

Where to go for support and information

National resources

beyondblue
Website: www.beyondblue.org.au

Brain & Mind Research Institute
Website: www.bmri.org.au

headspace – National Youth Mental Health Foundation
Website: www.headspace.org.au

Lifeline
Phone 13 11 14
24-hour counselling, support and referral for crises and personal emergencies

Lifeline's justlook
Website: www.justlook.org.au
A national database of low-cost or free health community services offered throughout Australia

Reach Out!
Website: www.reachout.com.au
A service for young people

Mental Illness Fellowship of Australia
Website: www.schizophrenia.org.au

Orygen Youth Health
Website: www.orygen.org.au

SANE Australia
Website www.sane.org
Helpline: 1800 187 263
(9am–5pm weekdays)

MoodGYM
Website: www.moodgym.anu.edu.au/
Provides cognitive behavioural therapy

Resources for carers, friends and family
The Network for Carers of People with Mental Illness
Website: www.carersnetwork.org

Mental Health Carers ARAFMI Australia
Website: www.arafmiaustralia.asn.au

GP education
Educational Health Solutions (EHS)
Website: www.e-hs.com.au

16014

Contents

Clinical depression	2
Life course of depression and anxiety	3
What causes depression?	5
Getting help	7
How is depression treated?	9
Psychological therapies	12
Medications	19
How do you know if someone has depression?	20
Where to go for support and information	23

Authors: Ian Hickie and Elizabeth Scott

Published 2007, ©Educational Health Solutions, Brain & Mind Research Institute, 88 Mallett Street, Camperdown NSW 2050. This guide has been developed by Educational Health Solutions in conjunction with the University of Sydney's Brain & Mind Research Institute. Information provided in this publication is intended for educational purposes and does not replace the advice of your health professional.

Clinical depression

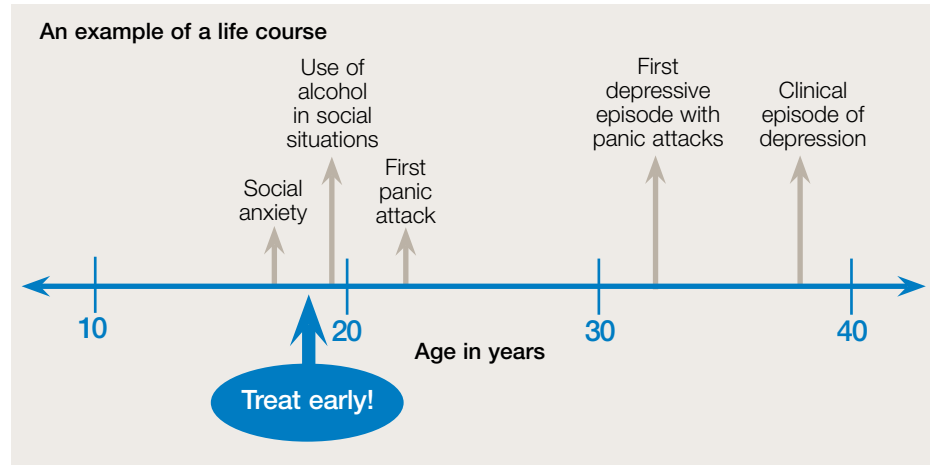
Depression is a serious illness that causes both physical and psychological symptoms. While some people may have only one or two episodes of depression, for others it can persist throughout their lives.

FAST FACTS

- Depression is a common illness. Up to one-in-four females and one-in-six males will suffer from depression at some time.
- Depression is a leading cause of suicide.
- Approximately one-third of young people with a diagnosed depressive disorder attempt suicide and at least 3% go on to commit suicide.
- Depression is often not recognised or treated.
- Current medical and psychological treatments for depression are safe and effective.

Life course of depression and anxiety

Depression and anxiety commonly occur together. Often people first experience anxiety in their teens or early twenties, and then go on to have depression in their late twenties to early thirties. The identification and provision of effective treatment in young people can help to prevent a lifetime of anxiety and depression.



Signs and symptoms of depression

- Feeling 'low' and losing interest or pleasure in nearly all activities
- Avoiding social activities
- Unable to concentrate
- Having suicidal thoughts
- Changes in appetite or sleep cycles

Self-harm and suicide risk in young people

A great deal of attention has focused on suicide rates among young males. While many factors are known to lead to suicide, untreated depression and anxiety are among the most common. Often depression and anxiety in young people who attempt suicide are accompanied by drug and/or alcohol abuse and other social problems like unemployment. Suicide is the most extreme form of self-harm. Often young people will engage in other risky behaviours or injure themselves without being actively suicidal.



FAST FACT

Over the last decade, suicide rates in Australia have decreased. Widespread use of antidepressants and other psychological treatments has been linked to this decrease.

Wayne D Hall. Association between antidepressant prescribing and suicide in Australia, 1991–2000: trend analysis, *British Medical Journal* 2003.

What causes depression?

It is a common perception that depression is simply caused by social and personal difficulties. This is not always the case as depression is often caused by a mix of external and internal factors, e.g. personal stress + inherited vulnerability = depression.



Medical causes of depression include:

- Low thyroid function
- Brain injuries and diseases (e.g. stroke, head injury, epilepsy, Parkinson's disease)
- Some forms of cancer
- Infectious diseases
- Blood vessel disease in the brain due to diabetes and/or hypertension
- Some steroid and hormonal treatments
- Chronic pain
- Poor physical health due to smoking, obesity, lack of exercise.

Personality styles at risk of depression include:

- Life-long worrier
- Perfectionist
- Sensitive to personal criticism
- Not assertive
- Low self-esteem
- Self-critical and negative
- Shy, socially anxious.

FAST FACT

Major depressive disorder is 1.5 to 3 times more common among first degree relatives of a person with depression.

DSM IV

Getting help

Why does a general practitioner (GP) need to be involved?

GPs/family doctors usually have the most complete picture of a person's physical and emotional health. Continuing to see the same doctor is important. Changing doctors can lead to a loss of information and slows down treatment. A good doctor will work out whether other medical problems are causing/contributing to the depression.

A GP may refer a patient to a specialist within their local area. Being referred by a GP gives access to a wide variety of clinical services using the Medicare system.

FAST FACT

Evidence shows that provision of integrated and multidisciplinary collaborative care* for people with depression is more effective than single therapists working alone.

Collaborative care shows benefits in depression outcomes for up to 5 years.

Ian Hickie and Patrick McGorry. Increased access to evidence-based primary mental health care: will the implementation match the rhetoric? *Medical Journal of Australia* 2007.

*Collaborative care involves GPs working with psychiatric services to treat and manage their patients together, as a team.

When should the advice of a psychiatrist or clinical psychologist be sought?

The GP may suggest seeing a specialist if the depression is:

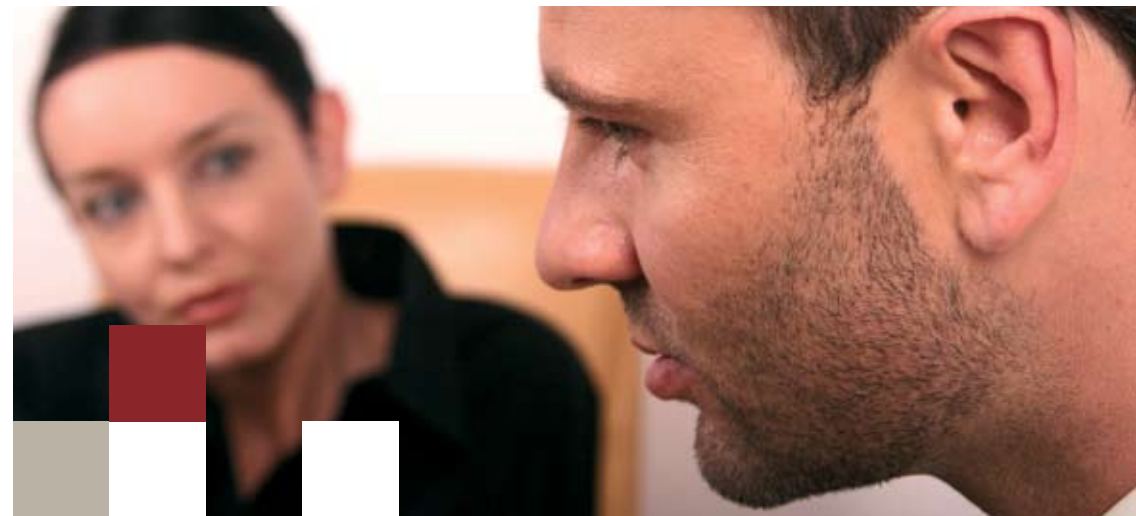
- severe (e.g. melancholic or with psychotic symptoms)
- failing to respond to treatment
- a chronic or persistently recurring illness
- associated with a high risk of self-harm
- requiring a second opinion
- complicated and requires significant amounts of time to address
- requiring a combination of treatments/therapies.

FAST FACT

Is depression over-diagnosed?

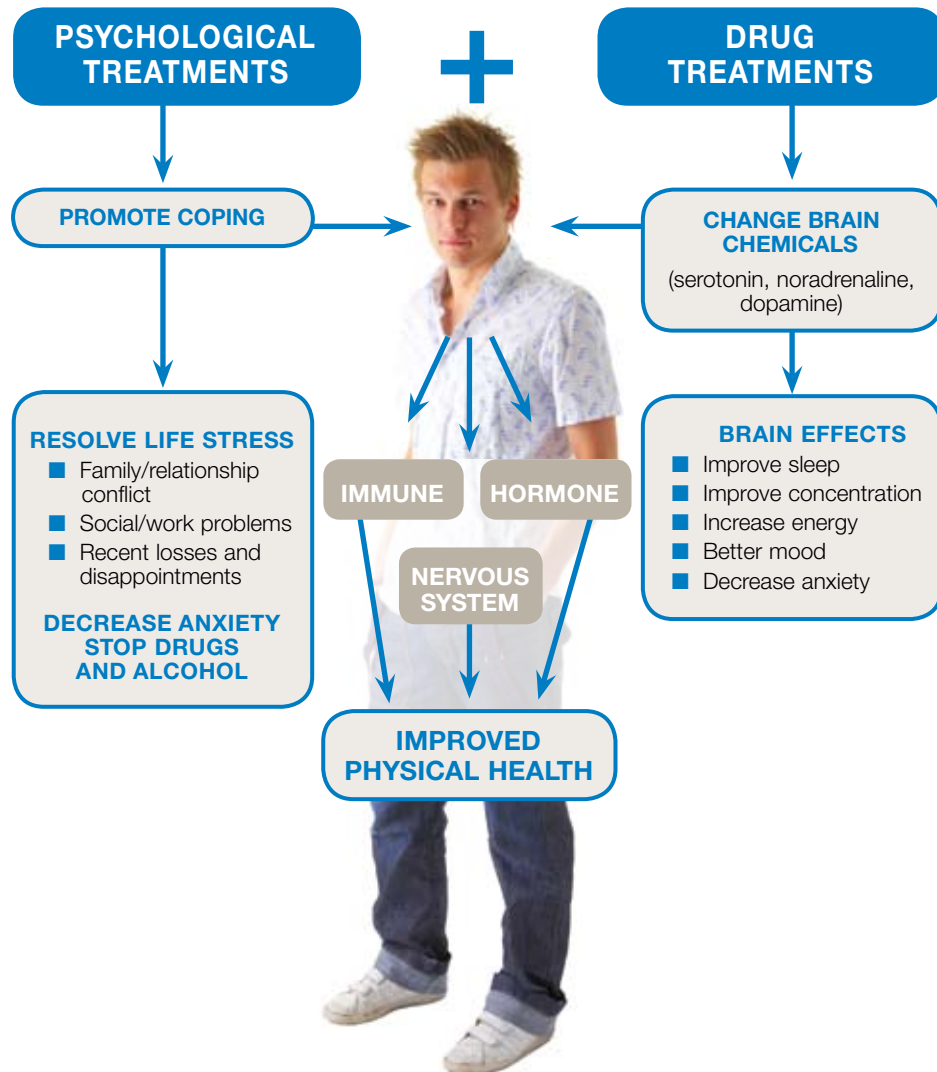
If increased treatment has led to demonstrable benefits (such as decreased suicide rates), then depression is not yet being overdiagnosed.

Ian Hickie. Is depression over-diagnosed? No. *British Medical Journal* 2007.



How is depression treated?

Different types of depression require different treatments. While some patients only need psychological treatments, others (e.g. those with severe or psychotic depression) respond best to drug treatments. Irrespective of how each person gets depressed, drug and psychological therapies may each help to relieve key symptoms of depression.

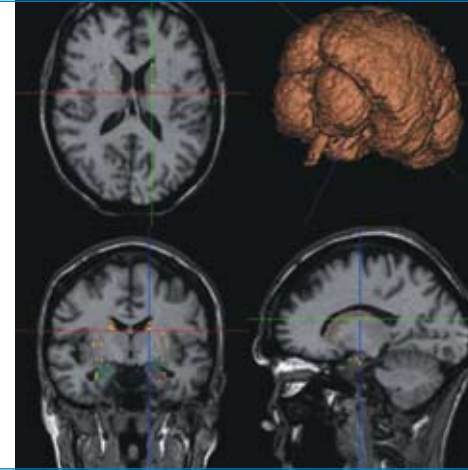


FAST FACT

Brain changes accompany untreated depression.

Frontal and subcortical brain changes are correlated with the duration of the untreated illness. Brain changes are also associated with vascular disease in older persons with depression.

Hickie I. Reduced hippocampal volumes and memory loss in patients with early- and late-onset depression. *British Journal of Psychiatry* 2005.



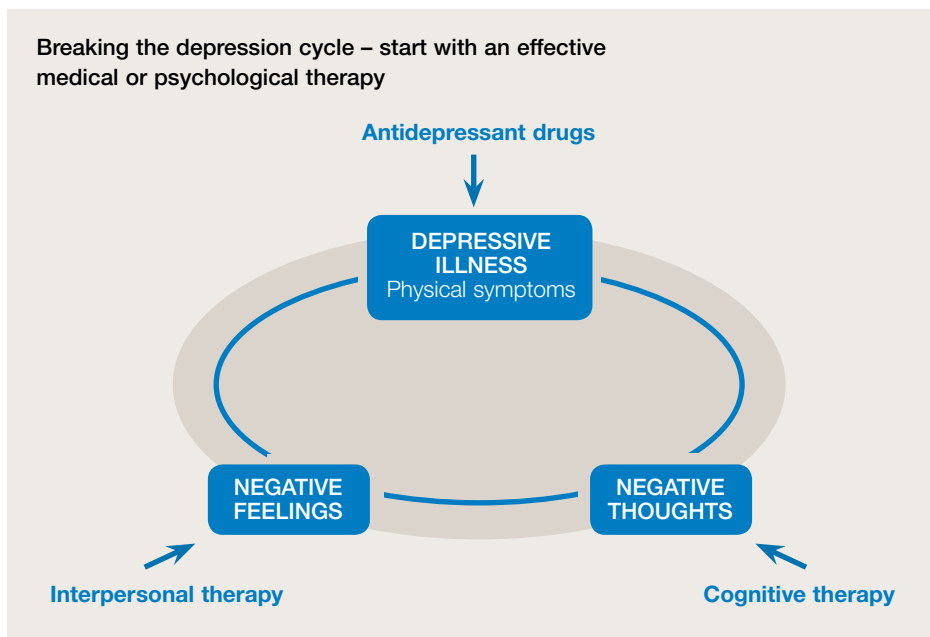
When a person is depressed they feel physically unwell. This is because many of the body's most fundamental systems are disrupted by depression. These can include the:

- central nervous system (i.e. brain function)
- sleep-wake cycle
- hormonal system
- immune system
- gastrointestinal (gut) system.

If depression is treated effectively, the associated physical health problems will improve. There are two main treatment strategies for people with depression and anxiety:

- Psychological therapies – these can help to change a person's activities, feelings and thoughts to speed up recovery and prevent relapse.
- Drug therapies – antidepressant drug therapies are non-addictive and have been proven to target the symptoms of depression.

Different treatments target different parts of the depression cycle. Cognitive therapies target thinking patterns, interpersonal therapy targets negative feelings and relationship-based issues, and drug treatments target the physical and psychological symptoms of depressive illness. The most important thing is to find a drug or psychological treatment that works!



Accessing information about depression and its treatment

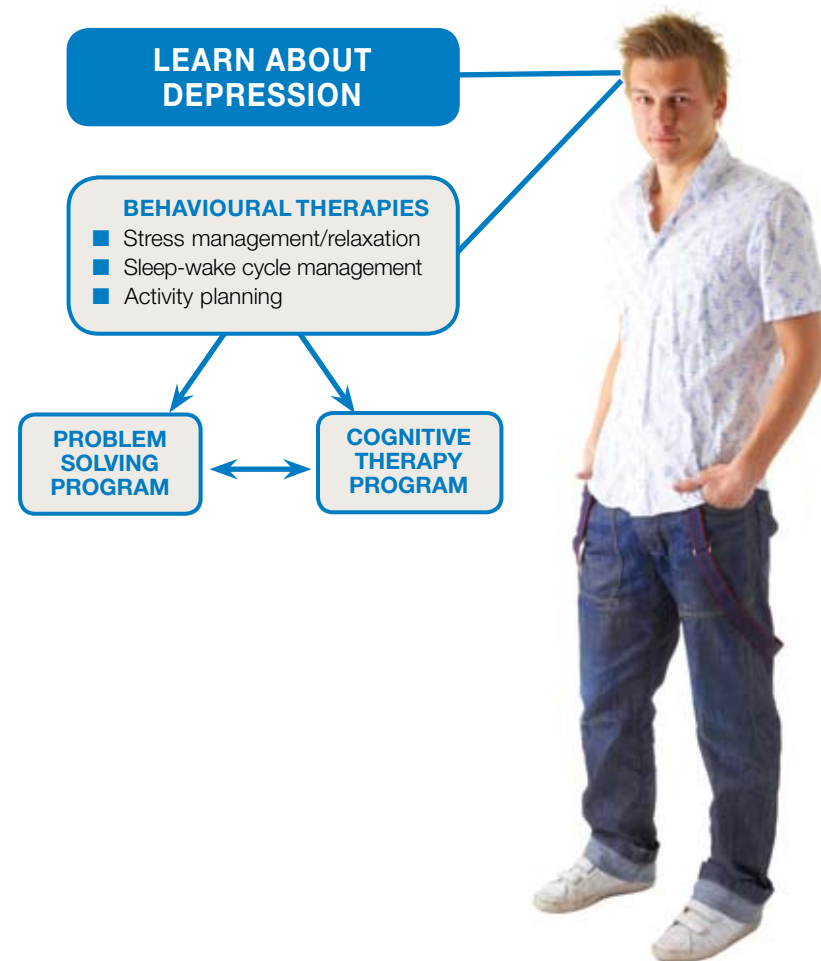
Being better informed assists in making better treatment choices. It is also important for family and close friends to understand as much as possible about the treatment of depression. Information helps in the recognition of symptoms, understanding their relationship to stress, and helps to work towards recovery.

Please see back page for contact details of some recommended support organisations and services.

Psychological therapies

Psychological (cognitive, interpersonal and behavioural) therapies not only help with recovery, they can also help to prevent a recurrence of depression. Each therapy offers a way in which activities, feelings and thoughts can be modified to help recovery and prevent relapse.

- There are a number of psychological therapies available. Treatment programs may include one or a combination of these.
- The amount of time needed for each therapy session will depend on how severe the symptoms are and how much they interfere with daily activities.



Stress management

Stress is common in daily life and may be associated with work, family or personal relationships. Whatever the cause, here are some simple steps which can help to reduce stress:

- Engage in an enjoyable and distracting activity (e.g. meditation, reading, going to the movies)
- Do regular gentle exercise (e.g. walking, swimming, tennis)
- Postpone major life changes (e.g. moving house, leaving a job)
- Avoid working long hours.

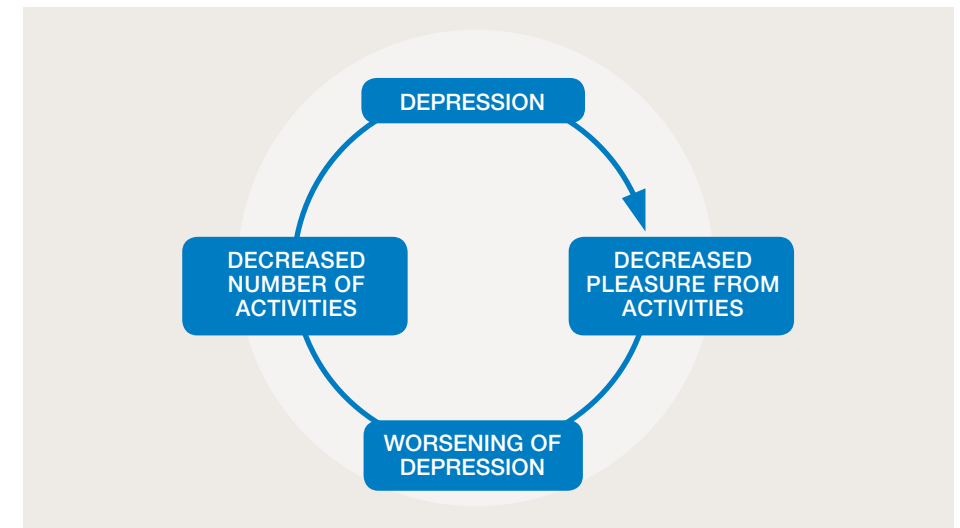
FAST FACT

An individual's ability to cope with stress varies according to a large number of personal risk factors. However, vulnerability to stress can be buffered through promotion of protective factors such as social support, physical activity, supportive relationships and problem-solving skills.



Activity planning

When people become depressed, they lose interest and pleasure in things they once enjoyed doing. People with severe depression may have difficulty with even simple things such as getting up and getting dressed in the morning. Generally, the less they do, the worse they feel. Therefore, it is important to maintain/increase activity levels by planning simple things (e.g. shopping, gardening, writing letters), or daily things that are normally enjoyable (e.g. reading, listening to music, exercising or catching up with friends).



People who become depressed commonly withdraw from their family and close friends. As a result, they usually have less opportunity to feel cared about and to care for others. A cycle of increasing social isolation may then set in. It is very important that they continue to join in with family and close friends, and to accept invitations from others. People who are more socially isolated have an increased risk of developing depression and take longer to recover.

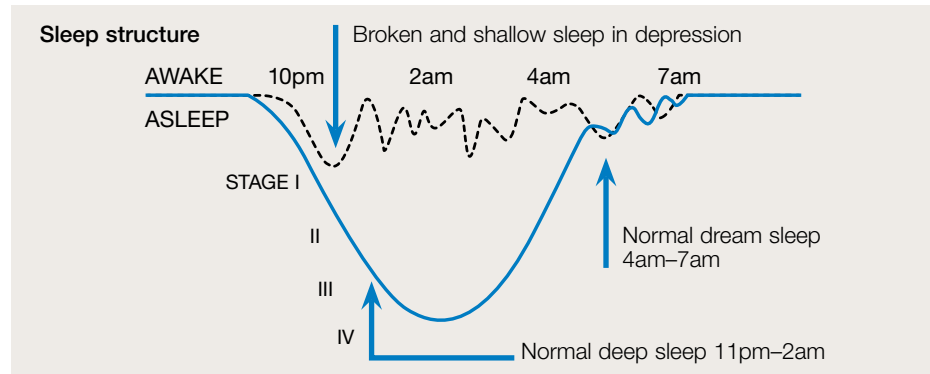
Activity planning teaches people about:

- Continuing to do things that give them a sense of achievement
- Planning activities in order to keep active
- Maintaining social contact
- Structured physical activity.

Sleep-wake cycle management

Depression usually leads to:

- Difficulty getting to sleep
- Poor quality of sleep
- Fewer hours of sleep
- More awakenings during the night
- Daytime tiredness.



Poor quality of deep sleep leads to:

- Daytime fatigue
- Poor concentration
- Irritability
- Musculoskeletal aches and pains
- Reduced immune function
- Prolonged depression.

People who have experienced any of the following for more than two weeks may find sleep-wake cycle management helpful:

- Feeling tired all the time
- Spending more time in bed than usual
- Having poor quality/fewer hours of sleep
- Napping during the day
- Reduced physical activity.

Sleep-wake cycle management involves maintaining a regular pattern of sleep, coupled with activity planning to keep the body clock ticking over regularly.

Reducing alcohol and other drugs

Many people treat their mood problems with alcohol and other drugs.

Although these substances provide temporary relief, they cause long-term problems. Most illegal drugs and alcohol interfere with the effects of antidepressant drugs.

Behavioural strategies are used to reduce or stop the use of alcohol or other drugs.

Possible strategies include:

- A trial of abstinence (e.g. one to two months)
- An agreed program of reduction (e.g. to reduce by two drinks per day)
- A trial period of reduced drinking (e.g. only two drinks per day for one to two months).

Structured problem-solving

When people become depressed, problems may seem overwhelming. Developing new ways to deal with problems is often helpful. Structured problem-solving is a method designed to work logically through life problems.

Structured problem-solving aims to:

- Help people recognise the difficulties that have contributed to them feeling overwhelmed
- Make people aware of the support they have, their personal strengths and how they previously coped with similar problems
- Teach people an approach to help deal with current difficulties
- Help people feel in control of their problems
- Help people deal more effectively with problems in the future.



Cognitive therapies

When people get depressed, they think negatively about themselves (e.g. “I’m a failure”, “No-one cares about me”), the world (e.g. “There is nothing good out there”) and the future (e.g. “Things will never improve”). Negative thinking interferes with recovery and makes the person more vulnerable to depression in the future. It is important to learn to recognise unhelpful thoughts and challenge them with more realistic thoughts.

Cognitive therapy is a structured, ‘here and now’ psychological treatment that is based on the idea that the way we think affects the way we feel. Everyone experiences problems and stressful situations. Cognitive therapy teaches people to think rationally about common life difficulties.

Cognitive therapy is often used in association with medication or following treatment of an acute episode of depression. Therapy involves keeping a diary of thoughts and feelings. This helps people to recognise and challenge negative thoughts.

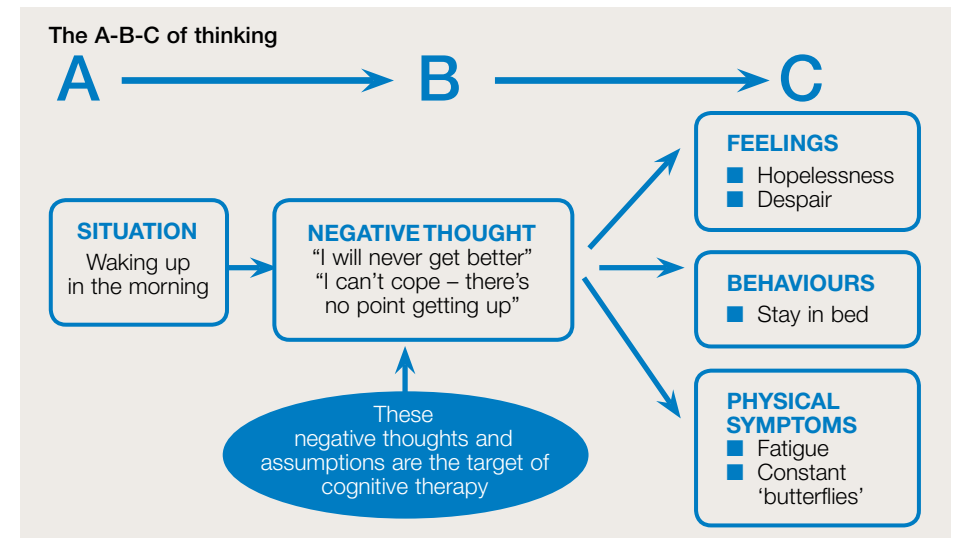
FAST FACT

MoodGYM

A free, evidence-based, online cognitive behavioural therapy program that:

- helps identify and overcome problem emotions
- demonstrates how to develop good coping skills.

www.moodgym.anu.edu.au



Anxiety management

Some anxiety is good for all of us. It allows us to perform at our best! Too much anxiety, however, can be overwhelming and stop us from performing at our best.

Some people with depression may develop specific anxiety symptoms such as panic attacks and agoraphobia. Depression with anxiety often requires combined psychological and drug treatments. Panic attacks and agoraphobia require specific psychological treatments. The aim of treatment is to teach people how to control their anxiety.

Relationship-based therapies

Family therapy

Family and close friends need to know about depression because their support and understanding is very important. Often the person experiencing depression will not seek or initiate getting help. In this case it may be family and friends that organise the necessary medical appointments.

Close family and friends can also help to identify stressful situations at home or work, and assist in identifying alternative ways of solving practical and emotional problems. They can also monitor changes in symptoms, providing encouragement and an optimistic outlook of recovery.

Medications

Medical research indicates that depression is associated with specific changes in the chemical message systems of the brain (serotonin, noradrenaline, dopamine). Antidepressant medication, by modifying or correcting these changes, can quickly relieve poor sleep, anxiety, tiredness, poor appetite, poor concentration and agitation.

Antidepressants take several weeks to have their full effect and are usually prescribed for a period of time after symptoms have stopped (6–12 months) to prevent relapse of the depressive illness.

There are several different classes of antidepressant medication available, and within each class there are a number of different drugs. Some examples are:

Selective Serotonin Reuptake Inhibitors (SSRIs) including:

- fluoxetine (Lovan, Prozac, Zactin)
- sertraline (Zoloft)
- citalopram (Cipramil)

Serotonin and Noradrenaline Reuptake Inhibitors (SNRIs) including:

- venlafaxine (Efexor)

FAST FACT

Community attitudes to treatment have negative effects

- 25% of Australian adults believe that antidepressants can be harmful to people who are depressed and suicidal.
- Belief in the harmfulness of antidepressants is associated with a general lack of exposure to depression, leading to an underestimation of its seriousness and of the necessity for intervention.

Anthony Jorm. Belief in the harmfulness of antidepressants: Results from a national survey of the Australian public. *Journal of Affective Disorders* 2005.

How do you know if someone has depression?

Are you depressed?

For more than TWO WEEKS have you:

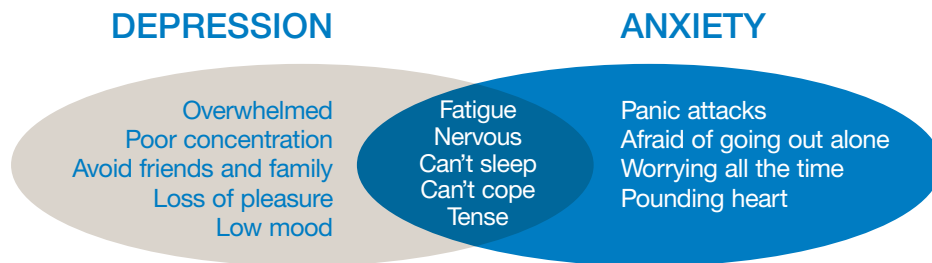
	YES	NO
1. Felt sad, down or miserable most of the time?	<input type="checkbox"/>	<input type="checkbox"/>
2. Lost interest or pleasure in most of your usual activities?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered 'YES' to either of these questions, complete the symptom checklist below.

BEHAVIOURS		THOUGHTS	
<input type="checkbox"/>	Stopped going out	<input type="checkbox"/>	"I'm a failure."
<input type="checkbox"/>	Not getting things done at work	<input type="checkbox"/>	"It's all my fault."
<input type="checkbox"/>	Withdrawn from close family and friends	<input type="checkbox"/>	"Nothing good ever happens to me."
<input type="checkbox"/>	Relying on alcohol and sedatives	<input type="checkbox"/>	"I'm worthless."
<input type="checkbox"/>	Stopped doing things you enjoy	<input type="checkbox"/>	"Life is not worth living."
<input type="checkbox"/>	Unable to concentrate		
FEELINGS		PHYSICAL	
<input type="checkbox"/>	Overwhelmed	<input type="checkbox"/>	Tired all the time
<input type="checkbox"/>	Unhappy, depressed	<input type="checkbox"/>	Sick and run down
<input type="checkbox"/>	Irritable	<input type="checkbox"/>	Headaches and muscle pains
<input type="checkbox"/>	Frustrated	<input type="checkbox"/>	Churning gut
<input type="checkbox"/>	No confidence	<input type="checkbox"/>	Can't sleep
<input type="checkbox"/>	Guilty	<input type="checkbox"/>	Poor appetite/weight loss
<input type="checkbox"/>	Indecisive		
<input type="checkbox"/>	Disappointed		
<input type="checkbox"/>	Miserable		
<input type="checkbox"/>	Sad		

If you answered 'YES' to question 1 and/or 2 and ticked 3 or more of the above symptoms, you probably have a depressive illness.

Depression and anxiety usually overlap



Are you anxious?

For more than **TWO WEEKS** have you:

	YES	NO
1. Felt anxious, tense or nervous most of the time?	<input type="checkbox"/>	<input type="checkbox"/>
2. Felt fearful or worried all of the time?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered 'YES' to either of these questions, complete the symptom checklist below.

BEHAVIOURS		THOUGHTS	
<input type="checkbox"/>	Avoid the supermarket or cinema	<input type="checkbox"/>	"I'm going to have a heart attack and die."
<input type="checkbox"/>	Constantly check your pulse	<input type="checkbox"/>	"I won't have anything interesting to say."
<input type="checkbox"/>	Do different things to cope, like having someone with you, or carrying the phone around	<input type="checkbox"/>	"I can't control my worry."
<input type="checkbox"/>	Avoid eye contact	<input type="checkbox"/>	"I have a serious illness that the doctors can't detect."
<input type="checkbox"/>	Use alcohol and sedatives to calm down	<input type="checkbox"/>	"What if germs are on my hands and I get sick."
FEELINGS		PHYSICAL	
<input type="checkbox"/>	Confused	<input type="checkbox"/>	Blushing
<input type="checkbox"/>	Anxious	<input type="checkbox"/>	Trembling
<input type="checkbox"/>	Tense all the time	<input type="checkbox"/>	Heart racing
<input type="checkbox"/>	Constantly nervous	<input type="checkbox"/>	Numbness, tingling
<input type="checkbox"/>	Panicky	<input type="checkbox"/>	Nausea
<input type="checkbox"/>	Terrified	<input type="checkbox"/>	Sweating
<input type="checkbox"/>	On edge	<input type="checkbox"/>	Shaking
<input type="checkbox"/>	Scared	<input type="checkbox"/>	Pounding heart
		<input type="checkbox"/>	Short of breath
		<input type="checkbox"/>	Dizzy

If you answered 'YES' to question 1 and/or 2 and ticked 3 or more of the above symptoms, complete the checklist on the opposite page.

Depression commonly occurs with specific anxiety syndromes

Have you had:

	YES	NO
1. Panic attacks? Sudden episodes of overwhelming anxiety or fear with physical symptoms of anxiety such as pounding heart, sweating and feeling dizzy in ordinary situations (e.g. at home, the supermarket or in a cinema).	<input type="checkbox"/>	<input type="checkbox"/>
2. Panic disorder? Panic attacks that are ongoing and unexpected and/or excessive worry about having another panic attack.	<input type="checkbox"/>	<input type="checkbox"/>
3. Agoraphobia? Avoidance of situations or places because of fear of having a panic attack or worry that escape may be difficult or that help is unavailable.	<input type="checkbox"/>	<input type="checkbox"/>
4. Obsessive compulsive symptoms? Recurrent and distressing intrusive thoughts (obsessions) and repetitive behaviours (rituals, compulsions) that cannot easily be stopped (e.g. excessive checking of locks or repeated hand washing).	<input type="checkbox"/>	<input type="checkbox"/>
5. Social phobia? An excessive fear of being criticised or scrutinised by others in social situations (e.g. going out to dinner or speaking up in a group).	<input type="checkbox"/>	<input type="checkbox"/>
6. Generalised anxiety disorder? Excessive and persistent worry about everyday situations (e.g. job responsibilities, finances or the health of family members).	<input type="checkbox"/>	<input type="checkbox"/>
7. Health anxiety? Excessive and persistent worry about having a physical illness and/or being preoccupied with your physical health.	<input type="checkbox"/>	<input type="checkbox"/>
8. Post-traumatic stress disorder? Re-experiencing an extremely traumatic event (e.g. seeing death or serious injury), with physical symptoms of anxiety and avoidance of situations associated with the event.	<input type="checkbox"/>	<input type="checkbox"/>

Take these completed questionnaires with you when you next visit your GP.