



# Understanding depression

## What is depression?

- Depression is not just a low mood but a serious medical illness. It causes physical and psychological symptoms.
- Depression is often not recognised and as a consequence left untreated.
- Depression is often associated with anxiety.
- The expression 'clinical depression' describes a group of illnesses that are characterised by an excessive or long term depressed mood which affects a person's life.

Broadly speaking, there are two categories of depression:

**Reactive depression** – Depression can be triggered by a stressful event (eg death, birth of a baby, occurrence of mental illness in the family). This type of depression will generally subside when the stressful event is removed or when the person finds a new way to cope with it.

**Depressive episode** (major depression, endogenous depression) – This severe form of depression may or may not be associated with a stressful event and in extreme cases develops into a psychotic depression.

Diagnoses that might be given in relation to depression (or varying forms of reactive and endogenous depression) include mixed anxiety and depression, melancholia, major depression,

dysthymia, psychotic depression, bipolar disorder (manic-depressive illness). Each of these diagnoses has its own combination of symptoms.

## What causes depression?

Depression is caused by a mix of factors including life stresses, interaction between anxiety, chemical changes and inherited disposition, past bad experiences, and personality. Medical illness and drugs and alcohol can also play a part in this illness.

## Treatment and recovery from depression

### Acute phase

During an acute phase, treatment options may include:

- methods to change the chemical imbalance and reduce the experience of trauma (medication, Electroconvulsive Treatment (ECT))
- provision of safety and security (hospital, or Crisis Assessment and Treatment Team (CATT) and family support)
- support of physical needs (eg nutrition, hydration and personal hygiene)
- hospitalisation where issues include safety of the person, resolving of psychotic symptoms, the need to monitor complications from physical illness, medication interactions or changes to anti-depressant medications, administration of ECT, substance use issues, removing a person from a situation in which they are becoming increasingly depressed.

### 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. Biological responses (medication, ECT) may be needed for the future.



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## Insight into the experience of depression

Physical experience	Associated behaviour	Helpful interventions
<ul style="list-style-type: none"> <li>• Depressed mood, loss of interest or pleasure in nearly all activities</li> </ul>	<p>Remember, these behaviours are out of keeping with the person's normal value system</p> <ul style="list-style-type: none"> <li>• Characterised by expressions of helplessness and hopelessness</li> <li>• Depressed most of the day</li> <li>• Loss of interest or pleasure in activities, and the person may not move much or just stares into space</li> <li>• Skin may become coarse and dry, and hair limp and greasy or sparse</li> <li>• Sometimes a person can articulate having no feelings, but a depressed mood can be inferred from the person's facial expression or demeanor</li> <li>• Sometimes, depressive mood can be exhibited in irritability rather than sadness, including persistent anger, overreaction to events, angry outbursts and blaming others</li> <li>• Social withdrawal</li> <li>• Sometimes a significant reduction from previous levels of sexual interest or desire.</li> </ul>	<ul style="list-style-type: none"> <li>• Be aware you cannot jolly the person out of this state.</li> <li>• 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'.</li> <li>• Reinforce your love for the person.</li> <li>• 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.</li> <li>• 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.</li> </ul>
<ul style="list-style-type: none"> <li>• Inability to concentrate</li> </ul>	<ul style="list-style-type: none"> <li>• Poor concentration and poverty of thought, where the person has difficulty putting sentences and thoughts together, may give monosyllabic responses and need prompting</li> <li>• May appear easily distracted or complain of memory difficulties</li> <li>• A reduction in ability from previous levels to achieve intellectually demanding tasks.</li> </ul>	<ul style="list-style-type: none"> <li>• Attend to safety issues that poor concentration can cause eg If someone works with knives or drives.</li> <li>• Set realistic tasks.</li> <li>• Have realistic expectations.</li> </ul>
<ul style="list-style-type: none"> <li>• Suicidal ideation</li> </ul>	<ul style="list-style-type: none"> <li>• Recurrent thoughts of death</li> <li>• May talk about death or suicide</li> <li>• May attempt suicide.</li> </ul>	<ul style="list-style-type: none"> <li>• Always treat talk of suicide seriously.</li> <li>• 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.</li> <li>• If the person expresses unexpected happiness and begins to give possessions away, seek assistance immediately.</li> </ul>

# One in five Australians is affected by mental illness.

## Five in five can help.

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

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## 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

Beyond Blue [www.beyondblue.org.au](http://www.beyondblue.org.au)  
Depressionet [www.depressionet.com.au](http://www.depressionet.com.au)  
Mental Illness Fellowship Victoria [www.mifellowship.org](http://www.mifellowship.org)  
*Beating the blues*, S Tanner and J Ball (Doubleday, Sydney, 1991)  
*A depression management program, incorporating cognitive behavioural strategies*, I Hickie et al (Educational Health Solutions, Box Hill Victoria, 2000)  
*Structured problem solving and cognitive therapy for depression*, H Morgan et al (Educational Health solutions, Box Hill Victoria, 2000)  
ARAFEMI [www.vicnet.net.au/~arafemi](http://www.vicnet.net.au/~arafemi)  
Carers Victoria [www.carersvic.org.au](http://www.carersvic.org.au)  
Mental Illness Fellowship Victoria [www.mifellowship.org](http://www.mifellowship.org)

## Mental Illness Fellowship Victoria 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 victoria

for people with mental illness,  
their families and friends

## For information and support

**Helpline 03 9482 4189 or [help@mifellowship.org](mailto:help@mifellowship.org)** (9am – 5pm Monday to Friday)

Fairfield Place, 276 Heidelberg Road Fairfield Vic 3078. PO Box 359 Clifton Hill Vic 3068.

**Telephone Melbourne** 03 9482 4199 **Facsimile** 03 9482 4871 **Email** [enquiries@mifellowship.org](mailto:enquiries@mifellowship.org)

**Hume** 03 5831 8905 **Gippsland** 03 5133 0955 **Peninsula** 03 9783 1008

**Barwon** 03 5229 8827 **Loddon Mallee** 0414 641 091 **[www.mifellowship.org](http://www.mifellowship.org)**

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