



Understanding depression

What is depression?

Most people experience (lows) throughout their life. However, we are talking here about a depression that is not just a low mood but a persistent low mood with physical and psychological symptoms.

The expression 'clinical depression' describes a group of illnesses that are characterised by an excessive or long-term depressed mood that affects the person's life. Depression is often associated with anxiety.

Depression is often not recognised and, as a consequence, left untreated.

Depression has been described medically in many ways over time. Recent explanations of reactive (triggered by a stressful event) and endogenous (not seen to have any obvious trigger) are less popular at the moment. It is now more commonly described in terms of severity or degree - a judgment made on a number, type and severity of symptoms present.

Mild depression – decreases interest in things that were once pleasurable, reduces motivation, and increases irritability. Work or usual life activity is not necessarily interrupted and the depression often goes undiagnosed because it does not cause a crisis which must be attended to. People experiencing this degree of depression will often reduce stressful issues in their life to relieve the depression. If ignored however, mild depression may develop further.

Moderate depression - decreases pleasure in life even further, hence the impact on life is greater. Motivation becomes a real issue and important aspects of life and relationships may be neglected causing further problems and isolation. Untreated at this point, depression can exacerbate into severe depression.

Severe or major depression – severely interferes with life. A person with this severity of depression will experience low self esteem, distress, feelings of uselessness, sleep disturbance, appetite change, suicidality, and loss of libido as well as other unique features. In some cases, major depression may develop psychotic features.

What causes depression?

Often there are many interrelated factors associated with depression including inherited disposition, a chemical imbalance in the brain, life stresses, past bad experiences and personality. Medical illness, drugs and alcohol can also play a part.

Treatment and recovery from depression

People experiencing feelings of sadness which have persisted for a long time should firstly contact their family doctor or community health centre. Treatment depends on each person's symptoms. The options may include:

- psychological interventions and general supportive talking therapies so that the person can understand their thoughts and behaviours and to sort out practical problems and conflicts

- anti-depressant medications to relieve depressed feelings, restore normal sleep patterns and appetite and reduce anxiety
- hospitalisation, where safety of the person, monitoring of psychotic symptoms, monitoring of any physical illnesses and substance use issues and monitoring of medications can be carried out
- for some severe forms of depression, electroconvulsive therapy (ECT) is a safe and effective treatment. It may be life saving for people at a high risk of suicide or who, because of the severity of their illness, have stopped eating and drinking and will die as a result.

Recovery phase

The recovery phase involves responding to the broader range of issues that impact on people who are susceptible to depression, including examining actual stress levels and the person's ability to deal with stress. Cognitive Behavioural Therapy (CBT) is the talking therapy of choice for recovery from depression. Being involved in experiences that create a sense of achievement is another important aspect to recovery. Learning new communication techniques can create a sense of achievement and improve relationships. Sometimes medication will need to be ongoing and there may be maintenance doses of ECT administered.

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Insight into the experience of depression

Symptom	Associated behaviour	Helpful interventions
<ul style="list-style-type: none"> Depressed mood, loss of interest or pleasure in nearly all activities 	<p>Remember, these behaviours are out of keeping with the person's normal value system.</p> <ul style="list-style-type: none"> Characterised by expressions of helplessness and hopelessness Depressed most of the day Loss of interest or pleasure in activities, and the person may not move much or just stares into space Skin may become coarse and dry, and hair limp and greasy or sparse Sometimes a person can articulate having no feelings, but a depressed mood can be inferred from the person's facial expression or demeanor Sometimes, depressive mood can be exhibited in irritability rather than sadness, including persistent anger, overreaction to events, angry outbursts and blaming others Social withdrawal Sometimes a significant reduction from previous levels of sexual interest or desire. 	<ul style="list-style-type: none"> Be aware you cannot jolly the person out of this state Connect with the emotion of the experience rather than try to change someone's mind eg 'It must be very hard to feel so low' Reinforce your love for the person Try to sit beside and be in the person's space – often people who are depressed do not like to make demands on others but they appreciate company. Likewise, you will need to do the talking rather than expecting the person to do so Keep up good levels of communication even when not reciprocated eg Let the person know where you are going even if there is no response.
<ul style="list-style-type: none"> Inability to concentrate 	<ul style="list-style-type: none"> Poor concentration and poverty of thought, where the person has difficulty putting sentences and thoughts together, may give monosyllabic responses and need prompting May appear easily distracted or complain of memory difficulties A reduction in ability from previous levels to achieve intellectually demanding tasks. 	<ul style="list-style-type: none"> Attend to safety issues that poor concentration can cause eg If someone works with knives or drives Set realistic tasks Have realistic expectations.
<ul style="list-style-type: none"> Suicidal ideation 	<ul style="list-style-type: none"> Recurrent thoughts of death May talk about death or suicide May attempt suicide. 	<ul style="list-style-type: none"> Always treat talk of suicide seriously Be aware of suicide risk. Ask the appropriate questions and communicate with treating team about this issue. This issue may be a reason for hospitalisation If the person expresses unexpected happiness and begins to give possessions away, seek assistance immediately.

Symptom	Associated behaviour Remember, these behaviours are out of keeping with the person's normal value system.	Helpful interventions
<ul style="list-style-type: none"> Decreased energy, tiredness and fatigue 	<ul style="list-style-type: none"> A person may report sustained fatigue without physical exertion Smallest tasks seem to require substantial effort May take twice as long as usual to do things eg washing and dressing in the morning. 	<ul style="list-style-type: none"> Avoid placing unrealistic demands on the person Be patient Affirm small achievements.
<ul style="list-style-type: none"> Sense of worthlessness or guilt 	<ul style="list-style-type: none"> May translate into belief that the person has done something terrible and needs to be punished May include unrealistic negative evaluation of self's worth Guilty about preoccupations over minor past failings Misinterprets neutral or trivial day-to-day events as evidence of personal defects Exaggerated sense of responsibility for untoward events. 	<ul style="list-style-type: none"> Connect with the emotion of the experience rather than try to change someone's mind eg 'It must be very hard to feel so low' Affirm small achievements Avoid too much attempt at problem-solving. The person probably will not be ready Avoid long self-effacing, self-defeating talk from the person.
<ul style="list-style-type: none"> Changes in appetite 	<ul style="list-style-type: none"> Most commonly reduced appetite Sometimes an increase in appetite but usually cravings for particular foods, eg sweets or carbohydrates Significant loss or gain in weight. 	<ul style="list-style-type: none"> Be aware of hydration and nutrition issues. Again, these issues may need to be attended to in hospital.
<ul style="list-style-type: none"> Changes in sleep patterns 	<ul style="list-style-type: none"> Most commonly insomnia Not sleeping at all or waking early in the morning, (usually between 2am and 4am) when normally the person does not have trouble getting off to sleep Less frequently, over-sleeping. 	<ul style="list-style-type: none"> Try small bites at some exercise Medications can certainly assist.
<ul style="list-style-type: none"> Reduction in libido 	<ul style="list-style-type: none"> Reduced sexual desire. 	<ul style="list-style-type: none"> Increase communication through expressions of intimacy such as making cups of tea and massages.

What can family and friends do to help?

In addition to the specific interventions previously mentioned, there are many things friends and family can do to help.

Always remember that depression is a medical condition that requires medical treatment. Just as you cannot stop a person's leg bleeding by talking to them, you cannot stop depression without medical intervention. Treatment is effective.

Find out as much about the condition as you can. Knowledge is power and gives you a much better chance of developing good coping strategies.

Be patient. People experiencing depression need to come to some insight regarding their illness. This is not always easy and takes time.

Know what to expect of the mental health system and be prepared to be assertive in seeking appropriate care.

Link in with community organisations that offer supports and services that complement the mental health service system. They often provide educational programs, counselling and local support groups.

Remember to stay healthy yourself. Do not underestimate the impact of the illness on you. Depression often involves trauma and grief and has an impact on whole families. Be prepared to seek support to develop strategies that keep you well.

Useful references

Depressionet
www.depressionet.com.au

Mental Illness Fellowship of Australia
www.mifa.org.au

Mental Illness Fellowship Victoria
www.mifellowship.org

Mental Health Services Website (Vic)
www.health.vic.gov.au/mentalhealth

National Alliance of the Mentally Ill (NAMI) (USA)
www.nami.org

Mental Health Council of Australia
www.mhca.com.au

SANE Australia
www.sane.org

Beyond Blue
www.beyondblue.org.au

Mental Illness Fellowship of Australia fact sheets

Family and carer supports and services

Understanding bipolar disorder

Psychiatric medication

What can family and friends do to help a person experiencing mental illness?

Suicide and mental illness



Mental Illness Fellowship of Australia
08 8221 5072 www.mifa.org.au
Mental Illness Fellowship of
Sth Australia Inc
08 8221 5160 www.mifsa.org.au

Mental Health Carers NT
08 8948 1051
www.mentalhealthcarersnt.org
Schizophrenia Fellowship of NSW Inc
02 9879 2600 www.sfnsw.org.au

Mental Illness Fellowship Victoria
03 8486 4200 www.mifellowship.org
Mental Illness Fellowship Nth Qld Inc
07 4725 3664 www.mifnq.org.au
ARAFMI (Tas) Inc
03 6331 4486

Schizophrenia Fellowship of Qld Inc
07 3358 4424 www.sfq.org.au
Mental Illness Fellowship of WA Inc
08 9228 0200 www.mifwa.org.au
Mental Illness Fellowship of the ACT Inc
02 6205 2021 www.mifact.org.au