



Caring for a person experiencing **Depression**

Case study

Phil is a 60 year old retired accountant. He has suffered from asthma most of his life. He has been admitted to hospital for treatment of pneumonia. He is taking medication for depression but despite this he appears very down. He reports that he has not been able to sleep, does not feel like eating and has not been interested in anything. He appears to be neglecting himself.

The following information could help you nurse a patient like Phil.

What is depression?

Depression is extremely common, affecting one in five Australians over their lifetime. Depression is a word often used to describe feelings of sadness and grief that all people experience at times. However, for a person to be clinically diagnosed with a depressive disorder, his or her symptoms are usually much more intense and must have been present for at least two weeks. Depression is commonly accompanied by feelings of anxiety or agitation.

Symptoms and types of depression

Depression is also referred to as a **mood disorder**. The primary subtypes are **major depression, dysthymia** (chronic and usually milder depression), and **atypical depression**.

Depression that begins or occurs during or after pregnancy is referred to as a type of perinatal mood disorder (which includes ante-natal and post-natal depression). See the MIND Essentials resource 'Caring for a person experiencing mental illness in the perinatal period' for more information.

Depression that occurs in conjunction with episodes of mania may be symptomatic of bipolar affective disorder. See the MIND Essentials resource 'Caring for a person experiencing mania' for more information.

Core symptoms of depression include:

- ◆ sleep disturbance
- ◆ appetite or weight changes
- ◆ dysphoria (a 'bad mood', irritability, or sadness)
- ◆ anhedonia (loss of interest in work, hobbies, sex, etc.)
- ◆ fatigue (often manifesting as difficulty completing tasks)
- ◆ agitation or retardation, especially in the elderly
- ◆ diminished concentration, difficulty with simple tasks, conversations etc.

- ◆ low self-esteem or feelings of guilt
- ◆ suicidal thoughts present in two-thirds of people experiencing depression.

Children and adolescents may present with an irritable or cranky mood rather than being sad or dejected.

Causes, onset and course of depression

People may experience depression as a result of any one (or more) of a range of factors, including:

- ◆ biochemistry
- ◆ physical stress
- ◆ chronic or sustained illness
- ◆ seasonal influences
- ◆ genetic predisposition
- ◆ life stressors
- ◆ personality factors

Depression may have an acute or gradual onset and can be experienced any time over the course of a person's life.

Difficulties in diagnosis

Depression can be difficult to diagnose, as people may present complaining of physical problems, which may obscure a psychiatric diagnosis. Depressive disorders often coexist with, and may be secondary to, other mental disorders. Particularly high rates of depression are found in people with alcohol-related disorders, eating disorders, schizophrenia and somatoform disorders (vague physical complaints with no physical basis). Determining which disorder is primary and which is secondary is often a difficult task.

Many of the people nurses care for, both young and old, are at risk of developing depression due to longstanding physical illness and disability. Further, depression can present as an early sign of dementia. It is important then for nurses to remain alert to this possibility.

See Table 1 in the MIND Essentials resource 'Caring for a person with dementia' for helpful information on the different features of depression and dementia.

A person's perspective on what it is like to experience depression

'When I am depressed I feel raw, extremely sensitive and trapped in a black hole. I feel tired all the time because I struggle to sleep. One of the worst times is in the early hours of the morning because I wake up all alone in the darkness and everyone and everything in my world is asleep. I find it so hard and hurtful when people tell me to "pull myself together" because I simply don't have the energy to get out of the black hole I'm trapped in. I then feel like a failure because I can't pull myself together.'

Some reported reactions to people experiencing depression

Nurses who have worked with people who are depressed have reported the following reactions:

- Disregard** When depressive symptoms are seen as being able to be controlled, unacceptable or embellished, nurses may have difficulty understanding the person's experience. This may lead to a minimisation or disregard for the person's symptoms. For example, common beliefs expressed are 'it's all in her mind' or 'he should just get over it'.
- Inadequacy** Nurses can feel inadequate if strategies are not helpful in making a quick impact on the depression.
- Frustration** This can develop when suggested strategies by the nurse are unsuccessful and the person continues to feel hopeless and helpless.
- Hopelessness** This can develop when the nurse feels completely unable to help the person, and as a result, become convinced by the person's belief that nothing can be done to help them. Alternatively, the person's depression may cause the nurse to focus on his or her own sadness, leading to depression.

These feelings are more likely if nurses lack knowledge about depression or if they have unrealistically high expectations of their capacity to help. This is particularly true if a nurse sees the person for only a short period.

Goals for nursing a person experiencing depression

Appropriate goals for caring for a person with depression in a community or hospital setting include:

- ◆ Develop a relationship with the person based on empathy and trust.
- ◆ Promote the person's sense of positive self-regard.
- ◆ Promote effective coping and problem solving skills in a way that is empowering to the person.
- ◆ Promote positive health behaviours, including medication compliance and healthy lifestyle choices (for example diet, exercise, not smoking, limit consumption of alcohol and other substances).
- ◆ Promote the person's engagement with their social and support network.
- ◆ Ensure effective collaboration with other relevant service providers through development of effective working relationships and communication.
- ◆ Support and promote self care activities for families and carers of the person with depression.

Guidelines for responding to a person experiencing depression

- ◆ Arrange for a review of the person's medication for depression and an initial or follow-up psychiatric assessment if their care plan needs reviewing. A mental health assessment may be appropriate to undertake — see the MIND Essentials resource 'What is a mental health assessment?'.
- ◆ Assess whether the person's helplessness or hopelessness are indicators of suicidal thinking. Refer to the MIND Essentials resource 'Caring for a person who is suicidal'.
- ◆ A person's cultural background can influence the way symptoms of mental illness are expressed or understood. It is essential to take this into account when formulating diagnosis and care plans. Indigenous mental health workers or multicultural mental health coordinators and the Transcultural Clinical Consultation Service from Queensland Transcultural Mental Health Centre are available for advice and assistance in understanding these issues.

For more information please visit www.health.qld.gov.au/pahospital/qtmhc/default.asp

- ◆ Encourage the person to talk about how he or she feels and respond with respect. Do not make or agree with any negative comments or behaviours that are self-defeating and gently challenge the person's negative assumptions by providing alternative perspectives. For example, you could ask: 'What would you say to a good friend in these circumstances?'
- ◆ Show empathy and support. However, avoid being overly sympathetic, as the person may feel that you are being condescending.
- ◆ Avoid statements such as 'Things can't be that bad' and 'Everything will be okay', as the person might feel that you do not really understand his or her problems. This may make the person unwilling to share other feelings.
- ◆ Encourage the person to carry out self-care, even though it may be easier for a nurse to do these things.
- ◆ Encourage the person to participate in purposeful activity and daily routine. Assure the person that the extra effort will be worth it in the long run.
- ◆ Point out any improvements in the person's condition (for example, sleeping and eating patterns), as he or she may be unable to recognise these.
- ◆ Reinforce the person's strengths and positive attributes by encouraging the person to value his or her achievements, relationships and health.
- ◆ Encourage the person to increase self-esteem by being more compassionate towards himself or herself (for example, help them to identify small but important goals and ways of celebrating when they are reached).
- ◆ Help the person to identify and develop a range of contacts for support and socialisation. This may include helping the person to write a list of friends who could be contacted when extra support is needed or identifying interests that could be expanded upon by joining a group of like minded people (for example, arts groups, sports groups).
- ◆ Monitor recovery, compliance with medication and general physical health (including nutrition, weight, blood pressure etc.). Provide education on possible side effects to any medication (if appropriate) and work with the person to develop appropriate actions to address any issues.
- ◆ Provide family members and carers with information about the illness, if appropriate, as well as reassure and validate experiences with the person. Encourage family members and carers to look after themselves and seek support if required.
- ◆ Be aware of your own feelings when nursing a person with depression. Arrange for debriefing for yourself or for any colleague who may require support or assistance — this may occur with a clinical supervisor or an employee assistance service counsellor.

The Employee Assistance Service provides confidential, short-term counselling free-of-charge to Queensland Health staff to assist them to resolve personal and work related problems. For more information visit <http://qheps.health.qld.gov.au/eap/home.htm>

Treatment for depression

With the modern therapies available, treatment of depression is highly successful. People who are depressed should not hesitate to contact their GP, who may help them resolve the problem or refer them to a mental health professional.

The type of treatment depends on the type of depression and its severity. The following treatments may be used alone or in combination.

Counselling and psychological therapies

Counselling can assist people sort out practical problems and conflicts, and help them understand the reasons for their depression. It may include specific types of intervention such as cognitive behaviour therapy (CBT), interpersonal therapy, family therapy and psychodynamic psychotherapy.

Psychosocial strategies including education, counselling and support for the person and his or her family can help with understanding, stress management and compliance with medication.

Medication

Antidepressant drugs help to relieve the depression, restore normal sleeping patterns and appetite, and reduce anxiety. They work by modifying the activity of neurotransmitter pathways. There are a number of categories of antidepressants, including:

- ◆ selective serotonin uptake inhibitors (SSRIs), (for example, sertraline, paroxetine)
- ◆ serotonin or noradrenalin reuptake inhibitors (SNRIs), (for example, venlafaxine)
- ◆ atypical antidepressants (for example, nefazadone and/or mirtazepine)
- ◆ tricyclic (for example, amitriptyline, doxepin)
- ◆ monoamine oxidase inhibitors (for example, phenelzine, tranylcypromine).

ECT

Electroconvulsive therapy (ECT), is a safe and highly effective treatment for the most severe forms of depression. Many misconceptions remain regarding its use, possibly owing to inaccurate depictions in the media.

The procedure involves the use of short-acting anaesthesia, muscle relaxants and oxygen, and the person is carefully monitored throughout the procedure and during recovery. The aim is to induce a highly modified seizure, which is thought to positively influence levels of neurotransmitters, leading to improvement in mood or reduction of psychotic symptoms.

ECT may be life-saving for those at high risk of suicide or who, because of the severity of their illness, have stopped eating and drinking and may die as a result.

Discharge planning

Discuss referral options with the person and consider referrals to the following:

- ◆ GP
- ◆ Community Child Health
- ◆ Community Health
- ◆ Mental Health Services (infant, child and youth or adult)
- ◆ Private service providers

To access the contact numbers and details for your local services use QFinder (available on QHEPS) or call 13HEALTH (13 43 25 84).

Further reading

For more information, see the Mental Health First Aid Manual at www.mhfa.com.au (internet access required).

Sources

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