T., Rajab, M. H. Treating Suicidal Behavior: An effective, Time limited approach. New York: The Guilford Press, 2001.
- 22. Adapted from Beck, J.S. Cognitive Therapy: Basis and Beyond. New York: The Guilford Press, 1995.
- 23. Babyak, M., Blumenthal, J.A., Herman, S., Khatri, P., Doraiswamy, M., Moore, K., Craighead, W. E., Baldewicz, T. T., Krishnan, K. R. Exercise treatment for major depression: maintenance of therapeutic benefit at 10 months. PsychosomaticMedicine 2000: 62: 633-638.
- 24. The Principles of Sleep Hygiene. Dr. Lauren Broch, Ph.D, Rochelle Zak, M.D. Health News from The Lawrence Journal world http://ljworld.healthology.com/focus\_article.asp?f=sleep\_disorders&c=sleephygiene
- 25. Sleep Disorder, Dr. Sudhansu Chokroverty, MD, Best Practice of Medicine, August, 2000 http://merck.praxis.md/index.asp?page=bpm\_tabfig&article\_id=BPM01NE06
- 26. Adapted from Help for Depression: What Works and What Doesn't, Centre for Menta I Health Research, The Australian National University,
- 27. Beck, A. T., Jallon, S. D., Young, J. E. Treatment of depression with cognitive therapy and amitriptyline. Archive of General Psychiatry 1985: 42: 142-148.
- 28. Blackburn, I.M., Bishop, S., Glen, A. I., Whalley, L. J., Christie, J. E. The efficacy of cognitive therapy in depression: a treatment trial using cognitive therapy and pharmacotherapy, each alone and in combination. British Journal of Psychiatry 1981:139:181-189.
- 29. Murphy, G. E., Simons, A. D., Wetzel, R. D., Lustman, P. J. Cognitive therapy and pharmacotherapy: single and together in the treatment of depression. Archives of General Psychiatry 1984: 41: 33-41.
- 30. Mulrow, C. D., Williams, J.W., Trivedi, M. Treatment of depression- newer pharmacotherapies. Psychopharmacology Bulletin 1998: 34: 409-610.
- 31. Williams, J. W., Mulrow, C. D., Chiquette, E., Noel, P. H., Aguilar, C., Cornell, J. A systematic review of newer pharmacotherapies for depression in adults: Evidence report summary. Annals of Internal Medicine 2000: 132: 743-756.



## REFERENCES

- Gaffan, E.A., Tsaousis, I., Kemp-Wheeler, S. M. Researcher allegiance and meta-analysis: the case of cognitive therapy for depression. Journal of Consulting and Clinical Psychology 1995: 63: 966-980.
- 33. Blackburn, I.M. & Moore, R. G.. Controlled acute and follow up trial of cognitive therapy and pharmacotherapy in outpatients with recurrent depression. British Journal of Psychiatry 1997: 171: 328-334.
- Gloaguen, V., Cottraux, J., Cucherat, M., Blackburn, I. M. A meta-analysis of the effects of cognitive therapy in depressed patients. *Journal of Affective Disorders* 1998: 49: 59-72.
- Shea, M.T., Pilkonis, P.A., Beckham, E., Collins, J.G., Elkin, I., Sotsky, S. M., Docherty, J.P. Personality disorders and treatment outcome in the National Institute of Mental Health Treatment of Depression Collaborative Research Program. American Journal of Psychiatry 1990: 147:711-718.
- 36. Elkin, I., Shea, M.T., Watkins, J.T., Imber, S. D., Sotsky, S. M., Collins, J. G., Glass, D. R., Pilkonis, P. A. Leber, W. R., Docherty, J. P. National Institute of Mental Health Treatment of Depression Collaborative Research Program: general effectiveness of treatments. Archives of General Psychiatry 1989: 46: 971-982.
- Bright, J. I., Baker, K. D., Neimeyer, R.A. Professional and paraprofessional group treatments for depression: a comparison of cognitive-behavioral and mutual support interventions. *Journal of Consulting and Clinical Psychology* 1999: 67: 491-501.
- 38. Veale, D.M.W.C. Exercise and mental health. Acta Psychiatrica Scandinavica: 1987: 76: 113-120.
- Martinsen, E.W. Benefits of exercise for the treatment of depression. Sports Medicine 1990: 9: 380-389.
- Byrne, A., Byrne, D. G.. The effect of exercise on depression, anxiety, and other mood states: a review. Journal of Psychosomatic Research 1993: 37: 565-574.
- 41. Linde, K., Ramirez, G., Mulrow, C. D., Pauls, A., Weidenhammer, W., Melchart, D.St John's Wort for depression: an overview and meta-analysis of randomized clinical trials. British Medical Journal 1996: 313: 253-258.
- American Psychiatric Association. Practice guideline for the treatment of patients with major depressive disorder (revision). American Journal of Psychiatry 2000: 157 (supple 4): 1-45.
- Gloaguen, V., Cottraux, J., Cucherat, M., Blackburn, I. M. A meta-analysis of the effects of cognitive therapy in depressed patients. *Journal of Affective Disorders* 1998: 49: 59-2.
- 44. Miller, L.H., Smith, A.D. The Miller-Smith Lifestyle Assessment Inventory. Boston Medical Centre, Stress Manual Audit. Bookline, MA: Biobehaviroal Associates, 1988.
- 45. Chan, C. An Eastern Body-Mind-Spirit Approach- A Training Manual with One Second Techniques, The University of Hong Kong, Department of Social Work & Social Administration, Resource Paper Series: No.43, 2001.
- 46. Tsuei, W. Roots of Chinese Culture and Medicine. Jaya, Malaysia: Pelanduk Publications, 1992.

## **ACKNOWLEDGEMENT**

#### Publisher

The University of Hong Kong The Hong Kong Jockey Club Centre for Suicide Research and Prevention (CSRP)

#### **Advisory Committee:**

Professor Cecilia Chan, Dr. Eric Chen,

Professor Iris Chi. Dr. Dominic Lee

Dr. Paul Yip

#### **Executive Editor:**

Natalie Tong

#### **Editorial committee:**

Jade Au King Wa Fu Frances Law Kathy Leung Pasu Au Yeung

#### Designer

Archetype Interactive

#### Printer

Grapho Printing Company

#### Acknowledgements

#### We would like to express our heartfelt thanks to:

Angel of Life Education Centre

Mr. Eddy Li Senior Police Clinical Psychologist

Ming Pao Daily News

Ms. Paulina Kwok Caritas Family Crisis Support Service

Dr. Peter Lovibond Author of DASS Dr. Sai Yin Chan Specialist Psychiatrist

and

All members of The Hong Kong Jockey Club Centre for Suicide Research and Prevention for their invaluable support and input

All names are listed in alphabetical order

Sponsored by



## The Hong Kong Jockey Club Charities Trust

Flat 3B, No.2 University Drive, The University of Hong Kong, Pokfulam, Hong Kong

Tel: 2241 5023 Fax: 2549 7161

http://csrp.hku.hk