

# DEPRESSION

## What is Depression?

The term depression is often used to describe feelings of sadness and unhappiness that exist in response to stressful circumstances faced in everyday life. However, this is different to the clinical condition also known as depression.

Clinical depression is a mood disorder that impacts significantly on a person's thoughts, feelings, behaviours and physical well being. It is distinguished from normal feelings of depression by:

- The presence of specific signs and symptoms
- The nature of these symptoms (severity, persistence and duration).

The frequency and duration of depression and the intervals between episodes can vary, depending on the individual and the type of depression. Some people will experience only one or a few depressive episode in their lifetime, while others may have ongoing episodes throughout their life. Episodes of depression can be exacerbated by life events and stress, while for some people episodes may seem to occur for no reason.

There are many misconceptions about depression in the wider community, suggesting that weakness of character is the reason for developing the illness and that 'getting over it' is simply a case of 'pulling your socks up' or 'mind over matter'. It is important to understand that clinical depression is not so simplistic, and it takes more than just an effort of will to recover from a serious depressive episode.

## Why learn about Depression?

Having a clear knowledge and understanding of:

- The illness depression;
- Treatments; and
- How to better manage and recover from depression

can lead to greater personal control over the illness, thus reducing its impact on quality of life and life roles. This process of acquiring knowledge and increasing understanding of mental illness and related issues is referred to as **psychoeducation**.

## How common is Depression?

Depression is a very common medical condition. On average, one in five females and one in eight males will experience depression in their lifetime.

People can experience depression at any time in life but it seems to be more commonly diagnosed in young adults, the middle aged and women.

### What Causes Depression?

The causes of depression can vary from individual to individual, but are thought to include the following:

#### Genetic Factors

Research indicates that depression tends to run in families. People with a close relative who has depression have a greater chance of developing the disorder compared to the general population.

#### Biochemical Factors

Depression is associated with a chemical imbalance in the brain that can be minimised with the use of certain medications. Current evidence suggests there are unusually low levels of the neurotransmitters serotonin and noradrenaline during a depressive episode.

#### Environmental Factors

It is believed that high stress levels can exacerbate or even trigger depression. Contributory environmental factors may include social isolation, traumatic events, physical illness, excessive alcohol or illicit substance use.

#### Personality Factors

It is thought that people with specific personality types (eg- perfectionistic or dependent) may be more prone to developing depression under certain circumstances.

#### Other Health Conditions

Symptoms of depression can commonly occur in conjunction with other psychiatric conditions (schizophrenia, bipolar, anxiety) or physical health conditions (glandular fever, hepatitis, HIV, hypothyroidism etc).

A very small number of prescription medications (eg- some used for hypertension & parkinsonian symptoms) can cause depression. It is important to discuss medications and potential side effects with your treating doctor.

### What are the Different Types of Depression?

- **Major depression** – Clinical depression
- **Endogenous depression** – Clinical depression with the increased presence of physical complaints/ symptoms from the individual.
- **Dysthymia** – A milder form of clinical depression with a longer duration.
- **Post natal depression** – Clinical depression experienced after the birth of a child.
- **Bipolar disorder** – A mental illness where the individual experiences both manic episodes (highs) and clinical depression (lows).

Other types of depression include:

- **Reactive depression** – Depression in response to a traumatic or stressful event.
- **Psychotic depression** – The experience of psychotic symptoms with depression.
- **Seasonal affective disorder** – Depression occurs during the colder winter months.
- **Substance induced depression** – Depression triggered by alcohol/ illicit drug use.
- **Atypical depression** – The symptoms of the depression present differently.

## What are the Symptoms of Depression?

Feeling	Thinking	Behaving
<ul style="list-style-type: none"> <li>Markedly depressed mood</li> <li>Worthless or an extreme sense of guilt</li> <li>Reduced confidence and self esteem</li> <li>Loss of interest and enjoyment in pleasurable activities</li> <li>Reduced energy leading to fatigue and diminished activity</li> <li>Cranky or irritable</li> <li>Physically unwell</li> <li>Fearful about people, places and events</li> </ul>	<ul style="list-style-type: none"> <li>Negative or pessimistic thoughts</li> <li>Difficulty concentrating</li> <li>Reduced memory</li> <li>Thoughts of suicide or death</li> <li>Thoughts or actions of self harm</li> <li>Bleak view of the future</li> <li>Persistent worries</li> <li>Persecutory thoughts</li> <li>Indecisiveness</li> <li>Difficulty thinking through and sorting out problems</li> </ul>	<ul style="list-style-type: none"> <li>Sleep disturbances (unable to sleep despite fatigue or excessive sleep)</li> <li>Disturbed appetite (over or under eating)</li> <li>Diminished libido</li> <li>Changes in psychomotor activity (either slower or faster)</li> <li>Difficulty tackling day to day activities and work</li> <li>Reduced contact with friends and community</li> <li>Becoming teary/ crying easily or for long periods.</li> </ul>

### Who is involved in my treatment?

Case managers come from a range of backgrounds and qualifications. A case manager could be a psychologist, social worker, occupational therapist or mental health nurse.

A **case manager** will work collaboratively with you and your family to:

- Provide information about depression
- Provide individual support and therapy that will help recovery. For example, learning practical ways to prevent further episodes, such as stress management.
- Identify other goals that are important to you in recovery
- Identify and introduce services within and outside RBWH that may be able to help you achieve your goals (eg. education, money matters, managing substance use, accommodation or employment).

You will also be seen by a **psychiatrist** (a doctor who is specifically qualified in treating mental illness). The doctor has an important role in:

- Clarifying the type of disorder that you are experiencing
- Making sure that the disorder isn't caused by any physical illness
- Developing plans for treatment and monitoring recovery in conjunction with the case manager and yourself

### Recovery

Recovery is described as a "journey toward a new and valued sense of identity, role and purpose outside the parameters of mental illness; and living well despite any limitations resulting from the illness, its treatment, and personal and environmental conditions". It is very important for you to be an active participant in your recovery journey working closely with the treating team (doctor, case manager and others) to develop your strengths assessment and goal plan which are tools that can guide your recovery. A Framework of recovery ensures that hope, respect and pathways to community participation are incorporated into the day to day activities of rehabilitation programmes.

## What Treatments are Available for Depression?

The treatment plan is in line with the framework of recovery being a “journey toward a new and valued sense of identity, role and purpose outside the parameters of mental illness; and living well despite any limitations resulting from the illness, its treatment, and personal and environmental conditions”. It is very important for you to be an active participant in your recovery journey working closely with the treating team (doctor, case manager and others).

### 1. Medication

Antidepressant medication is prescribed in circumstances where the depression is severe, recurrent, there is a previous personal or family history or other therapies have been unsuccessful.

There are a number of classes of antidepressants that all work in different ways. The medications in each class may be available under many brand names. It can take time to find which antidepressant best suits your needs, so discussing it fully with your treating doctor is important. The duration for taking medication depends on the individual, but people who have experienced two or more episodes are encouraged to comply for a number of years in an attempt to prevent future relapse.

Other medications that may also be prescribed include antipsychotic medication, anti-anxiety medication and medications to reduce side effects. For further information, refer to RBWH anti-depressants information sheet.

### 2. Rehabilitation

The aim of treatment is to provide practical support and guidance and may include assistance from case managers, as well as referral to community organisations or other programs.

#### **Cognitive Behavioural Therapy (CBT)**

CBT helps individuals to identify and correct negative, irrational thoughts that are unhelpful & may exacerbate illness symptoms. By learning to think about life situations in a more realistic and constructive manner, people are more able to cope with the day to day challenges they face, and learn to better control how they react to given circumstances. CBT may be taught in an individual or group environment, and may include assistance with problem solving and goal planning.

#### **Education and Skills Training**

In order to reduce residual symptoms, and promote recovery, other rehabilitative services may be provided, including: employment programs, social skills training, structured activity, stress management, relaxation training, financial/ budgeting interventions, encouraging maintenance of physical health and social supports. Education and information is provided about a variety of issues, such as symptom management, relapse prevention, medical treatments or family education

### 3. Electroconvulsive Therapy (ECT)

ECT is a medical procedure that involves the application of an electrical stimulus to the scalp, inducing the brain to release neurotransmitters. It assists in the reduction of the severity of the illness and frequency of symptoms. While a number of misconceptions and misgivings exist around the use of ECT, it has been proven to be a highly effective and safe treatment:

- For people experiencing extreme psychotic, manic or depressive symptoms.
- Where previous responses to ECT have been effective.
- Where other treatment strategies have been ineffective.
- Where rapid treatment response is required.

### What Helps a Person Better Manage Depression?

- Understanding the illness and looking after physical health
- Taking medication and actively participating in therapy/interventions to improve coping strategies.
- Learning how to recognise and better manage stress
- Maintaining regular routines and activities
- Support networks - friends, family, treating doctor or community service

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### References

Australian Bureau of Statistics (2008). *2007 National Survey of Mental Health and Wellbeing: Summary of Results* (4326.0) Canberra:ABS

Beyondblue: the national depression initiative, 2009. [www.beyondblue.org.au](http://www.beyondblue.org.au)

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Dekker, J et al (2001) Combining psychotherapy & antidepressants in the treatment of depression. *Journal of Affective Disorders* 64(2-3): 217-229.

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Tanner, S & Ball, J (1989) *Beating the Blues. A self help approach to overcoming depression*. Doubleday: Sydney.

Treatment Protocol Project (2004) *Management of Mental Disorders 4<sup>th</sup> Edition*, World Health Organisation Collaborating Centre for Evidence in Mental Health Policy, Darlinghurst.

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## Further Information

<b>Association for Relatives &amp; Friends of the Mentally Ill (ARAFMI)</b>	(07) 3254 1881
<b>Mental Illness Fellowship</b> www.mifq.org.au	(07) 3358 4424
<b>Mental Health Association of Queensland (MHAQ)</b>	(07) 3271 5544

<b>Relationships Australia</b>	1300 364 277
<b>Suicide Call Back Service</b>	1300 659 467
<b>Lifeline</b>	13 11 14

<b>Beyondblue</b> www.beyondblue.org.au Information on depression, anxiety & bipolar disorder  <b>www.youthbeyondblue.com</b> Beyondblue's website for young people	1300 22 4636
<b>SANE</b> www.sane.org Information on depression and other mental disorders	1800 187 263
<b>Clinical Research Unit for Anxiety &amp; Depression</b> www.crufad.unsw.edu.au Self help for those troubled by anxiety & depression and information for clinicians	
<b>Blue Pages</b> www.bluepages.anu.edu.au Scientific evidence on interventions for depression	
<b>Psych Central</b> www.psychcentral.com Online mental health network providing information and self-help support communities	
<b>Mental Health Matters</b> (www.mental-health-matters.com) Articles on depression and other mental disorders	