

FACT SHEET #4

UNDERSTANDING DEPRESSION

"It's a bit like walking down a long, dark corridor never knowing when the light will go on."

Lennon

WHAT IS DEPRESSION?

Depression is a real and complex mental health issue. As a normal part of life, most of us have experienced times when we have felt a bit down, sad, or moody.

However, some people experience these feelings intensely, sometimes with no obvious reason, over weeks, months or years. This is depression. This ever-present feeling is most often experienced with other physical and psychological symptoms making it very difficult to manage day-to-day life.

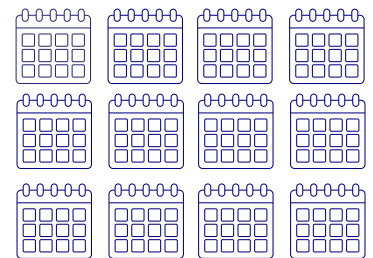
There is no one experience of depression. Depression can manifest in many different ways. It can have a mild to very severe development, and can be temporary or something an individual needs to manage for their lifetime.



TYPES OF DEPRESSION

Whilst most people just talk about "depression", there are actually many different types of depression. The different types of depression are defined by a unique set of characteristics.

Major Depression: Major depression is what most people know as "depression". Along with other symptoms, it is defined by a pervasively low mood, and loss of interest and pleasure in usual activities over at least a two-week period. Further, these symptoms are experienced to the extent that it impacts on a person's ability to function effectively across their work, personal, social and community life.



Melancholia: Melancholia is a very severe form of major depression that together with the signs and symptoms of major depression is characterised by unusually slow movement and thought patterns as well as a complete loss of pleasure in everything.

Psychotic Depression: In some cases of depression, a person can be described as "losing touch with reality". This is known as psychosis. Psychosis with depression is characterised by hallucinations (seeing or hearing things that are not there), delusions (irrational or untrue or peculiar beliefs), paranoia (feeling like everyone is against you, you are the cause of bad things, or think you are being watched or followed), and feeling like you are a bad or evil person.

Antenatal/Prenatal, Postnatal/Postpartum and Perinatal Depression: During and after pregnancy, women are at an increased risk of developing depression. When depression is diagnosed during these periods, it is commonly referred to as **postnatal depression**. However, it can also be referred to by a number of other terms:

- Antenatal/Prenatal Depression - depression that occurs during pregnancy.
- Postnatal/Postpartum Depression - depression that occurs within the 12 months following childbirth.
- Perinatal Depression - this term is used when an individual has experienced depression both during pregnancy and after childbirth.

Bipolar Disorder: Bipolar disorder is a type of depression that is characterised by an individual experiencing alternating periods of depression and mania. Mania is characterised by intense feelings of everything being amazing, endless energy, racing thoughts and speech, a low need for sleep, poor and irrational decision making, impulsivity, being unfocused, feeling very irritable and being quick to anger. The depression and mania episodes are experienced with periods of a more stable mood in between.

Cyclothymic Disorder: Cyclothymic disorder is a mild form of bipolar disorder where fluctuations in mood are still apparent, just not to the same extreme degree.

Dysthymic Disorder: Dysthymic disorder is a mild form of major depression where the signs and symptoms are the same – just to a less severe and intense degree.

Seasonal Affective Disorder: Seasonal Affective Disorder, or SAD is a pattern of depression symptoms similar to depression or mania – but these symptoms are experienced in a seasonal pattern (e.g., occurs as winter commences, and subsides as the season changes).

INCIDENCE OF DEPRESSION

- In Australia, approximately 1 in 6 people (1 in 5 women and 1 in 8 men) will experience depression at some stage in their life.
- In fact, in any one year, approximately 6% of all adult Australians will be affected by a diagnosed depressive illness.
- The encouraging news is that over recent years we have developed a strong understanding of what causes depression, how to recognise the signs and symptoms of depression, and the treatments available.



DIAGNOSING DEPRESSION

GPs, psychologist and psychiatrists are the only professionals qualified to provide a diagnosis for depression. Whilst there are variations in the signs and symptoms of the different types of depression, generally speaking, a person may have depression if:

1. For two or more weeks he or she has felt sad, down or miserable most of the time.
2. He or she has lost interest or pleasure in typical activities.
3. He or she experiences several of the signs and symptoms from at least four of the following categories:

THOUGHTS

Certain unhelpful patterns of thinking are linked to depression such as negative, despairing or defeatist thoughts.

For example:

"I am terrible at everything", "Nothing ever works out for me", "I've let everyone down"

FEELINGS

Individuals with depression typically describe a certain pattern of painful and distressing feelings.

For example, being unhappy, sad, irritable or overwhelmed.

BEHAVIOURS

Some of the more common behavioural signs include:

- Low concentration
- Withdrawing from people
- No longer doing things they normally enjoy
- Using alcohol and other drugs or medication to feel better

PHYSICAL

Depression is linked to a defined set of physical indicators as well patterns of thinking, feeling and behaving.

This includes symptoms such as feeling constantly tired, having an unsettled stomach, experiencing headaches, and loss or a change in appetite.

CAUSES OF DEPRESSION

Whilst research continues to help us understand the nature of depression more and more, the exact cause of depression isn't known.

However, we do know from the research that there are 3 factors strongly correlated with the occurrence of depression:

1

Life Events

Day-to-day or significant life events such as the death of a loved one, unemployment, birth of a child, relationship breakdowns, or intense or prolonged exposure to stressors at home and work.

2

Personal Factors

- a. A family history of depression.
- b. Personality factors such as tending towards a more negative view of the world, being a worrier, having a low self-esteem, or being a highly self-critical or perfectionist individual.
- c. Chronic or serious medical conditions.
- d. Drug and alcohol use which can be both a cause and result of depression.

Remember that whilst any one or a combination of these personal factors have been related to the onset of depression, this doesn't mean someone with one or more of these factors will definitely get depression, they can just increase someone's risk of developing depression.

3

A Neurological Imbalance

This refers to the way the mood chemicals in our brain - dopamine, serotonin and noradrenaline – act. These mood chemicals are related to how we think, feel and behave. For example, dopamine has been shown to be related to how happy or otherwise we feel. When we exercise or eat certain foods, it increases the level of dopamine in our brains, which in turn leads to feeling “happier”.

These chemicals being out of balance (i.e., dopamine, serotonin and noradrenaline not being at optimal levels in our brain), has been shown to be related to depression. Conversely, medication or behaviours that influence the levels of these chemicals in our brains has been shown to alleviate the symptoms of depression.

TREATMENT FOR DEPRESSION

There are a broad range of evidence-based treatment options available for depression. Different approaches work for different people and will be related to the specific type of depression that has been diagnosed. Effective treatment for depression falls into two categories - medical treatments and psychological treatments. In many cases, both a medical and psychological treatment approach is most effective.

Medical Treatment

The main medical treatment for depression is anti-depressant medication. Anti-depressant medication has been shown to be very effective in moderate to severe cases of depression. Medical treatment is typically prescribed in conjunction with psychological intervention for moderate to severe cases of depression, and for when psychological intervention has proved unsuccessful.

Psychological Treatment

Cognitive behavioural therapy is widely accepted as a highly effective psychological treatment for managing depression. Cognitive behavioural therapy has been shown to help people with depression develop more helpful ways of thinking, feeling and behaving. This approach typically involves seeing a qualified therapist, counsellor or psychologist over a period of time and implementing a structured approach to changing the way an individual thinks, feels and behaves.

If you or someone you know needs help contact **TIACS** on 0488 846 988 or your organisation's Employee Assistance Program (EAP), your GP or call: **LifeLine** on 13 11 14, **Kids Helpline** on 1800 551 800, **MensLine Australia** on 1300 789 978 or the **Suicide Call Back Service** on 1300 659 467.