

# Beat Depression Quickly and Cheaply:

A psychiatrist tells you how.

By James Farquhar MD

Excerpts to give an idea of the content of  
this book . . .



- Beat depression with or without medication.
- Get immediate real emotional support online for free or almost free.
- Talk therapy can be inexpensive online.
- Preventing suicide.
- Medicines that can lift your mood, sometimes in 1 week.
- Salary insurance ("sick pay").
- Facing money problems, alcohol, drugs, gambling, panic attacks.

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Before we go into all the details ...

Here are the various treatment approaches for depression.

All of them work. Your mental health provider would help you choose which approach is most likely to help you.

1. Supportive treatment + intensive problem-solving.



2. Supportive treatment + intensive problem-solving + antidepressant medication. This is perhaps the most common combination available from doctors and community health clinics.



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3. Supportive treatment + intensive problem-solving + psychotherapy



4. Supportive treatment + intensive problem-solving + psychotherapy + antidepressant medication. This is the most powerful combination. with a recovery rate of 80% or more.



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## CHAPTER 1. INTRODUCTION.



**Before you read the rest of this book:**

**If you are thinking about harming yourself, call this number now: 9-8-8.**

**DISCLAIMER:** This book gives general information about depression and how it can be faced effectively. It does not give specific advice about your particular situation. You definitely need help from a qualified professional for your situation.

What is depression? Is it just unhappiness or something more?

This book is for people who may be depressed – or people who may know someone who is depressed.

And it's about how you can get over it!

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Your concentration may become poor.



You may find that your memory is worse.

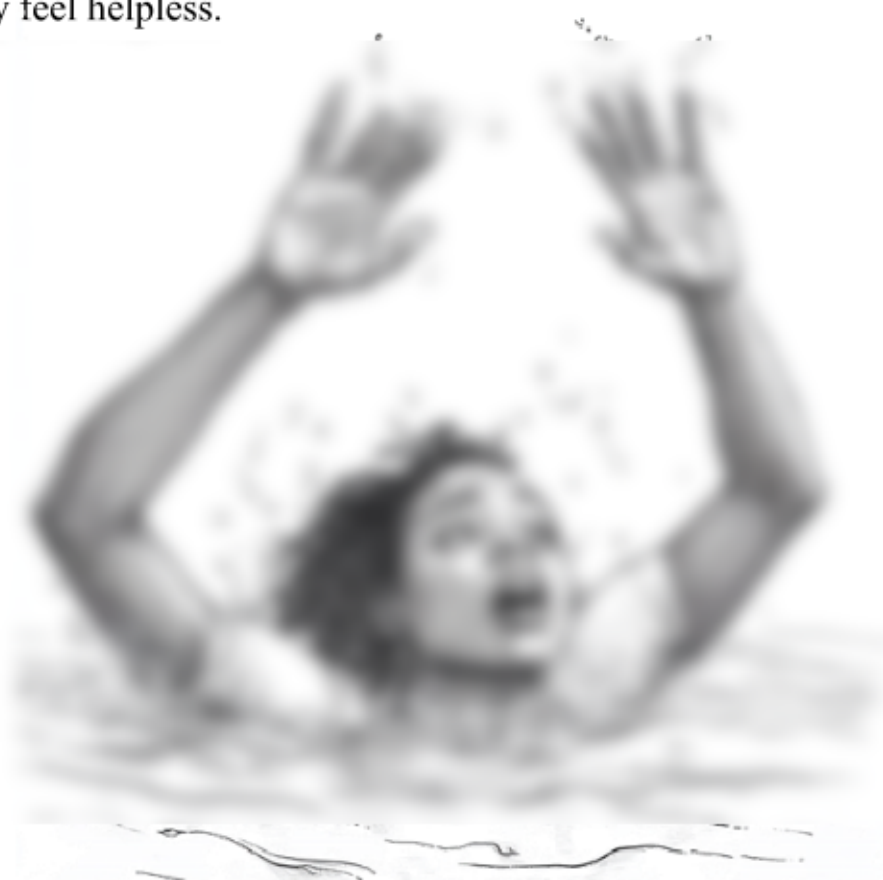


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Your problems may seem to be overwhelming. They crowd around you. You feel that you can't solve any of them, because there are too many.



You may feel helpless.



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## LEVELS OF DEPRESSION: SOME PEOPLE'S STORIES

At this point, I'll go over the three levels of depression again. This time, we'll look at stories of people who get depressed.

### MILD DEPRESSION:

#### BLUE CAR SALESMAN

Jason, aged 30, separates from his wife Julie. Maybe they will divorce – it's not certain. They have been living in an apartment and Julie insists that he has to move out. Jason goes to live in his parents' spare room.

The rest of Jason's life is not so bad. He still has his job as a car salesman. People at work like him. His parents give him encouragement. His best buddy offers support and companionship. They get together more often.



## PATIENT HEALTH QUESTIONNAIRE - 9

### ( P H Q - 9 )

For each item, circle the number that is true for you.

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

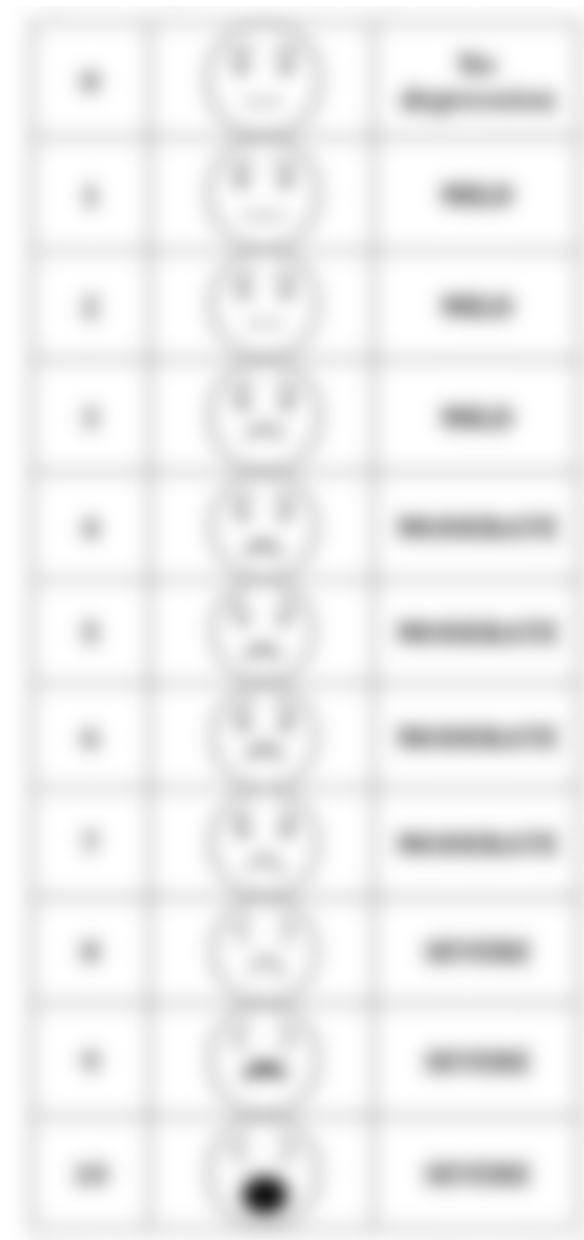
Add up all the numbers you circled.

This makes your PHQ score for today: (put the answer here:) \_\_\_\_\_

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### THE MONTREAL EMOJI DEPRESSION SCALE

Here is another measuring tool for depression. Many health professionals will ask you how bad your depression is, on a scale from zero to 10. If you use these emojis, you will always be referring to the same number scale, to describe the intensity of your depression at any one time.



This scale was drawn and created by Dr. J. Farquhar. If it is similar to other scales out there, it is by coincidence. My scale can be used and copied freely by everyone.

For your convenience, at the end of this book there are 12 copies of the PHQ-9, with the emoji scale on the other side of the sheet. You can tear the sheet out to show your doctor, for each appointment.

You can also download (for free) a PDF sheet with both scales at: <https://farjam1953.wixsite.com/beat-depression-quic>



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## SERIOUS DEPRESSION IS COMMON.

Serious depression – to the point of reduced functioning – happens to one out of 5 people in their lifetimes.



A severely depressed person who doesn't get treatment can expect to be disabled by the depression for 6 to 12 months typically. But sometimes the depression lasts much longer than that.

With treatment, the worst of the depression is usually cut short to 1 to 3 months.

Two out of three severely depressed persons think about suicide. Without treatment, one out of 10 goes on to really end their life.

If you have a severe depression and get over it, you still have a 50 per cent chance of having another severe depressive episode. If you do have a second depression, after that your chance of having another depression is 70 percent.

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## Budget Worksheet

My income this month:

NAME				Total for the month:
Address				
City	State	Zip	Phone	
Age				
Occupation				
How much do you earn per month?				

My expenses this month:				Total for the month:
NAME				
How much do you spend on food?				
How much do you spend on housing?				
How much do you spend on utilities?				
How much do you spend on transportation?				
How much do you spend on entertainment?				
How much do you spend on clothing?				
How much do you spend on health care?				
How much do you spend on education?				
How much do you spend on taxes?				
How much do you spend on insurance?				
How much do you spend on other expenses?				
How much do you spend on savings?				
How much do you spend on debt payments?				
How much do you spend on gifts?				
How much do you spend on other expenses?				

(Continued on page 2. Add up expenses from page 1 and 2)

\* You may be able to save on these expenses. See later in the chapter. If the budget looks too hard to do, get your Main Helper to do it with you.

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## Monthly budget, page 2

[illegible]

\* You may be able to save on these expenses. See later in the chapter.

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## CHAPTER 8

### WORK PROBLEMS AND HOW TO GET DISABILITY PAYMENTS

For many people, their job is the biggest reason why they are depressed. The issues may include:

- You may be forced to work long hours.
- The pay is too low.
- You may be obliged to meet certain unrealistic performance targets. (This often happens with people hired to phone people up and try to make them buy products.)
- People are abusive to you over the phone – for example if you are in customer service.
- You find out that your work is too complicated for you, or that you aren't really qualified to do it properly.
- The bosses, or your workmates, are nasty and very hard to put with.
- You may face discrimination on your job, for example less pay for the same work compared to certain other people.
- You may face some kind of harassment or bullying.



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## CHAPTER 10

### ALCOHOL PROBLEMS

HERE ARE THE HEADLINES:

- Excessive drinking can lead to depression.
- Depression can make a person drink more heavily than before.
- You can get over depression more easily, and more quickly, if you quit drinking.

If you can quit drinking, the benefits include:

- Stopping the physical alcohol effects that get you down.
- Stopping the damage in your relationships and on the job.
- Stopping the money drain caused by buying alcohol.

IS ALCOHOL A PROBLEM FOR YOU?

How much is too much drinking?

To answer the question, the U.S. Department of Health and Human Services looked at the research recently. Their updated guidelines from 2022 are:

- Men should drink no more than 2 drinks per day.
- Women should drink no more than 1 drink per day (because their body size is smaller, on average).



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Previously the only medication used for alcoholism was disulfiram (Antabuse). This is rarely used anymore because it can make people very sick if they drink alcohol while on the medication.

Al is lucky because he is still covered under his company's medical insurance plan. He gets the medications for free.

Al's doctor chooses Naltrexone. After two weeks, Al notices that he can go without drinking for at least 2 days out of 7 without much craving for alcohol. And, on the other days, the cravings are not as strong as they used to be.

Using AA combined with naltrexone, Al manages to stop drinking entirely. He has started on a slow road to recovery. And, in terms of the money spent on his drinking, the expense is gone immediately.

As a result, Al is able to get back on his feet financially after a month or so – with some other spending cuts. His depression continues, but it is not as acute.

Now that he no longer gets drunk and unpleasant, his frosty relationships with his wife and children melt a bit. There will still be a divorce, but they are more sympathetic and helpful.



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## CHAPTER 11

### DRUG PROBLEMS

#### STREET DRUGS AND DEPRESSION

Drugs are bad. Period. "Just say no to drugs."

You've heard all this many times before, and of course it is true.

It may not be obvious, but it is proven that street drugs can cause, or contribute to, depression.

I'm talking about all street drugs, including:

- cannabis (marijuana)
- cocaine including "crack"
- amphetamine (speed)
- methamphetamine ("meth")
- MDMA ("Ecstasy" or the "rave drug")
- ketamine ("angel dust")
- heroin and similar drugs
- and all the other ones.



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"Anonymous" groups, combined with anti-craving medications, help with depression. This is true even though you are still addicted, and even though you have not gone through rehab.

## HARM REDUCTION

The methadone treatment is an example of a "harm reduction" approach to addiction. This is the way that doctors and other professionals now view addiction treatment.

In the old days, addiction treatments insisted that the only possible goal was abstinence – stopping the drug entirely.

Now, we take a more practical approach. We recognize that most addicts will use drugs even if they go to rehabilitation programs. Between 40% and 60% of people coming out of rehab go back to taking drugs after a short time.



Instead, the main goal now is to reduce the harm that drug use causes you. Harm includes especially the vast amount of money wasted (especially by crack users). It also includes the criminal activity you may be involved in, to buy drugs. Harm also includes the high risks of illness and death, caused by street drugs that contain, without your knowledge, fentanyl and other nasty drugs.



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Check the website Drugs.Com for the full story about all these medications. Many doctors trust this website themselves when they want to be sure about various facts about medications including side effects.

Drugs.Com also gives you "user reviews" for most medications. These are opinions posted by people who actually take the medication. The reviews are rated from 1 to 10.

There are many things to know about street drugs and treatment for them. There is always something new. Check the Internet.

Important: Don't expect any medication to magically stop your drug use. The only thing that these medications do is to reduce cravings a bit, for certain people. You still have to use the "Anonymous" programs to get on top of your addiction problems.



**Cocaine Anonymous Online**

Some gamblers still go to loan sharks for money. When you lose, you can still get physically hurt. The loan sharks can damage your home or belongings. People still declare bankruptcy solely because of their gambling problems.



According to the catalog of mental problems (DSM-5), you have a serious gambling problem if:

You have at least four of the following during the past year:

- Frequent thoughts about gambling (such as reliving past gambling or planning future gambling)
- The need to gamble with increasing amounts to achieve the desired excitement.
- Repeated unsuccessful efforts to control, cut back on, or stop gambling.
- Restlessness or irritability when trying to cut down or stop gambling.
- Gambling when trying to escape from problems or negative mood or stress.

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## CHAPTER 13

### PANIC ATTACKS

People with depression often have panic attacks.

The panic attacks may occur during the depression. However, often the panic attacks are a separate problem which happens even when depression is not present.



A panic attack is more than just a few moments of anxiety or fear.

A true panic attack lasts at least a few minutes, and can stretch out for hours.

An attack consists of high anxiety, which often comes suddenly, "out of the blue."

Plus, a true panic attack features at least 4 of these:

- Shortness of breath
- Thumping heartbeats
- Uncomfortable feeling in the chest
- Nausea or discomfort in the stomach area.
- Sweating
- Chilly feeling, or feeling flushed
- Trembling, of the hands or the whole body

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After three weeks, the antidepressant, anti-panic, effect kicks in. Annette now notices that she rarely needs lorazepam anymore.

In fact, her panic attacks are just about gone. They now occur perhaps once a month, and they are easy to control.

As a bonus, Annette's depression is mostly gone. She is confident about succeeding in her courses. She makes new friends, and one of them may soon become her boyfriend.

But, sometimes medications need to be tweaked to get good control over panic attacks.

#### PETE'S PANIC ATTACKS KEEPING COMING AND GOING

Pete, aged 25, develops panic attacks that are just like Annette's.

However, he doesn't get the talk therapy. Also, his doctor never prescribes antidepressants for Pete. As I mentioned, antidepressants are the standard long-term treatment for panics.

Instead, the doctor's approach is to give Pete alprazolam pills, each one of them 0.25 milligrams. The most common brand name is Xanax.

Xanax is an excellent medication for occasional panic attacks. However, Pete's panic attacks keep coming. He starts using three pills a day. However, he finds that he keeps having panic attacks, about 5 hours after taking a pill.

The problem is that the effect of alprazolam lasts only several hours. Then the effect is gone, and the intense anxiety may come right back.

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Hoping to get complete relief from panic, Pete starts taking more pills. Finally he is up to eight pills a day. At that point, he feels slightly drunk a lot of the time. And, he still has a couple of panic attacks per day. He takes another pill when the panic attack comes. However, it only works a half hour later. He feels that he is on a roller-coaster of anxiety that comes and goes.



Pete manages to see a psychiatrist. She switches him to a medication, clonazepam, in the same chemical family as alprazolam. The new medication has a smooth effect that lasts 24 hours. Within two days, the roller-coaster of anxiety is completely gone.

The psychiatrist then follows the standard routine to control panic attacks. She starts Pete on an antidepressant. Once this starts to work after 3 weeks, she reduces Pete's daily dose of clonazepam little by little. After 3 months Pete no longer needs clonazepam, and he is still free of panic attacks.

I have seen several people who had this happen to them. If you have more than one panic attack per day, and if you are on lorazepam or alprazolam, ask your doctor to look at changing the medication.

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## CHAPTER 14

### SUICIDE

This is an important topic, even if it's unpleasant. However, we have to look at it as part of getting over depression.

Spoiler alert – antidepressants do not cause suicide. We look at that a few pages from now.

Before we get to that . . .

It's obvious that people who think about suicide, or try it, are depressed.

There are some simple and powerful ways to reduce the risk of suicide towards zero. These are for you or for a depressed person that you care about.

When we talk about suicidal behavior, we are actually talking about three separate things:

- Suicidal thinking, which is common for depressed persons.
- "Suicidal gestures," which are also fairly common.
- Actually committing suicide, which is not common, thank goodness.



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"The results do not suggest that antidepressant treatment increases the risk for suicidal behaviour in either youths or adults. Rather, it may reduce the risk."

So, it seems that *not* taking antidepressants increases the suicide risk for depressed people.

This idea is supported by doctors' observations after the initial misleading report in 2006.

Because of that report, many depressed people started refusing to take antidepressants.

For several years after that, the suicide rate actually went up.

So, please don't listen to people who tell you that antidepressants are dangerous. Listen to the real observations of doctors who have looked at more than half a million people who take antidepressants.





## CHAPTER 15

### TALK THERAPY

#### PART 1 – SUPPORTIVE TREATMENT

Here is the list of priorities that are mentioned in Chapter 5:

1. Get help and support from people around you. Especially, get a "Main Helper."
2. Get help from a mental health professional. Follow their advice about organizing your treatment.
3. Talk with a medical doctor (a GP or a psychiatrist) about how medication against depression could help you.
4. Take steps towards solving the problems that make you depressed.
5. Try to find some kind of talk therapy.
6. Start a mild exercise program, for example walking half an hour, 5 days a week. Check if you are physically healthy enough to do this.

We now look at priority number 5, talk therapy.

There are 2 main types of talk therapy:

- supportive therapy or another kind of supportive treatment, and
- active therapy that helps you get better.

The kind that you need immediately, today, is some sort of regular supportive contact.

Usually this is called supportive therapy. Commonly, the support is in the form of talking with a mental health professional for an hour every week or two weeks.

You often can't get this kind of sustained support from a person in your family or group of friends. The reason: people around you are likely to get worn out, and unable to help as much, if you ask for heavy emotional support a lot of the time.



Where I work, depressed persons sometimes become hopeless about this. They think that they won't get ahead unless they have one-on-one supportive sessions from a highly trained therapist.

If you truly feel that you need the one-on-one support – but can't afford it – you do have some options.

Use Google to search for "one-on-one counselling for depression online." There are a number of reliable and reputable online organizations. I won't list them here since there are so many. The price of counselling per hour varies quite a bit. Look for online reviews of the organization or counsellor. There are some scams out there.

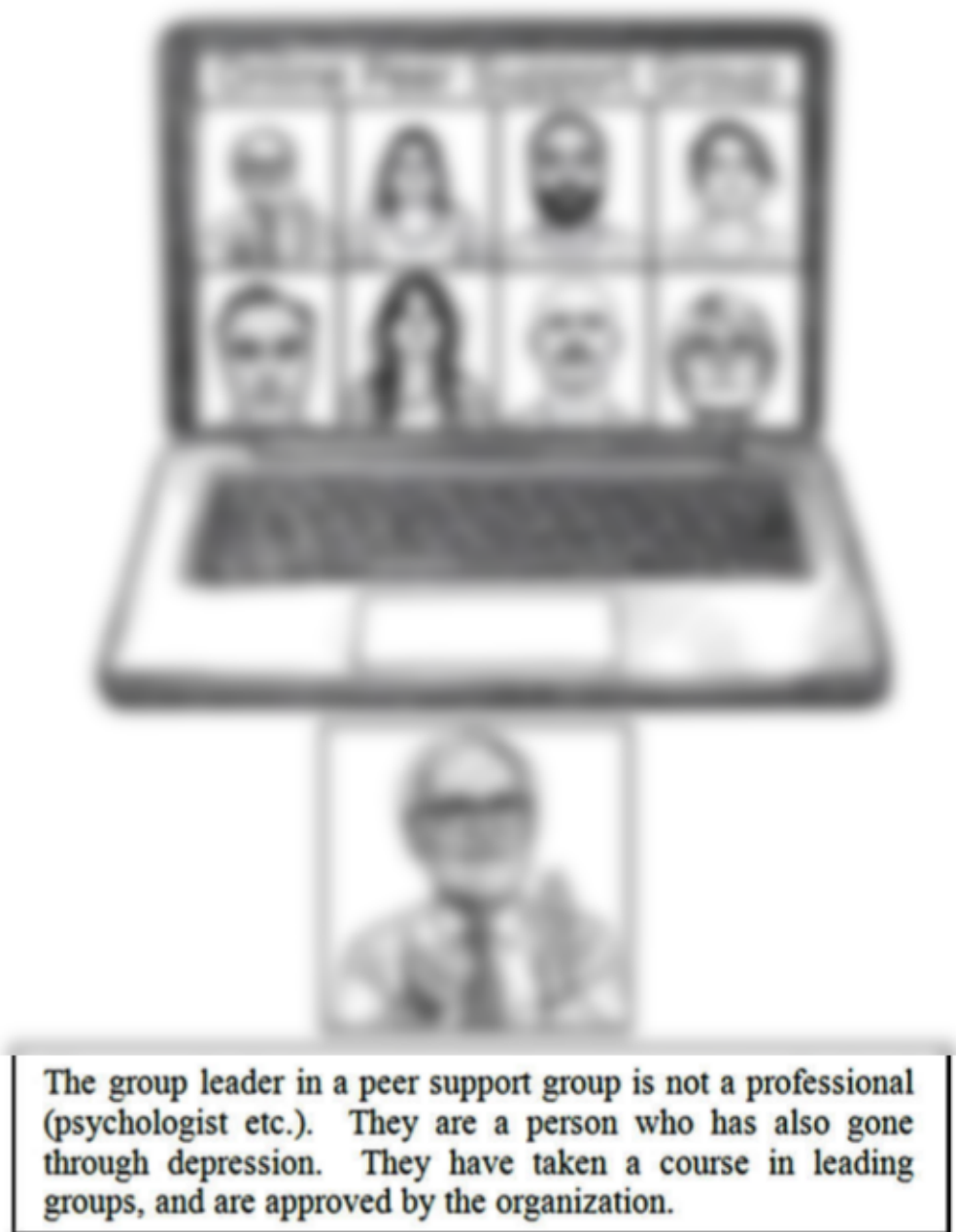
Here is a less expensive option:

You can get one-on-one supportive counselling, online, by persons who are not professionals. These counsellors have been through depression of their own, and are recovered. You have a wide choice of counsellors – with photos and bios – on [heypeers.com](http://heypeers.com). You still have to pay - \$30 per hour and up.

Also, consider this: you can get very good emotional support from group therapy. Research shows that the benefit that you get is, in many cases, as good as from individual therapy.

Group therapy in person, with a mental health professional, is sometimes available quickly and cheaply.

Don't turn up your nose at group therapy. Remember, individual therapy is, in a way, a kind of fake experience. The therapist definitely gives you care and support, but makes no emotional commitment to you. They see you for the paid experience and then it is over.



The group leader in a peer support group is not a professional (psychologist etc.). They are a person who has also gone through depression. They have taken a course in leading groups, and are approved by the organization.

The possible downsides to online support groups may include these:

- The group leader is not a mental health professional. For this reason, the leader's experience and knowledge may not cover all your issues and problems.
- A group member, or an organization, may give you wrong information that doesn't help you. This might include the opinion that all medication is always bad. Or, you may be told

## CHAPTER 16

### TALK THERAPY: PART 2

#### THERAPY THAT HELPS YOU GET BETTER

In Chapter 15, we looked at how you can get emotional support therapy or counselling from other persons, immediately, sometimes for low cost or no cost.

We now look at the kind of psychotherapy that actually helps you move ahead in getting better from depression.

It would be ideal for you to get this kind of psychotherapy. On the other hand, it may be expensive for you. Also, it may not really be necessary to get you out of your depression. Sometimes it's enough to have supportive treatment and problem-solving – with or without antidepressant medication.

For this kind of psychotherapy – which is not just supportive – you definitely need a qualified therapist. If you don't have the energy to look for a therapist, let your Main Helper search with you.

The quickest and most powerful treatment is what I call the learning therapy. In a way, it's like taking a course in school or college. You need a trained teacher who focuses on your particular issues and problems.

And, you may get homework! If so, it's not the drudgery kind of homework you got in school. It consists of daily mental exercises that speed up getting you better.

The learning therapy is properly called Cognitive-Behavioral Therapy or CBT. I'll use the term CBT for the rest of this chapter.

This book does not take the place of a real therapist. I will tell you what CBT is like. It is then up to you to find a therapist. Happily, this

kind of therapy doesn't go on forever. It is usually finished in 12 to 20 weekly sessions.

## COST

First off, check your health insurance if you have any. Sometimes it may pay for most of the therapy that you need.

To talk about the cost right away, it depends on the experience and reputation of the therapist. However, research tells us that there may not be a lot of difference in your improvement, whether you get an expensive therapist, or a less expensive therapist, as long as they have been trained and certified.

In 2025, if you pick a CBT private therapist from a Google search, they may tell you that their rate is \$80 to \$150 per hour, or more. You have to shop around. Sometimes you can get reasonably good therapy for \$50 an hour or less.

Also, even an expensive therapist may need new clients to fill out their working day. If so, they may offer you a lower hourly rate. Often this is on a "sliding scale" based on your income.

These days, most therapists are glad to see you online, or in their office, depending on your preference. The online sessions might be less expensive. Of course, online service may be more convenient to you. However, many people want the face-to-face contact in an office.

Is therapy worth the cost? Yes!

Look at it this way. Even if you paid \$100 an hour for 20 sessions (usually enough), you end up paying \$2,000. Many people get an income tax break of something like \$500 out of that figure.

Your high-quality therapy ends up costing \$1,500 out of your pocket. Possibly you spend more than that on your typical vacation. If so, just don't take a vacation this year, and, in a way, it's like getting the therapy free.

## EFFECTIVENESS

CBT gives a big boost to your mood – it's almost guaranteed.

Many pieces of research – involving thousands of persons – show that 3 to 5 months of CBT completely relieves depression for about 40% of depressed people. Most of the others improved a lot but remained a bit depressed.

The improvement figures are even better when you combine CBT with antidepressant medication. The combination leads to an 89% rate of complete recovery. In the research, "recovery" means that you no longer fit the catalog description of being depressed.

These findings are so consistent that doctors' and psychologists' organizations strongly recommend CBT plus medication as the standard treatment for moderate to severe depression.

For prolonged mild depression, CBT alone is often all you need.

What's more, research shows that people who get CBT are less likely to get another depression. If they do get one, it is milder and easier to recover from. This is because you still have the knowledge and skills against depression that you learned from your initial CBT.

Therapists sometimes say that CBT is like getting a vaccination against depression – without the needle.

Important – CBT aims to bring you back from depression, to the mood you have usually been in, in the past few years.

CBT, a short-term treatment, gives no guarantee of making you any happier than your previous baseline mood.

However, in some cases, therapy that goes on for longer than 5 months can improve your baseline mood over the long term. Ask your therapist what to expect.

Other types of psychotherapy for depression are also effective, if they are done right. However, the other therapies often drag out for months and months. Each session of those psychotherapies is still costly.

Overall, research shows that CBT is the cheapest, quickest, and most powerful therapy. For depression, just about everyone in the mental health world strongly recommends CBT.

For this reason, this chapter focuses only on Cognitive-Behavioral Therapy – CBT.

## WHAT COGNITIVE-BEHAVIORAL THERAPY (CBT) IS LIKE

As I said, count on 12 to 20 weekly sessions of therapy altogether. One session usually lasts 50 to 60 minutes. In some cases, the sessions may last an hour and a half.

In the first session, of course, you meet your therapist.



Some people are surprised that the therapist is not interested in digging into your childhood to find out why you are depressed. Instead, the focus is on the here and now.

The therapist is kind and comforting. They introduce the type of work that you will be doing together.

In these excerpts, the images are blurred for copyright reasons. In the book on Amazon, all images are clear and sharp.

## CHAPTER 17

### ANTIDEPRESSANT MEDICATION

Medications against depression – antidepressants – are a powerful tool for beating your depression. Overall, they are safe, but you have to be aware of possible side effects, of course.

**REMEMBER:** Antidepressants are never the whole treatment for depression. You can start antidepressants, but you also have to take steps to solve your problems (Chapter 6). On top of that, exercise for at least half an hour, at least 5 days a week. (Make sure that you are physically healthy enough for the exercise.)

And, try to get talk therapy (explained in Chapters 15 and 16).



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that particular dose. However, technically you might see further improvement over the following 3 weeks.

Ideally you would see your doctor again, 3 or 4 weeks after starting the medication.

The doctor looks at the dose and the side effects. If there is not enough improvement, the doctor might change the number of milligrams, or consider switching to another medication.



Stick with it . . . Antidepressants take 2 to 3 weeks to start working





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I notice that one or two new antidepressants come onto the market every year or two. If so, as far as I know, they are usually not more effective than the ones we already use. The difference is usually in terms of giving fewer side effects. Check the Internet, especially the site [drugs.com](http://drugs.com).

## "NATURAL" OR "HERBAL" ANTIDEPRESSANTS

Beware of these treatments. If you hate pills in general, remember that natural, or "alternative," medicines are also drugs.

One herbal remedy that definitely has an effect against depression is St. John's Wort. It works in the same way as the SSRI meds. It stimulates the same brain circuits, to lift a person's mood.



However, I would never take St. John's Wort, for these reasons:

- St. John's Wort has much worse side effects than the standard antidepressants that we use now.
- You don't really know what dose you are getting. The St. John's Wort pills that you buy in the health food store may tell you the dose in milligrams. However, 300 mg of one batch of St. John's Wort may be much stronger or weaker than 300 mg of another batch, even of the same brand.

## RECENT NEW TREATMENTS

I'll talk about Quetiapine, ketamine, esketamine, and magic mushrooms (psilocybin).

### QUETIAPINE XR

This pill was developed as an antipsychotic medicine in the 1990s. There is much research since 2009 about its effectiveness in severe depression. It turns out that Quetiapine XR can take the edge off the pain of intense severe depression, in more than 50% of people.

Sometimes a certain amount of relief comes within 3 to 7 days.

This relatively new use of Quetiapine XR for depression is still not known by some doctors. If you feel your depressive pain is severe and intense, especially if you are considering suicide, it might be worthwhile to talk to your doctor about this possibility. I have written a full summary of the research which the doctor can download at: <https://farjam1953.wixsite.com/beat-depression-quic>

### KETAMINE

About 50 years ago, this was known as a "horse tranquilizer." It is also given to other animals. It is considered to be safe and effective, if used carefully at the right doses.

Since the 1960s, it has also been used as a recreational or "pleasure" drug. (I would not recommend it for this!)

Ketamine is now used by doctors for short procedures including colonoscopy. It doesn't put you to sleep. Instead, it has a "dissociative" effect. This means that it gives you a feeling of floating in time, and some degree of unreality.

This is given for some procedures because it is often safer than putting a person to sleep. If you are given medication to make you sleep, theoretically you might choke on your own saliva, or have another complication.

## BRAIN TREATMENTS

Brain treatments for depression include "shock therapy" and also newer, less "shocking," treatments.

These include a treatment using magnetic waves to stimulate parts of the brain involved in mood control.

### ELECTROCONVULSIVE THERAPY (E.C.T.)

E.C.T. (electroconvulsive therapy) has been the medical term for "shock therapy" for more than 50 years.

E.C.T. is still a major treatment for severe depression. You may be surprised to learn that it is considered one of the safest treatments – safer than antidepressants even.

Also, it is the "gold standard" of treatments, since it gives the very best results. Up to 87% of people with *severe* depression get much better with E.C.T. Only 70 per cent of these severely depressed people get relief as good as that, with antidepressants or psychotherapy or both.

(I mentioned earlier that the combination of therapy and antidepressants caused recovery for 89% of people. This number includes mild, moderate, and severe depression. For *severe* depression, therapy plus antidepressants is not as good as E.C.T.)

If you asked me whether I would want "shock therapy" for a family member who is severely depressed, I would say "yes" in an instant. This is because it is not only effective and safe, but also rapid in terms of improvement.

## CHAPTER 19

### 12 COPIES OF DEPRESSION MEASUREMENT SCALES

The next 24 pages (12 sheets of paper) feature the two depression-measuring questionnaires that I talked about in Chapter 3.

It's a good idea to fill out the two questionnaires (only takes 5 minutes!) and bring them to every appointment with your doctor or other mental health provider.

You can tear the questionnaire sheets out of the book one at a time.