It’s amazing how quickly the switch can flip. One day Matt Haig was living an enviable life on the Spanish island of Ibiza, the next he was torn apart by panic, darkness and dread, and within three days he was standing at the top of a cliff. The British writer did not want to die, he explains in his new book, *Reasons to Stay Alive*, he wanted to escape the pain. “If you have ever believed a depressive wants to be happy, you are wrong,” he writes. “They could not care less about the luxury of happiness. They just want to feel an absence of pain. To escape a mind on fire, where thoughts blaze and smoke like old possessions lost to arson. To be normal. Or as normal is impossible, to be empty. And the only way I could be empty was to stop living. One minus one is zero.” Haig was 24. He desperately wanted out, but was scared if he jumped he would end up alive and paralysed – trapped, motionless, with his mutinous thoughts. He thought of his family and his girlfriend, and even as he cursed them for barring his escape from hell, they beckoned him back from the edge. Eventually he walked, vomiting, away from the cliff, but spent the next few years washing up against the sharp edges of his own mind. “You don’t have a second,” writes Haig. “You don’t have a single waking second outside of the fear. That is not an exaggeration. You crave a moment, a single second of not being terrified, but that moment never comes.” Yet Haig, now 39 and the author of five novels and a clutch of children’s books, has not penned a mental illness memoir. Although he writes in devastating detail

**One of his most powerful weapons remains the Bank of Bad Days.**

Driven to the absolute brink by depression, author Matt Haig inched his way back to health. Now he’s sharing his secrets for avoiding the fear and panic. by VERONICA SCHMIDT
about his long battle with severe depression and the panic disorder that accompanied it, he also offers humour and hope. There are lists of the things he changed, to descriptions of the practices that aided him, interesting research on mental illness and conversations across time between his younger self and his current, happier self. He scatters all this through his tale of suffering like breadcrumbs, revealing his path back to health.

"I'm going to sound a bit grand here," Haig laughs down the phone from his home in York, "but I kind of had to invent a new kind of book." Originally, he planned to write a factual, impersonal volume. "I started to research and realised how little we still know about depression and anxiety and all those related things. The science still isn't really there yet ... but I realised what we do have and what we do know is our own personal experiences."

Unfortunately, he says, stigma stops people not only from sharing their experiences of mental illness but also what helped them to recover and what keeps them well. "I'm a lot better than I used to be, and when I was very, very ill, I didn't believe it was possible to get better, [yet] I did ... That's a useful human experience to share."

It certainly seems so. Reasons to Stay Alive has enjoyed explosive success since its UK release in March, impressing critics, lingering at the top of best-seller lists, and turning Haig's dark brown eyes and angular jawline into a common sight on newspaper pages and TV screens. "It's blown up in a way I'm not used to and I've always wanted to happen with my novels. It's a double-edged sword – it's happened with the most traumatic experience of my life. They just want my pain, they want blood!" says Haig, laughing.

STUCK WITH THE STIGMA
The reaction is, perhaps, unsurprising. Globally, more than 350 million people suffer from depression. In New Zealand, one in seven young people will have a major depressive disorder before they turn 24 and one in six Kiwis will experience depression at some point in their life. Despite such a high incidence, stigma continues to surround the illness. It stopped Haig from accessing treatment. After Andres, his girlfriend – now his wife – helped him onto a plane in Ibiza and back home to England, he spent three months inside his parents' home, gripped by panic and afraid to venture even as far as the corner shop alone. "Those days were the most intense I have lived," he writes. "Those days contained thousands of tiny battles."

For several years, Haig clung to Andrea like a life raft while he slowly drifted towards health, but through it all he went to the GP only twice. "I was so phobic about going down that route, [of] being seen as a mad person – the stigma was tormenting me. I was scared of ending up in a mental hospital; I was so scared of being institutionalised in any way." It's not an uncommon reaction. In 1996, the Mason Inquiry into New Zealand Mental Health Services found that stigma and discrimination were barriers to recovery from mental illness. Since then, surveys carried out by the anti-discrimination programme Like Minds, Like Mine have shown public attitudes have improved significantly, but Mental Health Foundation chief executive Judy Clements says there are probably still some people, men particularly, suffering in silence because of stigma. She points to the Germanwings air disaster and the string of life-threatening situations, "It's an extreme, potentially fatal illness, and yet people still imagine that if it happened to them, they'd just be able to pull themselves together," he says. The pressure this puts on men is particularly troubling. Although women are more likely to be diagnosed with depression, men are more likely to commit suicide. In New Zealand, males are three to four times more likely to end their own lives than females. "I think that's because so many men don't recognise what they've got and are scared and worried about talking about it, because right off the bat there's that sexist cliché of the strong man," says Haig. "I think that cliché of the tough, capable male makes men automatically feel weak and hate themselves for wanting to get help."

A new study suggests exercise also allows the body to filter harmful substances that accumulate in people who are depressed.

JAGGED LITTLE PILLS
In Ibiza, after three days without sleep, shaking from the adrenaline flooding his body and vomiting after trying to eat, Haig remained adamant he didn't want to seek help. Andrea overruled him and a GP prescribed him the anti-anxiety drug diazepam as well as sleeping pills. The diazepam failed to quell Haig's panic and that failure sent him into an even more terrifying spin. He was too scared to ever try other medication.

"If a pill could have helped, then I should have taken it," he writes. "If I'd had something to lessen that mental agony (and really that is the words, then maybe it would have been easier to recover from."

But his book also lays out the pitfalls of pills, and he says in the final analysis he's glad he found his way through his illness without medication. "By not taking it, I became very in tune with myself. This helped me know what exactly made me feel better." His conflicting thoughts reflect the divergent opinions surrounding the antidepressants commonly used to treat both depression and anxiety disorders. A long-running debate continues over whether antidepressants are effective, whether they're worth the potential side effects and substances that antidepressants are effective, whether they're worth the potential side effects and

Celebrities who were driven to attempt suicide but went on to thrive, clockwise from top left: Elizabeth Taylor, Halle Berry, Stephen Fry, Tina Turner, Owen Wilson, Billy Joel, Brigitte Bardot, Mark Twain, Drew Barrymore.
whether they’re over-prescribed. Between 1997 and 2005, the number of prescriptions for a course of antidepressants in New Zea-
land almost doubled, from 1.1 million to 2.1 million, and prescription numbers continue to grow every year.

Dr Gilles Newton-Howes, a psychiatrist and senior lecturer in the Department of Psychological Medicine at the Univer-
sity of Otago, Wellington, says how well antidepressants work varies according to the patient and how depressed he or she is. “The more depressed you are, the better they work,” he says. “The way I read the literature, they are effective for major depres-
sive episodes.” They can also help to mild to moderate depression, but the chance of success is lower.

WHAT’S THE ALTERNATIVE?

Therapy is often recommended in treating depression instead of or in conjunction with medication. Many types, including cognitive behavioural therapy, have been found to be as effective as antidepressants for people with milder forms of depression. Talking therapies are also recommended for severe depression, for which they’re usually used alongside drug therapy.

The benefits can be long-lasting. Last year, researchers at the Johns Hopkins Bloom-

berg School of Public Health published a study that tracked a group of Danish people who had attempted suicide. They found that those who volunteered to take part in short-term psychosocial therapy (six to 10 sessions) were about 25% less likely to subsequently die from suicide or to attempt suicide again.

Haug, tormented by stigma and terrified of the system, eschewed both medication and talking therapy. “I wish I had explored that avenue,” he says. “I took the long way around, basically, in terms of getting better.”

Suffering back-to-back panic attacks, he started jogging because it allowed him to momentarily stop thinking about the physical symptoms of panic. If his heart pounded, his breathing became jagged or sweat poured from his body, he didn’t matter – he ran. “I once told the guy who was supposed to respond that way. But the exercise began to clear the mental fog, if only momentarily. ‘I would come back from a run and stretch and feel a gentle sense of release, as though depression and anxiety were slowly evaporating from inside me,’ he writes.

Numerous studies have found that exercise significantly relieves the symptoms of depression and anxiety disorders, with some research finding regular exercise is as effective as antidepressants. For a long time, this effect was put down to the endorphins released during physical activity, but a new study, published late last year, suggests exercise also allows the body to filter harmful changes that accumulate in depressed people who are depressed. Neuroscientists at Sweden’s Karolinska Institutet found that mice with a muscle protein, PGC-1α, triggered by exercise were able to purge the body of the substance kynurenine, which is created during stress and found in high levels in people suffering from mental illness. The mice transformed the kynurenine to kynurenic acid by key enzymes that pass from the blood to the brain. When scientists manipulated the mice’s living environment to be stressful, the mice with PGC-1α continued to function normally, whereas the mice without it began to display behaviours associated with depression.

FOOD AND FEELINGS

It’s part of the increasing evidence that the physical and mental are fundamen-
tally intertwined. Diet is increasingly being linked to depression. Studies on high

nutrients, such as B vitamins and omega-3 fatty acids, have long suggested certain foods may help protect from depression, but scientists looking at overall diet are finding compelling evidence that almost everything we consume affects both our physical and mental health.

A 2012 study headed by scientists from Spain’s University of Las Palmas de Gran Canaria and the University of Granada found that women who consumed the highest level of fish, nuts and fruits and vegetables had a 41% lower risk of depression than women who consumed the highest level of meat and red meat. The researchers found that the more fish and vegetables people ate, the lower the risk of depression and anxiety, which they concluded could be due to the anti-inflammatory properties of specific nutrients, such as omega-3 fatty acids. The researchers also noted that a diet rich in fruits and vegetables is known to increase the body’s level of antioxidants, which can help protect against depression.

Women with diets high in foods that trigger inflammation, such as soft drinks, and low in green leafy vegetables were 41% more likely to become depressed.

THE BANK OF BAD DAYS

“Get to know yourself” is a message Haig repeats throughout his book and down the page from line from England. “It’s about being your own observatory, working out what’s going on, being in tune with yourself – because what worked for me won’t automatically work for you. No two people get depression in exactly the same way.”

These days, if the black dog starts sniffing around, he has a host of things he can try – 80s movies, slow breathing, Emily Dickin-

son poems, being low-key, writing, reading for long walks, becoming absorbed in a pro-

ject or spending time with people he loves. “It’s a really tricky thing I can feel the effect of that. It’s just about taking care of your own body.”

The day you made your parents cry. The day you were in exactly the same way.”

“I’ll be feeling pretty bad … I love spicy foods and I drink on occasion but keeps it moderate. “If you’re having another bad day, you can

MIND HEALTH SPECIAL

Women with diets high in foods that trigger inflammation, such as soft drinks, and low in green leafy vegetables were 41% more likely to become depressed.

Matt Haig: “The storm needs. Believe me."

“**I’m a happy depressive at the moment … but if I drink on consecutive days, within a week I’ll be feeling pretty bad.”**

The scientific popularity of mindfulness is supported by a growing body of research. Sara Lazar, a Harvard Medical School psychology instructor and Massachusetts General Hospital psychiatric neuroimaging researcher, led a team of researchers who took MRIs of 32 people’s brains. Half the participants then took part in an eight-week mindfulness-based stress-reduction programme. When the MRIs were repeated, the control group’s brains were found to be unchanged, whereas those who had practised mindfulness meditation had increased grey-matter density in the amygdala, an area of the brain known to play a role in anxiety and stress. The group also had increased grey-matter density in the hippocampus, a region important for learning and memory, and in structures associated with self-awareness, compassion and introspection (see page 26).

**TALK, LISTEN …**

Mindfulness, jogging, diet, yoga, the Bank of Bad Days – if the effort it took Haig to recover from depression, was. Was it worth it? Were there reasons to stay alive? Oh, yes. In a conversation between his cur-

rent self and his younger self, Haig writes: “That’s terrible. Trust me.”

Now me: “Well, you’re not going to.”

Then me: ‘That’s terrible.’

Now me: “No. It’s wonderful. Trust me.”

Then me: ‘I just can’t cope with the pain.’

Now me: “I know. You’re going to have it. And it will be worth it.”

Then me: ‘Why? Is everything perfect in the future?’

Now me: “Of course not. Life is never perfect. And I still get depressed from time to time. But I’m at a better place. The pain is not as bad. I’ve found out who I am. I’m happy. Right now, I’m the happy. I start to live again.”

Perhaps the only thing that might have surprised then-Haig more than knowing that he’d live to see 40 is that he’d eventually shuck off stigma’s stuffy hold on him so completely that he’d talk about depression, write about depression and do his utmost to ensure no one else’s recovery was blighted by it.

“What should we do?” he writes of the luminous stigma. “Talk. Listen. Encour-

age talking. Encourage listening. Keep adding to the conversation. Stay on the lookout for those wanting to join in the conversation. Keep reiterating again and again that depression isn’t something you ‘admit to’, it’s not something you have to ashamed about it. The boy-girl-man-woman-young-old-black-
white-gay-straight-rich-poor experience. “It is not you. It’s simply something that happens to us all, and we can often be eased by talking. Words. Comfort. Support. It took me more than a decade to be able to talk openly, personally, to everyone, about how I felt, with no fear of when the act of talking is in itself a therapy. Where talk exists, so does hope.”