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Mental health and substance use
information you can trust



CANADIAN MENTAL
HEALTH ASSOCIATION
ASSOCIATION CANADIENNE
POUR LA SANTÉ MENTALE
BC DIVISION

tips for

dealing with a depression diagnosis

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No one wants to feel unwell. Talking to your doctor or other health professional about problems with your mood is an important first step. But if you're diagnosed with depression (or major depressive disorder, the medical term for clinical depression), you may end up with more questions than answers. Being diagnosed with anything can be hard, but a mental health diagnosis can be particularly hard to deal with. You might wonder why this has happened to you and how a diagnosis will affect your life. But no matter what, it's important to remember that you are not your diagnosis—you are a person that happens to be dealing with depression.

The medical system may not be the only way to deal with depression. You don't have to adopt a strictly medical point of view—some people find it helpful, but others don't. But you will likely have to work with people in the medical systems, such as doctors and mental health professionals, to access treatments and other forms of support. This system is based on the process

of looking at your signs, symptoms and test results to find answers. The first step is generally to clarify the diagnosis—what may appear to be a mental disorder may instead be an unexpected medical condition. The diagnosis is how health professionals organize the problem you experience. It's the start of a process to get you feeling better.

This is the first module in a three-part series. The other two modules are "Working with your doctor for depression" and "Preventing relapse of depression."

dealing with a depression diagnosis

Why me?

When you're diagnosed with a health problem, particularly a long-term health problem, it's normal to feel many different things. Depression is no different. Even if you've privately suspected depression for some time, hearing the diagnosis from a doctor can still be troubling. The way your health professional investigated your problem and explained the diagnosis to you can also have a big impact on how you feel about it. Many people feel some combination of:

- **Relief**—My problem has a name, and now I know why I'm not feeling well.
- **Hope**—I can find a treatment that works. Now I can figure out how to cope with depression.
- **Shock/Denial**—This can't be happening. Not me.

“it's okay to feel like you aren't sure how depression fits with your life, and that it's okay to take time to figure everything out.”

- **Shame**—This is a reflection on who I am as a person. I feel flawed.
- **Confusion**—I don't understand what all of this means, or no one has given me the answers I need. I don't think my diagnosis matches how I see the problem.
- **Anger**—Why did this happen to me?
- **Guilt**—How did this happen? Why didn't I see it, or see it sooner? It's my fault.
- **Grief**—My life will never be the same. I feel like I've lost myself.
- **Loss of control**—I feel powerless. I don't know what to do.

Being diagnosed with depression can be extra hard. You might have difficult thoughts around the diagnosis. On top of that, you may also be dealing with the negative feelings (like guilt and self-blame) that are part of depression itself.

It can be hard to take all of this information in. But you don't have to come to terms with everything right away. You'll likely hear a lot of different information. With time, you will become an expert on your own mental health. But right now, all you need to know is that it's okay to feel like you aren't sure how depression fits with your life, and that it's okay to take time to figure everything out. Most importantly, you are not alone.

Is it my fault?

When you're diagnosed with depression, it's easy to wonder if you caused it yourself. Close family members may also blame themselves. No one is immune from getting depression. It isn't a moral weakness or a flaw in your character. Just like other health conditions, it's very rarely due to one specific thing. There are often lots of different factors involved that can influence if you get depression. These factors include:

- **Your family history**
- **Your gender**—women are twice as likely to be diagnosed with depression than men
- **Stressful events**—like loss, conflict or childbirth
- **Stressful life situations**—like having a low income or poor housing, or feeling isolated
- **Other health problems**—like chronic pain, heart problems, a substance use problem or another mental health problem
- **The environment**—including the seasons
- **Your personality and your thinking style**—how you look at the world and how you deal with troubling events or situations, much of which is learned by watching how people around you cope



*"During the past two years my mental health has been challenged, and it's only recently that I've been properly diagnosed. Knowing that I needed medical attention for what was occurring was not something I was pleased about, given my independent nature. However, deep down I knew treatment was necessary ... If it were not for my [family doctor] and associate and staff, I don't know where I'd be today." —Kate**

**Pseudonym*

Why did it take so long to get a diagnosis?

It can take a long time to diagnose depression. It may have taken some time for you to realize something was wrong and find help. Next, your mental health professional must carefully look for clues based on your information. They may not give you a diagnosis until they understand how you feel. Depression symptoms usually have to affect you for a period of time or follow a pattern, which can add to the length of time it takes to receive a diagnosis. Finally, your mental health professional will consider what's going on in your life and what might be behind your feelings before they make a diagnosis.

You may also have to wait for test results or other medical exams. Here are some ways that health problems may affect depression:

- A health problem may share some of the same symptoms as depression
- An emotional reaction to another health problem or the disability caused by another health problem can lead to depression
- Substances like medication, alcohol and other drugs can cause depression, hide depression or make depression worse

Why do I have different diagnoses?

You are diagnosed with more than one disorder—It's common for people to have more than one disorder at the same time. Substance use disorders and many mental disorders often go along with depression. Depression and anxiety disorders go together particularly often. It's thought that as many as half of people diagnosed with depression also live with an anxiety disorder.

Your diagnosis changes—A diagnosis can change over time or when there's new information, or your mental health professional may uncover symptoms that point to a different diagnosis. For example, you may be diagnosed with a short-lasting disorder in the beginning, but your diagnosis may change to a longer-lasting disorder as time goes on. Depression can share many of the same signs as other disorders, even signs like high levels of anxiety or psychosis. So early symptoms may point to one disorder, but changes over time may show a different disorder. You may also be diagnosed by someone with less experience seeing your particular group of symptoms, or who didn't spend a lot of time asking you questions.

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What if I don't agree with my diagnosis?

Some people feel like their diagnosis doesn't fit with the way they see their problem. For some, it may be that the diagnosis was inaccurate. But some people still feel like it doesn't fit, even after everyone has worked hard to find an accurate diagnosis.



“ Figuring out how any diagnosis fits with your life is a process that takes time ”

During the early stages of any mental disorder, people often make their own interpretations of their symptoms. For example, you may have thought that you were just more tired than usual in the early stages of depression. Our family, friends, communities and cultures may reinforce or even encourage these interpretations. If your diagnosis changes, you may feel like your initial diagnosis fits better. Figuring out how any diagnosis fits with your life is a process that takes time, and you may have already decided what your initial diagnosis meant to you. With a new diagnosis, you may have to start the same process over again. You may also feel that some diagnoses carry more prejudice and shame than other diagnoses, and that can also make a diagnosis hard to accept.

Working through a diagnosis of depression does take time. Some people never feel completely comfortable with medical words around their diagnosis or the explanation of their diagnosis. You may also not trust your particular medical or mental health professional, or the profession as a whole. No matter how you see depression, it's important to ask yourself a few questions:

- Does my definition of the problem work?
- Do I understand what I need to do maintain my well-being?
- Can I manage my symptoms so I can live well?

Your answers will help you figure out if your current explanation of depression is working for you, or if you might need to consider other options.

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Why does (or should) my mental health professional ask me about mania?

Depression and bipolar disorder can look the same. Bipolar disorder includes both periods of depression and periods of mania. Many people feel very happy during periods of mania, but others feel very irritable or angry. Manic episodes may not occur until after you've experienced one or more episodes of depression. Mania can be harder to see, so bipolar disorder may be misdiagnosed as depression. And depression may be more troubling than mania, so many people notice—and therefore talk about—depression first.

Common signs of mania include:

- Feeling like you need less sleep
- Feeling like your thoughts are racing
- Feeling distracted
- Feeling irritable
- Taking on many tasks or making big plans that you can't realistically complete
- Taking big risks you wouldn't normally consider, like going on expensive shopping sprees

Some people interpret mania as periods when they're simply "very creative" or "very productive," but mania can have a lot of negative consequences. It's important to see if mania is part of the picture because it can affect your diagnosis and treatment.

What now?

Moving from 'Why me?' to 'What now?' can take a while for any diagnosis. A diagnosis is only a starting point. Even if you suspect that you've been living with depression for a long time, you likely need more information to help you on your recovery journey. This information will help you figure out what you need to do to rebuild and maintain well-being.

Learning about depression

You might already know the basics of depression, like what the symptoms look like. If you don't know the basics, you need to ask questions from professionals and groups you trust. At some point, you'll need to go beyond the basics, like:

- How depression may affect your life and what you can do about it
- What treatments and supports are available
- What you should expect in treatment and recovery
- How you can help speed up your recovery journey

The goal is to help you make sense of depression and make sense of your experiences, some of which may be troubling or confusing. Learning about depression can help you see that you are not your diagnosis—you are a person who happens to have a disorder. You can learn about depression from your health care provider, support group, community organizations or on your own through books or websites. This kind of learning is also a big part of therapies like cognitive-behavioural therapy. In therapy, it's often called "psychoeducation."

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Here are two key points to keep in mind when you look for information about living with depression:

- **Information should be based on evidence—** Evidence-based information means that information is based in science and is accurate. It's best to carefully consider the source, what they claim, and how the information applies to you. Different people may prefer different sources of information. Some prefer academic resources like journal articles, while others prefer more informal sources like articles in magazines or on websites. You can find evidence-based information through your local mental health centre, community organizations, libraries and online.

- **Other people's experiences can be very helpful—** Learning from others who've experienced similar problems can be very helpful and encouraging. They can offer practical tips to overcome challenges and give you a great deal of hope. Your mental health centre or community organizations may offer peer support or other programs that connect you with people who've been there. You can also find personal stories in magazines, in books, online and in videos.

For more on finding quality information on mental health topics, see our fact sheet, "Evaluating Mental Health and Substance Use Information."

Once you've received your diagnosis, you may wonder if you should tell others in your support network. There may be benefits and risks of disclosure in different areas of your life. For example, telling your workplace or school that you have a disability may allow you to make changes that help you work or study more effectively. But it can also open you to stigma and discrimination. You will have to think about the risks and benefits of disclosure as they apply to your own situations.



“ Learning from others who've experienced similar problems can be very helpful and encouraging. They can offer practical tips to overcome challenges and give you a great deal of hope ”



*"The diagnoses [of depression and generalized anxiety disorder] didn't surprise me, but they were unsettling."
—Rosalyn**

**Pseudonym*

Thinking about treatment, recovery and beyond

Recovery from depression is expected. It is not a life sentence. With treatment, at least 80% of people recover. Treatment for depression may include a combination of medication, talk therapy and healthy living skills. Your exact combination will be unique—there is no set formula that works for everyone. So it may take some time to find the best combination for you. Our sheet 'Tips for working with your health care provider on a treatment plan' is a good next step.

There are different ways to look at recovery. Most people talk about recovery in terms of controlling symptoms so they can live well without letting depression get in the way. Everyone's recovery journey looks different. Some parts may take a long time, while others will pass quickly. You may even take a few steps back from time to time. You can learn a lot about living with depression from others who have experienced similar things. The most important point to remember is that recovery does happen, and there are things that you and others can do to help you move through your journey.

It may have taken a long time and you might be a bit confused by all of the information you've heard, but a diagnosis can be very helpful. It will help you and your mental health professional find the right treatment plan for you, and it can help you access mental health services in your community.

"The most important point to remember is that recovery does happen, and there are things that you and others can do to help you move through your journey."

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Working through it: Thinking about your diagnosis

As this sheet has described, you may be feeling a lot of shock and confusion. When you're depressed, you may not feel like doing much of anything, but if you can't stop thinking about your diagnosis, or if you feel worse or scared, a little bit of writing can help you process things better.

Writing your thoughts, concerns, questions and goals down can be very helpful tool to help you make sense of your diagnosis and what you're going to tackle next. Working it

out by writing can also help you describe what you're going through to loved ones or health professionals. Also, if you need to access different services and supports, various professionals may start to ask you about your diagnosis including who provided the diagnosis and when it happened. Writing things down can help you remember what you've been told. If you add your thoughts and concerns too, writing can help you see your own progress over time in your recovery journey.

How to start

Write on this sheet or your own journal.

We also have this as a PDF and Word document on the [HeretoHelp website](http://www.heretohelp.bc.ca)

Step 1

Before you can be expected to deal with your diagnosis, you need to be able to put your diagnosis into words.

Answer the following questions in your journal:

- ▶ What diagnosis were you given? _____

- ▶ Who provided you with the diagnosis? _____
- ▶ When was it given to you (date)? _____
- ▶ Did anyone else confirm this diagnosis? _____ when? _____
- ▶ What investigations were done to arrive at the diagnosis? _____

- ▶ In lay words, what does this diagnosis mean? What does it involve? _____

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▶ What questions did you ask after you were given the confirmed diagnosis?

1. _____
2. _____
3. _____
4. _____

▶ If you can remember, what answers were you given for your questions?

1. _____
2. _____
3. _____
4. _____

▶ How much did you already know about depression? Little? Some? A lot? _____

▶ What attitudes and assumptions did you have about people with depression before this? _____

▶ How much do you accept this diagnosis? Fully, Unsure, Don't accept it? _____

▶ How much does it make sense with what you were experiencing? _____

▶ Do you plan to share your diagnosis with loved ones? _____

▶ If so, what will you say? _____

to whom? _____ when? _____

▶ It's important to be kind to yourself during times of stress.

What things are you doing—or what are you going to start doing now—for yourself as a result of this diagnosis?

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Step 2

Now that you have identified the diagnosis, you're ready to think about how you're handling it.
Answer the following questions in your journal:

▶ How well do I handle questions from my loved ones about my condition?

▶ How well do I relate to the professionals involved in my care?

▶ How comfortable would I feel in contacting a mental health organization or support group for help?

▶ How much hope do I have for the future? How realistic is it?

▶ How much support do I feel from my loved ones in handling the reality of my diagnosis?

▶ What hardships or roadblocks do I foresee in getting the best care for myself?

Step 3

Once you have assessed how you're handling your diagnosis, you're ready to develop a plan of action for yourself. Write this plan of action in your journal:

My Plan of Action to Handle my Diagnosis

▶ The diagnosis I have is: _____

▶ My next appointment with my health professional is: _____

▶ I will get answers to the following questions about the diagnosis:

▶ I will seek to become fully aware of the full details of the diagnosis and long-term outlook by (date): _____

▶ I will get answers to the following questions I have about treatment:

▶ I will perform the following tasks to help myself: _____

▶ I will connect with (person, people, groups) to get support when I need it: _____

▶ I will look after my health by doing my best to: _____

▶ I will reassess these goals every (period of time). My first review date will be (date): _____

Step 4

If you still have problems handling the shock of diagnosis, return to Step 1 and begin again.

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where do I go from here?

If you're having a hard time coping with your diagnosis, you may want to consider outside help.

Here are some places to look:

- Your family doctor
- A trusted friend or family member
- Your local mental health clinic or centre (you may need a doctor's referral)
- A mental health organization like the Canadian Mental Health Association
- A private counsellor, therapist or psychiatrist
- An online support group

Your doctor or mental health professional can recommend resources in your community. In addition to professional resources, you may find non-professional support helpful. Personal practices like writing—the exercise in this fact sheet may help—or meditation may also be useful. Here are some other places to look for help:

Your Local Crisis Line

Crisis lines aren't only for people in crisis. You can call for information on local services or if you just need someone to talk to. If you are in distress, call 1 866 APPELLE or 1 866 277-3553, 24 hours a day to connect to a QC crisis line, without a wait or busy signal. The crisis lines linked in through this number have received advanced training in mental health issues and services.

Suicide Prevention Resources

For suicide prevention centers in Quebec visit <https://suicideprevention.ca/quebec-suicide-prevention-centres>

HealthLink QC

Call 811 or visit <https://amiquebec.org> to access free, non-emergency health information for anyone in your family, including mental health information. Through 811, you can also speak to a registered nurse about symptoms you're worried about, or talk to a pharmacist about medication questions. The integrated health and social services centre (CISSS) and the integrated university health and social services centre (CIUSSS): To find contact information for your family medicine clinic, your CISSS or your CIUSSS, go to [Finding a Resource](http://sante.gouv.qc.ca/en/problemes-de-sante/sante-mentale/). <http://sante.gouv.qc.ca/en/problemes-de-sante/sante-mentale/>

Ami Quebec

Visit <https://amiquebec.org> or call (514) - 486- 1448 for information and resources regarding mental health or any kind of mental health disorders.

Support groups

Support groups are an important way to find support and information. They may help you feel less alone and more connected, even if you haven't told many others about your diagnosis. For information about the resources and support groups regarding depression visit <https://amiquebec.org>.

The Ordre des psychologues du Québec

To find a psychologists or a psychotherapists who speak different languages, visit the [Ordre des psychologues du Québec](http://www.ordrepsychologues.com) website.

ACCÉSSS

ACCÉSSS (<https://accesss.net/>) is a provincial group of community organizations whose goal is to represent the interests of ethnocultural communities in health and social services decision-making bodies. It is a non-profit organization (NPO). ACCÉSSS is a meeting place for the community, the health network and the university community. Due to the management philosophy of ACCÉSSS which is to work in consultation with its various partners, as well as the nature of the files treated, ACCÉSSS is more and more involved in the networks of consultation.

Telephone: 1-866-774-1106 (toll-free) and (514)-287-1106
Fax: (514)-287-7443
email: accesss@accesss.net

The Multicultural Mental Health Resource Centre (MMHRC)

For information regarding the availability of mental health services in Quebec or other provinces of Canada visit <http://www.multiculturalmentalhealth.ca/> to access information in different languages such as Farsi. This website is working under the supervision of Division of Social and Transcultural Psychiatry of McGill University.

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More resources available for getting help or further information on mental health:

- Revivre – Quebec Anxiety, Depressive and Bipolar Disorder Support Association (in French only)
- [Canadian Mental Health Association](#)
- [Mouvement Santé mentale Québec](#) (in French only)
- [Association des groupes d'intervention en défense des droits en santé mentale du Québec](#) (in French only)
- [Regroupement des ressources alternatives en santé mentale du Québec](#) (in French only)
- [Les porte-voix du rétablissement – L'association québécoise des personnes vivant \(ou ayant vécu\) un trouble mental](#) (in French only)
- [Association des médecins psychiatres du Québec](#)

This is the first module in a three-part series. The other two modules are "Working with your doctor for depression" and "Preventing relapse of depression."

This fact sheet was written by the Canadian Mental Health Association's BC Division. The references for this fact sheet come from reputable government or academic sources and research studies. Please contact us if you would like the footnotes for this fact sheet. Fact sheets have been vetted by clinicians where appropriate.



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HeretoHelp is a project of the BC Partners for Mental Health and Addictions Information. The BC Partners are a group of nonprofit agencies working together to help individuals and families manage mental health and substance use problems, with the help of good quality information. We represent Anxiety Disorders Association of BC, BC Schizophrenia Society, Canadian Mental Health Association's BC Division, Centre for Addiction Research of BC, FORCE Society for Kids' Mental Health, Jessie's Legacy Program, Family Services of the North Shore, and Mood Disorders Association of BC. The BC Partners are funded by BC Mental Health and Addiction Services, an agency of the Provincial Health Services Authority.