

# DEPRESSION KIT

"It was the darkest period in my entire life. I'm normally a very optimistic person, but I felt listless, pessimistic, apathetic about everything. I saw no point in going on. I felt like an orphan. There was nothing and no-one for me. I remember crying and crying and crying. I had an ocean of tears - I recall wondering where all the fluid came from. At times, I thought I'd never stop crying; it was like I was developing an involuntary habit. I thought I'd tumbled into a black hole and I couldn't climb out." (Christine in Weber 1997: 69-70)



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# DEPRESSION KIT

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# **1. Introduction**

Depression is a very common mental illness and is significantly different from mere unhappiness or sadness. It is a long lasting, often recurring illness as real and debilitating as heart disease. There may be feelings of oppressive sadness, fatigue and guilt. The person who is depressed feels lonely and isolated, helpless, worthless and lost. There is usually a combination of physical and psychological symptoms involved in a depressive episode. There are two main types of depression, Major Depression (this information kit) and Bi Polar Depression (see the Bi Polar Depression Kit for information).

# **2. Symptoms of Depression**

Not everyone experiences the same symptoms of depression, nor do people experience them at the same severity. It is when these symptoms start to interfere with the person's daily work or family life that it becomes a problem. If any of the following symptoms have persisted for more than two weeks, then perhaps professional help should be considered.

- Sleeping too much or too little
- Frequent waking in the middle of the night
- Eating too much or too little
- Inability to function at work or school
- Headaches, digestive disorders, nausea with no other cause
- Excessive crying
- Thoughts of death or suicide
- Lack of energy
- Slowed thinking
- Difficulty in concentrating, remembering, making decisions
- Loss of interest in daily activities
- Loss of sex drive
- Persistent feelings of sadness, anxiety and hopelessness
- Restlessness, agitation and irritability
- Feelings of inappropriate guilt or worthlessness

Keep in mind that some people may try to reduce their depressive symptoms through alcohol or drugs, which may actually provide temporary relief. However they will eventually complicate the depressive disorder and its treatment, and in the end may cause other problems to surface, such as a dependence on the drug, problems with the law, health problems and further depression.

Many of the feelings associated with depression are a normal part of the grieving process, so if a person has recently experienced a loss, then there is probably no cause for alarm. Also, if the person has recently had a major adjustment in their lives (eg. Moved house, changed job), it is quite normal to have feelings similar to depression. It is when these symptoms persist that professional help should be sought.



## **3. Different Kinds of Depression**

### **Major (Clinical) Depression**

Major depression is diagnosed if a person has experienced at least 2 weeks of depressed mood with at least 4 other symptoms of depression (see previous page). This is generally a more severe form of depression and although it may be triggered by stress, it is believed to be associated with a chemical imbalance in the brain. The more severe type of depression can appear without any apparent reason. The person often feels an inexplicable despair and hopelessness. These feelings may lead to suicide attempts.

### **Dysthymic Disorder**

This is diagnosed if a person has experienced at least 2 years of depressed mood more days than not and has additional symptoms of depression. Some common symptoms noticed with this disorder are feelings of inadequacy, loss of interest or pleasure, dwelling on the past, feelings of guilt and social withdrawal. It has an early onset – as early as infancy and usually is present for many years. Children with dysthymic disorder are usually angry, have low self-esteem and have difficulty socialising. It differs from Major Depression in that major depression consists of one or more episodes whereas dysthymic disorder may begin early in life, be less severe but is more or less continuous over the life span (unless treatment is sought).

### **Adjustment Disorder with Depressed Mood**

Depression can be triggered by situations in your life that are stressful; such as moving house, loss of a job or relationship break-up. Even “positive” changes such as marriage or a new job can be difficult to adjust to. Change at any level can cause your stress levels to rise. Depression is more intense and lasts for much longer than the unhappiness experienced in daily life. Treatment is generally necessary and often very effective. Between 80%-90% of those with depression can be successfully treated. Many people will experience relief within three to six weeks. (The Psychiatric Institute of Washington).

### **Post-Natal Depression**

The so-called “baby blues” affect about half of all new mothers. They feel mildly depressed, anxious, tense or unwell, and may have difficulty sleeping even though they are tired and lethargic. This type of depression usually only lasts for a few hours or a few days. In about 10% of mothers, these feelings of sadness develop into a serious disorder when mothers have difficulty coping with everyday demands. They can experience fear, anxiety, despondency, sadness, panic attacks and can become tense and irritable.

### **Bipolar Disorder (Manic Depression)**

Bipolar depression, or manic depression, leads to severe mood swings, from extreme highs to extreme lows. These states of emotional elation and unbounded energy are called mania; the low periods have the same symptoms as major depression. For more information on bipolar depression, see the Bipolar Depression Information Kit.



## **4. Causes of Depression**

There are many causes of depression. Some people become depressed for a combination of reasons whereas others, a single cause appears to trigger depression. Others become depressed for no apparent reason. Regardless of the cause, depression needs to be diagnosed and treated.

### **Heredity**

It is well established that the tendency to develop depression runs in families. If a relative has depression there is an increased chance that your offspring may develop this illness. This is similar to a predisposition to other illnesses, such as heart disease and high blood pressure.

### **Biochemical Imbalance**

An imbalance of the chemicals in the brain that regulate mood and activity can alter someone's thoughts, emotions and behaviour. This can be corrected with the use of antidepressants in some people.

### **Stress**

Depression is closely associated with stress and can occur at certain stages of your life, such as puberty, middle age or retirement. Stress resulting from personal tragedies, family breakdown and unemployment, can all contribute to your becoming depressed.

### **Personality**

People with certain personality characteristics are more prone to depression. Depression occurs more commonly in people who are sensitive, emotional and prone to experience feelings that are upsetting to them. Perfectionists who set high standards for themselves and others, and who find it difficult to adjust their ideas and standards to changing circumstances, are often easily depressed. Also, those who are very dependent on others are susceptible to depression if they are let down.

### **Other Illnesses**

Long term or sudden illness can bring on or aggravate depression. Strokes, cancer, Parkinson's and other hormonal disorders are examples of illnesses that may relate to depressive disorders.

### **Medications**

Certain drugs used to treat high blood pressure and arthritis can cause depressive symptoms. Also, combinations of unrelated drugs can lead to depression, hence it is important that each doctor knows exactly what medications are currently being taken before they prescribe another one.

### **Previous Depressive Episodes**

Once you have experienced an episode of major depression, you may be more likely to develop another depression in the future. You may also be at risk for other mental health problems.

### **Learnt Response**

In some cases, people exposed to repeated losses or stresses throughout their lives lose their optimism and feel helpless and depressed.



## 5. Treatments

People experiencing feelings of sadness which have persisted for a long time which are affecting their life to a great extent, should contact their family doctor or community health centre. Modern treatments for depression can help the person return to more normal feelings and to enjoy life. Treatment depends on each person's symptoms, so don't assume what works for one person will work for another.

### Who?

- **General Practitioners** are often the first point of contact and the first line of treatment for anxiety and depression. General practitioners can have a key role in managing mental illnesses. They can provide diagnosis to indicate whether there is a medically definable mental disorder, and can give formal referrals to psychiatrists, if necessary. GPs can provide medical treatment such as antidepressants for conditions affecting mental health if required. Doctors may also prescribe drugs for symptoms associated with the problem, e.g. sleeplessness or loss of appetite. GPs can also provide non-directive counselling and support.
- **Psychiatrists** are a specialist medical doctor who diagnose and treat mental illness and mental disorders. They offer a comprehensive assessment of psychological functioning and focus on interactions between medical conditions and psychosocial disorders. Like GPs, psychiatrists can prescribe, administer and monitor medication. They may also offer psychotherapy. A referral letter by a GP is necessary to claim Medicare rebate. Clients do not pay out of pocket to access psychiatrists through Community Health Centres although they may be required to pay psychiatrists in the private sector who do not bulk-bill.
- **Psychologists** specialise in the assessment and treatment of psychological disorders. The approaches used are client focused and include behaviourist and cognitive therapies with some other techniques such as hypnosis, rapid eye movement desensitisation and reprocessing therapy. Psychologists cannot prescribe medication, however they can refer clients to a psychiatrist if they feel they could benefit from medication.
- **Social workers** provide individual, couple or family counselling. Some facilitate or help organise self-help support groups. They consider the client's total situation - their living situation and their environment generally. The process is very much in the context of the client's relationships and resources, including financial resources, employment, housing and health. Social workers use a range of approaches such as cognitive behavioural strategies, relaxation techniques and relationship counselling techniques.

### How?

- **Psychotherapy** helps patients gain an insight into and resolve their problems through verbal give-and-take with the therapist. **Interpersonal therapy** works to change interpersonal relationships that cause or exacerbate depression; **Cognitive Behavioural therapy** helps change the negative styles of thinking and behaving that may contribute to the depression.
- General supportive **counselling** assists people to sort out practical problems and conflicts and helps them understand the reasons for their depression.
- **Anti-depressant medications** relieve depressed feelings, restore normal sleep patterns and appetite and reduce anxiety. Unlike tranquillisers, anti-depressant medications are not addictive. They slowly return the balance of neurotransmitters in the brain, taking 1-4 weeks to achieve their positive effects.
- **Lifestyle changes**, such as physical exercise, assist people who suffer from depression.
- Sometimes a short stay in **hospital** is recommended if you feel so depressed that you may attempt suicide or the depression has affected your ability to function day to day. Hospitalisation may provide you with a chance to become used to medication and/or start talking about the pain you are experiencing.
- For some forms of severe depression, **electroconvulsive therapy (ECT)**, or shock treatment as it is sometimes misnamed, is a safe and effective treatment. It may be life saving for people at high risk of suicide or who, because of the severity of their illness, have stopped eating and drinking and will die as a result.
- **Alternative therapies** are often sought in conjunction with the process of therapy. Alternative therapy is a term that loosely covers therapies other than traditional western medicine. They may include homeopathy, western herbal medicine, traditional Chinese medicine, acupuncture, Chinese herbal medicine. Alternative practices may include yoga, tai chi, meditation, reiki, reflexology, shiatsu, aromatherapy, kinesiology and Feldenkrais.

## **6. Methods for Coping with Depression**

### **Behavioural**

- Keeping track of the pleasant and unpleasant activities in your life can help put things in perspective, increase the amount of pleasant activities undertaken. This includes simple things like a cup of coffee, walking and listening to music.
- Set goals for yourself and stick to them, set yourself a realistic target that will be rewarding.
- Think of an important event and evaluate how much you were responsible for the events, this is for both positive and negative events, perhaps you are taking on too much responsibility
- Self-reinforcement and self-praise when it is due is not bragging. If you've done a good job, then take credit for it.
- Get active
- Change your environment
- Make an effort to think more positively
- Practice acting happy as it can change our mood
- Become a self helper
- Make amends for things you've done wrong, it will help release the load

### **Emotional**

- Desensitisation could be used in advance of a stressful event to reduce the impact.
- Don't be afraid to express your feelings
- Get plenty of rest
- Pursue joy, frequent and small positive events can change a person's outlook

### **Increase Skills**

- Social skills training, observing others. Having a good social support network is beneficial if you are depressed.
- Assertiveness training
- Empathy response training is quite effective in deepening and improving relationships.
- Training in communication skills, conflict management, marital counselling and intimacy can improve self esteem and reduce depression
- Decision making and good time management skills

### **Cognitive Methods**

- Build a positive self-concept. Positive self-esteem is an antidote to depression. You must challenge and silence your unreasonable critic. Also, personal pride comes from believing that your successes are due to skills and discipline you developed and utilized to meet a challenge. Being successful because you inherited wealth or a good brain doesn't build the ego as much as "coming up the hard way".
- Challenge faulty perceptions, irrational ideas, automatic ideas, faulty conclusions, and excessive guilt. If your "automatic negative thoughts" slip by too quickly for you to notice (but they still cause sadness), try starting your search for the negative thoughts at the moment the emotions occur. Ask yourself, "What was I thinking when I got upset?" Or, "What was my view of the situation when I started to feel depressed?" These questions and the answers may help you uncover the well-hidden self-blaming antecedent thoughts or interpretations of the situation.
- Learn that you don't have to get what you want and that you can't always avoid unwanted outcomes.

## **Unconscious Factors**

- Sometimes, depression is caused by unconscious memories of childhood events, so in some cases, retrieving those memories with a psychologist can help 'clear the water'. This is not the case for everyone with depression though.
- Read some insight-oriented psychological writings about depression, then self-explore and try to figure out your own dynamics.
- Depression is often associated with, maybe even concealed by, other emotions, especially anger and guilt. Deal with these emotions, and then attack the depression, remembering that guilt and anger can sometimes be unjustified.

Don't assume that the psychological methods above will instantly change or overcome the ways you have been acting, feeling, or thinking for many years. You can't just plan one active, fun weekend and, then, expect the depression to lift forever. It is a major undertaking to change yourself from a pessimist into an optimist; it may take weeks or months.

## **7. When Someone You Know is Depressed**

There are things that you should and should not do if you suspect a person is depressed. Remember that depression is a chemical imbalance in the brain, and is different from the everyday blues, people can't just get over it.

- Encourage the person to make an appointment with a doctor, or offer to make the appointment yourself. You may want to go along for support.
- Encourage the person to stick with the treatment plan, including taking prescribed medicine. Improvement may take several weeks. If no improvement occurs, encourage the person to seek a different treatment rather than give up.
- Give emotional support by listening carefully and offering hope.
- Invite the person to join you in activities that you know he or she used to enjoy, but keep in mind that expecting too much, too soon can lead to feelings of failure.
- Do not accuse the person of faking illness or expect them to "snap out of it."
- Take comments about suicide seriously, and seek professional advice.
- Don't say "it'll be ok" or "I understand", because you don't. Depression is unique for every person, so even if you yourself have been diagnosed, it is not the same for him or her.
- Educate yourself. If you suspect someone you know is depressed, then find out what depression is. Reading this information kit is a good place to start.
- Know your local GP, health centre, counselling centre, telephone counselling numbers or other service providers that the person may turn to (eg. Pastor, Youth Worker).

## **8. Depression and Suicide**

Thoughts of death and suicide are common when you have depression. Depression is considered to be the underlying cause in half of all suicides. Any mention of suicide – such as "I wish I were dead" or "Everyone would be better off without me" – should be taken seriously.



## **9. Where to Get Help**

- Your Community Health Centre (see Community Health Centres in the White Pages)
- Your Community Mental Health Team (see Living in Your Community in the White Pages)
- Your GP
- Look under counselling services in the White Pages
- Telephone Counselling Services eg. Lifeline 131 114, Salvo Careline 02 9331 6000, Kids HelpLine 1800 551 800.
- Support groups
- Pastor, church groups, youth groups
- Mental Health Crisis Team (see Living in Your Community in the White Pages)
- Salvo Suicide Prevention Line 02 9331 2000
- Mental Health Information Service (for services in your area) 02 9816 1611, 1800 674 200.

## **10. Further Research**

There are a number of websites with information about depression, treatments, Q&A and more.

- [www.depressionet.com.au](http://www.depressionet.com.au) - Information, help, support groups.
- [www.truebluefriends.au.com](http://www.truebluefriends.au.com) - Depression support site.
- [www.mentalhelp.net/psyhelp/chap6/](http://www.mentalhelp.net/psyhelp/chap6/) - Depression and Self-Concept
- [www.reachout.com.au](http://www.reachout.com.au) - National Youth Suicide prevention site.
- [www.climb.webcentral.com.au](http://www.climb.webcentral.com.au) - Aimed at teens.

### **Sources of Information**

What is Depression? Mental Health Branch of the Department of Health and Aged Care  
Weber, Z. (1997) Back From the Blues Millennium Books, Sydney

[www.healingwell.com](http://www.healingwell.com)

[mentalhelp.net](http://mentalhelp.net)

[www.depressionet.com.au](http://www.depressionet.com.au)



## 10.

# DEPRESSION AND MOOD DISORDER ASSOCIATION SUPPORT GROUPS

As support groups change their details regularly, it is advisable to contact them before attending.

### **Depression and Anxiety Support Group**

3<sup>rd</sup> Sunday of the month 2pm-4pm

at Friendship House, 60 Victoria Rd, Gladesville.

*Contacts:* Jan on phone: (02) 9692 9400 or Nina on phone: (02) 9438 5540

### **Gladesville Support Group (Bipolar)**

1<sup>st</sup> Sunday of the month 2pm-4.30pm at Friendship House, 60 Victoria Rd, Gladesville.

*Contact:* Ingrid on phone: (02) 9888 7274

### **Northern Beaches Support Group**

Last Tuesday of every month 7pm – 9pm.

North Wing Lecture Room, Manly Hospital, Darley Rd, Manly  
(adjacent to East Wing psychiatric unit)

*Contact:* Robert Pringle at Queenscliff Community Health Centre  
on phone: (02) 9466 2502

### **Northern Beaches Mental Health Support Group**

3<sup>rd</sup> Tuesday of every month 7:30pm-9:30pm

Dee Why Senior Citizens Centre

*Contact:* Patricia on phone: (02) 9938 5504

### **North Shore Support Group**

2<sup>nd</sup> Tuesday of every month

Nino's Coffee Shop, 12 Fitzroy St, Kirribilli

*Contact:* Tony on phone: (02) 9955 9658

### **Penrith Bipolar Support Group**

Westworks

67 Derby Street, Penrith

*Contact:* Kate MacLean on phone: (02) 9816 1611 x212

### **Randwick**

3<sup>rd</sup> Tuesday of the month 7.00pm

First meeting January 16, 2001

Committee Room, Randwick Presbyterian Church

Cnr Alison Rd and Cook Sts, Randwick

*Contact:* Anne on phone: (02) 9662 2132

### **Sutherland Group**

Monthly meeting

*Contact:* Elizabeth on phone: (02) 9589 1994

### **Newcastle MANDA**

Contact: Robyn on phone: (02) 4951 3589 or John on phone: (02) 4952 5516  
MANDA Newcastle, PO Box 2017, Dangar NSW 2039

### **Illawarra and Wollongong Support Group**

Generic telephone support service  
Contact: Illawarra Mental Health Network on phone: (02) 4271 2396

### **Wollongong/Nowra Group**

Contact: Louise on phone: (02) 4227 1150 (call evenings, weekends)

### **Port Macquarie (Bipolar only)**

New group, first meeting in early October  
Contact: Michelle (02) 6559 5422

### **Byron Bay Bipolar Support Group**

Meets monthly  
Byron Services Club, Byron Bay  
Contact: Cheryl (02) 6685 6089

### **Australian Society for Students with a Mental Illness (ASSMI)**

Meets 3<sup>rd</sup> Saturday of every month at 2.00pm -4.30pm  
Friendship House, 60 Victoria Rd, Gladesville  
Contact Yvette on phone: (02) 9878 3114

### **DMDA Management Meeting**

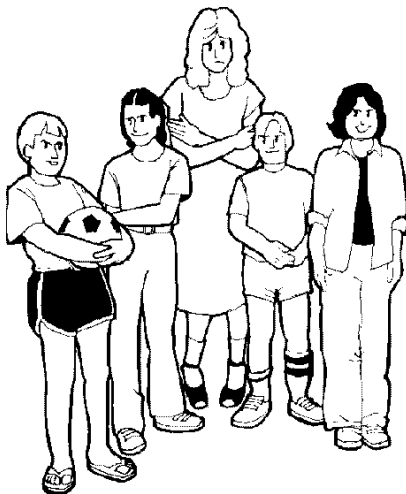
A bimonthly management meeting to discuss issues arising from support groups, other projects of DMDA and development of new groups.

Friendship House, 60 Victoria Rd, Gladesville .

Contact: Mental Health Information Service on phone: (02) 9816 5688; or Ingrid on phone: (02) 9888 7274 or Meg on phone: (02) 9772 9299 for date and time of next meeting.

**Inquiries about subscriptions to "MANDA Newsletter" can be made to:**

**Subscriptions - DMDA  
41 Ilka St  
Lilyfield NSW 2040**



## **12. Reading List**

Beating the Blues: A Self-Help Approach to Overcoming Depression by Susan Tanner & Jillian Ball (1995; Doubleday publishers)

Counseling for Toads: A Psychological Adventure by Robert De Board (1997; Routledge publishers)

Depression: Lifting the Cloud by Dr Christine Read (1993; Gore & Osment Publications)

Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) (1994, American Psychiatric Association)

Doctor, I'm Tired: Causes and Treatments of Fatigue, Sleep Disorders, Depression, Chronic Fatigue Syndrome by Dr Christine Read (1992; Gore & Osment publishers)

Ecstasy & Agony: Living With Mood Swings by David Grounds & June Armstrong (1992; Lothian Publishing)

Fifteen Steps to Overcome Anxiety and Depression by Iris Barrow (1992; Reed publishers)

Intimacy & Solitude: by Stephanie Dowrick (199 ; )

Is My Teenager in Trouble: A Parent's Guide to Serious Adolescent Problems by Joseph Rey (1995; Simon & Schuster publishers)

Living With Loss and Grief: When Someone You Love Dies/Divorce/Unemployment/Dealing With Life Crises by Geoffrey Glassock & Megan Gressor (1992; Gore & Osment publishers)

MIMS Annual (Australian Edition) (monograph reference of therapeutic pharmaceuticals) (1998; MediMedia - 1800 800 629)

The SANE Guide to Treatments: A guide to treatments for people seriously affected by mental illness ( SANE Australia - 1800 688 382)

How to Live With a Mentally Ill Person: A Handbook of Day-to-Day Strategies by Christine Adamec (1996; John Wiley & Sons)

So Sad, So Young, So Listen by Phillip Graham & Carol Hughes (1997; Royal College of Psychiatrists, London)

Teen Esteem: A Self Direction Manual for Young Adults by Pat Palmer & Melissa Alberti Froehner (1989; Impact publishers)

Understanding and Helping Suicidal Children by Margaret Appleby (1994; Rose Education Training & Consultancy)

When Someone You Love Has a Mental Illness: A Handbook for Family, Friends and Caregivers by Rebecca Woolis (1992; Putnam publishers)

With a Little Help: Choosing and Assessing Mental Health Therapists by Deborah Saltman (1996; Choice Books)





mental health  
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# MENTAL HEALTH INFORMATION SERVICE

**Tel: (02) 9816-5688**

*Sydney*

**Tel: 1 800 674 200** (free call)

*Country NSW*

**Weekdays: 9.30pm - 4.30pm**

- Largest information data base of government and non-government mental health services in NSW
- Extensive range of mental health publications & videos
- Mutual support & self help groups
- Referral for a wide range of mental health services
- Resource Centre open to the public 9.30am - 4.30pm Monday-Friday, closed Wednesday 9.00am -11.00 am.

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60-62 Victoria Rd

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email: [info@mentalhealth.asn.au](mailto:info@mentalhealth.asn.au)

website: [www.mentalhealth.asn.au](http://www.mentalhealth.asn.au)