Managing your mental health

In the same way that we all experience fluctuating physical health, any one of us can experience a mental health difficulty at any point in our lives. These difficulties may be short-lasting and resolve with lifestyle changes and support from friends and family.

##### **Wellbeing, Happiness and Stress Reduction**

**5 Steps for Mental Wellbeing**
Professor Sarah Stewart Brown, professor of public health at Warwick, discusses [mental wellbeing](http://www.nhs.uk/Conditions/stress-anxiety-depression/Pages/improve-mental-wellbeing.aspx) and steps you can take to improve your own mental health.

**10 Keys for Happier Living**
Everyone's path to happiness is different; [Action for Happiness](http://www.actionforhappiness.org/) reviewed the latest research and found [10 Keys to Happier Living](http://www.actionforhappiness.org/10-keys-to-happier-living) that consistently tend to make people's lives happier and more fulfilling.

**How to Make Stress Your Friend**

Dr Kelly McGonigal urges us to see stress as a positive phenomenon, introducing us to an unsung mechanism for stress reduction: reaching out to others.

**Please click -**

[How to make stress your friend | Kelly McGonigal - YouTube](https://www.youtube.com/watch?v=RcGyVTAoXEU&t=26s)

**90:10 The Single Most Important Thing You Can Do For Your Stress**
Dr Mike Evans discusses how to manage the stress in your life.

**Please click -**

[90:10 The Single Most Important Thing You Can Do For Your Stress - YouTube](https://www.youtube.com/watch?v=I6402QJp52M&t=11s)

##### **Depression**

Depression is common worldwide, with an estimated 350 million people affected (World Health Organisation, 2012). Winston Churchill first popularized the phrase "Black Dog" to describe the bouts of depression he experienced for much of his life. Matthew Johnstone, someone who has experienced depression himself, provides a moving and uplifting insight into what it is like to have the Black Dog of depression as a companion. This video shows how he learned to tame it and bring it to heel.

**Please click-**

[I had a black dog, his name was depression - YouTube](https://www.youtube.com/watch?v=XiCrniLQGYc&t=3s)

# Suicidal Thoughts

## **Introduction**

Many people experience feeling deeply distressed and occasionally can see no way out of the pain or hopelessness they feel, which is when taking their own life might be considered.

Common thoughts that precede suicidal behaviours:

* ‘life will never get any different or better’
* ‘its all just hopeless/pointless’
* ‘the world is better off without me’
* ‘I can’t go on any more’

Problems that lead to suicidal thinking are often complex and have been going on a long time; the problems often involve a mix of individual and social factors. Despair may develop slowly as the pressures and hurts of many years wear down a person’s self-esteem. As life becomes more distressing and difficult to bear, the thought of not being alive any longer may grow more appealing. People in suicidal crisis often feel powerless because the events and pressures in their life seem to be beyond their control, except taking their own lives. Often there is a belief that suicide is ‘the only option’; **this is always untrue**. There is a common idea that suicide brings relief from pain but relief is a feeling that can only be experienced by being alive. Often there is a wish to escape a situation that seems impossible to handle or they need relief from an unbearable state of mind. Sometimes a suicide attempt is a way to convey desperate feelings to others.

There will be many people who have to deal with the consequences of suicide who will be deeply affected by it.

Research shows that many of those who have made serious suicide attempts and survived have ultimately felt deeply relieved to have **not** ended their life.

### **Moving out of feeling suicidal**

It is important to know that, whatever the source of your distress or depression, it **is** possible to feel differently, to feel better than suicidal.

Suicide can only occur where there is both opportunity and means available. If you are aware of suicidal tendencies, ensure both do not occur simultaneously, ie remove any means and stay around people. Do not indulge in drugs or alcohol that prevent clear thinking. Stop any risk-taking behaviour.

It is essential to let others know how you feel and what you are thinking about. Although you may consider you are thinking rationally, there **will be** other options and considerations. Despite emotional pain often seeming invisible to others, a well-selected person (perhaps a trusted friend/family member or a GP, or someone not known to you, maybe on a help-line) can be helpful to talk with and can make a difference between choosing to live or die.

It can be useful to make a pact with someone, even yourself, where you build in a delay to any suicidal actions (ie ‘I will wait 48 hours before I take any action’). For example, you may commit to telephoning someone, for instance the Samaritans, who are available 24/7. (if you don’t feel you can talk, perhaps e-mailing, texting, communicating on MSN are ways of building in delays to any action). Perhaps consider making a list of all the reasons why you have kept yourself alive until now. This may show you that you also have a will to survive. Despite maybe feeling ‘committed’ to ending life at some time, the fact that you are reading this means there is a part of you that is unsure and it is that part that must be listened to and respected.

**Getting support**

**Immediate support**: If you have taken any suicidal action, inform anyone around you and/or phone 999 for an ambulance or get yourself to a casualty ward. Specially trained nurses can be made available who will not judge you but can give some clear medical information and, if required, organise some mental health support for you.

**General support:** Often suicidal thoughts are linked with depression which could be treated by anti-depressant medication and/or talking therapies. Discuss this with your GP. Suicidal feelings are a result of pain exceeding the resources for coping and it is possible to both reduce the pain and increase coping resources to regain balance.

**Supporting someone else** **who is suicidal** can be demanding and difficult – ensure you get support and share the task – suicidal intention does not come under any confidentiality agreement you may have made – it needs sharing. Talking with someone who is suicidal can reduce their feelings of isolation and give an opportunity to share their distress thus reducing the risk of suicide.

**For more information and support:**

Contact your GP or Health Centre for an appointment – they also have facilities to deal with urgent cases and can provide out of hours services.