



beyondblue
Depression. Anxiety.



Anxiety and depression

An information booklet

Urgent assistance

People who are depressed or who have anxiety may be at risk of suicide, and if so, they need urgent help.

If you, or someone you care about, is in crisis and you think immediate action is needed, call emergency services (triple zero – 000), contact the person’s doctor or mental health crisis service, or go to your local hospital emergency department.

Thank you

beyondblue would like to thank members of its national reference group, blueVoices, for sharing their personal experiences for this booklet. Their comments are quoted throughout and their feedback has been invaluable.

Contents

Introduction	2	Anxiety and depression affects everyone	21
Anxiety	3	Women	22
What is anxiety?	3	Men	23
How do you know if someone has anxiety?	4	Older people	24
What causes anxiety?	5	Young people	25
Different types of anxiety	7	Getting support	26
Treatments for anxiety	8	Treatments for anxiety and depression	27
Depression	9	Who can assist?	33
What is depression?	9	Confidentiality	38
How do you know if someone has depression?	9	What will it cost?	38
What causes depression?	11	How to get the right treatment	42
Different types of depression	13	Recovery and staying well	44
Treatments for depression	15	Learn new ways to reduce and manage stress	44
Emergency and crisis situations	17	How to stay well	50
Suicide	17	Caring for someone with anxiety or depression	52
Self-harm	18	Things you can do to support someone with anxiety or depression	53
Supporting yourself through thoughts of self-harm or suicide	18	How carers can look after themselves	53
Make a safety plan	19		
Seeking support from others	20		
Seeking support from health professionals	20		

Introduction

Anxiety and depression are common in Australia. In any one year, around 1 million adults in Australia experience depression and over 2 million experience anxiety.¹

While anxiety and depression are different conditions, they share many causes and some symptoms. This can sometimes lead people to think they have, for example, depression, when they're actually experiencing an anxiety condition. It is not uncommon for anxiety and depression to occur together – over half of those who experience depression also experience symptoms of an anxiety condition¹ – and in some cases, one can lead to the onset of the other.

The good news is that, just like physical conditions, anxiety and depression can be treated. Both conditions share many of the same treatments, and with the right treatment, most people recover. The sooner a person with anxiety and/or depression seeks support, the sooner he or she can recover.

This booklet aims to provide clear and comprehensive information about anxiety and depression, including:

- what the conditions are
- common symptoms and how to recognise them
- how to get support for yourself or for someone you know
- how to stay well.

Please hold on to this booklet – it's been designed so you can read and refer back to the parts that are relevant to you; you don't necessarily have to read the whole booklet in one go.

For more detailed information about anxiety and depression, or to find the other resources mentioned in this booklet, visit www.beyondblue.org.au or call the *beyondblue* Support Service on **1300 22 4636**.

Anxiety



What is anxiety?

Anxiety affects over 2 million people in Australia.¹ Anxiety is more than just feeling stressed or worried. While stress and anxious feelings are a common response to a situation where a person feels under pressure – for example, meeting work deadlines, sitting exams or speaking in front of a group of people – it usually passes once the stressful situation has passed, or ‘stressor’ is removed.

Anxiety is when these anxious feelings don’t subside. Anxiety is when they are ongoing and exist without any particular reason or cause. It’s a serious condition that makes it hard for a person to cope with daily life. We all feel anxious from time to time, but for a person experiencing anxiety these feelings cannot be easily controlled.

Anxiety is common – on average, one in three women and one in five men will experience an anxiety condition at some stage in their life.¹ The sooner a person with anxiety seeks support, the more likely they are to recover.

How do you know if someone has anxiety?

The symptoms of anxiety can often develop gradually over time. Given that we all experience some anxiety, it can be hard to know how much is too much. In order to be diagnosed with an anxiety condition, it must have a disabling impact on the person's life. There are many types of anxiety, and there is a range of symptoms for each.

Some common symptoms include:

- hot and cold flushes
- racing heart
- tightening of the chest
- snowballing worries
- obsessive thinking and compulsive behaviour.

If you are familiar with any of these symptoms, check the more extensive list of symptoms common to anxiety below.

Common symptoms of anxiety

Behaviour

- withdrawing from, avoiding, or enduring with fear objects or situations that cause anxiety
- urges to perform certain rituals to try and relieve anxiety
- not being assertive (i.e. avoiding eye contact)
- difficulty making decisions
- being startled easily

Physical

- increased heart rate/racing heart
- shortness of breath
- vomiting, nausea or stomach pain
- muscle tension and pain (e.g. sore back or jaw)
- feeling detached from your physical self or surroundings
- having trouble sleeping (e.g. difficulty falling or staying asleep)
- sweating, shaking
- dizzy, lightheaded or faint
- numbness or tingling
- hot or cold flushes
- difficulty concentrating

Thoughts

- "I'm going crazy."
- "I can't control myself."
- "I'm about to die."
- "People are judging me."
- having upsetting dreams or flashbacks of a traumatic event
- finding it hard to stop worrying
- unwanted or intrusive thoughts

Feelings

- overwhelmed
- fear (particularly when having to face certain objects, situations or events)
- worried about physical symptoms (e.g. fearing there is an undiagnosed medical problem)
- dread (e.g. that something bad is going to happen)
- constantly tense, nervous or on edge
- uncontrollable or overwhelming panic

The list of symptoms is not designed to provide a diagnosis – for that you need to see a doctor – but it can be used as a guide.

If you are concerned you or someone you know is experiencing anxiety, please consult a GP or other health professional.

For more information on anxiety visit www.beyondblue.org.au/anxiety or call the *beyondblue* Support Service on **1300 22 4636**.

“I suffer heart palpitations, butterflies, heartburn and nausea (to the point of vomiting). My blood pressure rises and I get flushed. I get a stiff neck and pain in my shoulders, neck and back. I experience nightmares, panic attacks, the jitters, shaking hands, wobbly legs and just about every unpleasant feeling of being sick imaginable.”

– Gina, 38

What causes anxiety?

As with depression, often a combination of factors leads to a person developing anxiety.

Family history of mental health conditions

People who experience anxiety often have a history of mental health conditions in their family. However, this doesn't mean that a person will automatically develop an anxiety condition if a parent or close relative has had a mental health condition.

Ongoing stressful events

Stressful events can also trigger symptoms of anxiety. Common triggers include:

- job stress or job change
- change in living arrangements
- pregnancy and giving birth
- family and relationship problems
- major emotional shock following a stressful or traumatic event
- verbal, sexual, physical or emotional abuse or trauma
- death or loss of a loved one.

Physical health problems

Continuing physical health problems can also trigger anxiety or complicate the treatment of anxiety or the physical condition itself. Common conditions that can do this include:

- hormonal problems (e.g. overactive thyroid)
- diabetes
- asthma
- heart disease.

If there is concern about any of these conditions, ask a doctor for medical tests to rule out a medical cause for the feelings of anxiety.

Substance use

Heavy or long-term use of substances such as alcohol, cannabis, amphetamines or sedatives (such as benzodiazepines – see page 30) can cause people to develop anxiety, particularly as the effects of the substance wear off.



People with anxiety may find themselves using more of the substance to cope with withdrawal-related anxiety, which can lead to them feeling worse.

“I wasn’t coping with changes to my social and work situations, and drugs and alcohol made things worse.”

– Jaci, 33

Personality factors

Some research suggests that people with certain personality traits are more likely to have anxiety. For example, children who are perfectionists, easily flustered, lack self-esteem or want to control everything, sometimes develop anxiety during childhood or as adults.

“I can’t pinpoint exactly what started the panic attacks 20 years ago, but over that time, it has been stress, finances, unemployment, obsessive thoughts and relationships.”

– Debra

“I had a number of events over a period of time – some work, some personal – that contributed to depression. The anxiety increased as I worked longer hours, rested and relaxed less, and didn’t exercise or eat properly.”

– Kylie, 47

Everyone is different and it’s often a combination of factors that can contribute to a person developing anxiety. It’s important to note that you can’t always identify the cause of anxiety or change difficult circumstances.

The most important thing is to recognise the signs and symptoms of anxiety and to seek support. The sooner you seek help, the sooner you can recover.

Different types of anxiety

There are different types of anxiety. The six most common types of anxiety are:

Generalised anxiety disorder (GAD)

A person feels anxious and worried most of the time, not just in times of exceptional stress, and these worries interfere with their normal lives for a period of six months or more. Their worries may relate to any aspect of everyday life, including work, health, family and/or financial issues, even if there's no real reason to worry about them.

Social phobia

A person has an intense fear of being criticised, embarrassed or humiliated, even in everyday situations, such as speaking publicly, eating in public, being assertive at work or making small talk.

Specific phobias

A person feels very fearful about a particular object or situation and may go to great lengths to avoid it, for example, having an injection or travelling on a plane. There are many different types of phobias.

Obsessive compulsive disorder (OCD)

A person has ongoing unwanted/intrusive thoughts and fears that cause anxiety. Although the person may acknowledge these thoughts as silly, they often try to relieve their anxiety by carrying out certain behaviours or rituals. For example, a fear of germs and contamination can lead to constant washing of hands and clothes.

Post-traumatic stress disorder (PTSD)

This can happen after a person experiences a traumatic event (e.g. war, assault, accident, disaster). Symptoms can include difficulty relaxing, upsetting dreams or flashbacks of the event, and avoidance of anything related to the event. PTSD is diagnosed when a person has symptoms for at least a month.

Panic disorder

A person has panic attacks, which are intense, overwhelming and often uncontrollable feelings of anxiety combined with a range of physical symptoms. A person having a panic attack may have symptoms such as shortness of breath, increased heart rate, dizziness and excessive perspiration. Sometimes, people experiencing a panic attack think they are having a heart attack or are about to die. If a person has recurrent panic attacks or persistently fears having one for more than a month, the person is said to have panic disorder.

"My heart would race. I felt overwhelmed and was so worried that I could not even rationalise where to start."

– Greg, 42

"I became very irritable, talked very quickly and thought the whole world was 'looking at me'. I had continuing thoughts of not being good enough and had difficulty finding the 'right' words when speaking with someone, which made me feel really stupid."

– Dorothy, 63

Many people with an anxiety condition experience symptoms of more than one type and may experience depression as well.

It is important to seek support early. Symptoms may not go away by themselves. If they are left untreated, they can start to take over the person's life. Not only can anxiety affect the person experiencing it, but it can also affect the people close to them. As with depression, untreated anxiety can contribute to serious relationship and family problems, difficulty finding and holding down a job, and drug and alcohol problems.

"I just want to switch off my brain and stop the endless chatter. I have this unbearable pain in my chest and my heart races. Sometimes, it is like my heart actually skips a beat."

– Margaret, 55

Treatments for anxiety

There are many health professionals and services available to help with anxiety information, treatment and support, and there are many things that people with anxiety can do to help themselves. These are discussed in the 'Getting support' and 'Recovery and staying well' sections in this booklet.

Effective treatment helps people with anxiety learn how to control the condition – so it doesn't control them. The type of treatment will depend on the type of anxiety being experienced. Mild symptoms may be relieved with **lifestyle changes**, such as regular physical exercise, and **self-help**, such as online e-therapies (see page 29). Where symptoms of anxiety are

moderate to severe, **psychological and/or medical treatments** (see page 27) are likely to be required.

"A holistic approach to both my depression and anxiety has proven most beneficial. The 'management' of my body – sleeping patterns, exercise, alcohol intake and stopping my usage of recreational drugs – has left me feeling more mentally stable and able to combat negative thought patterns that can result in anxiety, in the form of panic attacks."

– Bec, 21

If you are concerned you or someone you know is experiencing anxiety, please consult a GP or other health professional.

For more information on anxiety visit www.beyondblue.org.au/anxiety or call the *beyondblue* Support Service on **1300 22 4636**.

Depression



What is depression?

While we all feel sad, moody or low from time to time, some people experience these feelings intensely, for long periods of time (weeks, months or even years) and sometimes without any apparent reason. Depression is more than just a low mood – it’s a serious condition that has an impact on both physical and mental health.

On average, one in six people – one in five women and one in eight men – will experience depression at some stage of their lives.¹ Depression is treatable and effective treatments are available. Over 1 million adults in Australia experience depression every year.¹

“I couldn’t eat, sleep or think straight. As time went on, I was waking up earlier and earlier, sometimes not sleeping at all. Half of my dinner would end up in the bin. Everything became so disorganised at home. I thought everyone was against me, so I couldn’t talk to anyone about what was happening or how I was feeling.”

– *Nerida, 51*

How do you know if someone has depression?

Depression affects how people feel about themselves. They may lose interest in work, hobbies and doing things they normally enjoy. They may lack energy,

have difficulty sleeping or sleep more than usual. Some people feel irritable, and some find it hard to concentrate. Depression makes it more difficult to manage from day to day.

A person may be depressed if, for **more than two weeks**, he or she has felt sad, down or miserable most of the time or has lost interest or pleasure in most of his or her usual activities, and has also experienced several of the signs and symptoms across at least three of the categories in the list below.

It's important to note, everyone experiences some of these symptoms from time to time – it may not necessarily mean a person is depressed. Equally, not every person who is experiencing depression will have all of these symptoms.

“I felt empty... like the life was just being drained from me. I felt isolated, inadequate and generally upset all the time – like nobody understood me and I was trapped on the other side of an invisible wall.”

– Bradley, 18

Common symptoms of depression

Behaviour

- not going out anymore
- not getting things done at work/school
- withdrawing from close family and friends
- relying on alcohol and sedatives
- not doing usual enjoyable activities
- unable to concentrate

Feelings

- overwhelmed
- guilty
- irritable
- frustrated
- lacking in confidence
- unhappy
- indecisive
- disappointed
- miserable

Thoughts

- “I’m a failure.”
- “It’s my fault.”
- “Nothing good ever happens to me.”
- “I’m worthless.”
- “Life’s not worth living.”
- “People would be better off without me.”

Physical

- tired all the time
- sick and run down
- headaches and muscle pains
- churning gut
- sleep problems
- loss or change of appetite
- significant weight loss or gain

If you are concerned you or someone you know is experiencing depression, please consult a GP or other health professional.

For more information on depression visit www.beyondblue.org.au/depression or call the *beyondblue* Support Service on 1300 22 4636.

What causes depression?

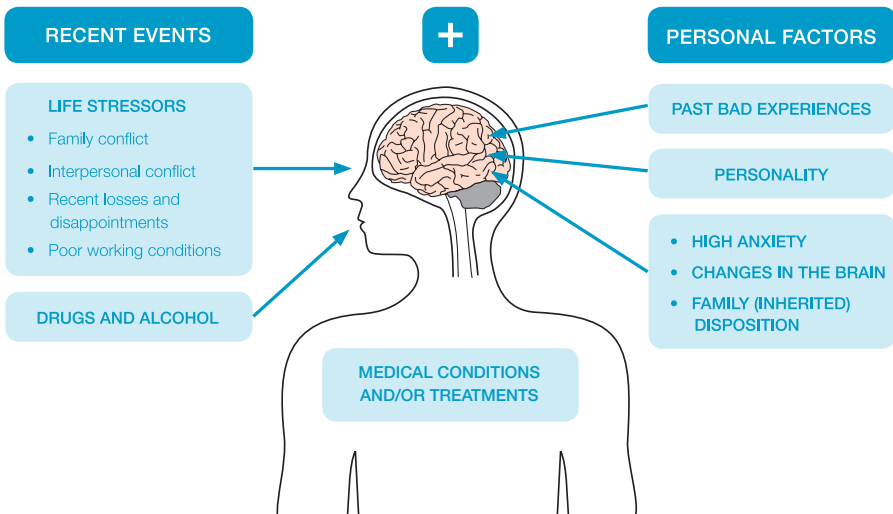
While the exact cause of depression isn't known, a number of things can be associated with its development. Generally, depression does not result from a single event, but from a combination of recent events and other longer-term or personal factors.

Life events

Research suggests that continuing difficulties, such as long-term unemployment, living in an abusive or uncaring relationship, long-term isolation or loneliness or prolonged exposure to stress at work, are more likely to cause depression than recent life stressors. However, recent events such as losing a job or a combination of events can 'trigger' depression in people who are already at risk because of past bad experiences or personal factors.

"For me, it was hereditary, stresses, and an emotionally abusive husband. Having to raise four children and a husband became hard work, and I had no time for myself. I was isolated from family and friends."

- Melissa, 37



Source: Hickie et al. Educational Health Solutions; 2000. Reproduced with permission www.spheregp.com.au

Personal factors

Family history

Depression can run in families and some people will be at an increased genetic risk. However, this doesn't mean that a person will automatically experience depression if a parent or close relative has had the condition. Life circumstances and other personal factors are still likely to have an important influence.

Personality

Some people may be more at risk of depression because of their personality, particularly if they have a tendency to worry a lot, have low self-esteem, are perfectionists, are sensitive to personal criticism, or are self-critical and negative.

Serious medical conditions

Having a medical condition can trigger depression in two ways. Serious conditions can bring about depression directly; or can contribute to depression through the associated stress and worry, especially if it involves long-term management of the condition and/or chronic pain.

Drug and alcohol use

Drug and alcohol use can both lead to and result from depression. Many people with depression also have drug and alcohol problems. Over 500,000 people in Australia will experience depression and a substance use problem at the same time, at some point in their lives.¹

"I experienced an unhappy and unsettled transition from school to university, a relationship breakup and stressful living circumstances. There's also a history of depression and anxiety in my family."

- Jaci, 33

Changes in the brain

Although there has been a lot of research in this complex area, there is still much that we do not know. Depression is not simply the result of a 'chemical imbalance', for example because you have too much or not enough of a particular brain chemical. There are in fact many and multiple causes of major depression. Factors such as genetic vulnerability, severe life stressors, substances you may take (some medications, drugs and alcohol) and medical conditions can lead to faulty mood regulation in the brain.

Most modern antidepressants have an effect on your brain's chemical transmitters (serotonin and noradrenaline), which relay messages between brain cells - this is thought to be how medications work for more severe depression. Psychological treatments can also help you to regulate your moods.

Effective treatments can stimulate new growth of nerve cells in circuits that regulate mood, which is thought to play a critical part in recovery from the most severe episodes of depression.

Everyone is different and it's often a combination of factors that can contribute to a person developing depression.

It's important to note that you can't always identify the cause of depression or change difficult circumstances.

The most important thing is to recognise the signs and symptoms and seek support.

Different types of depression

There are different types of depression. The symptoms for each can range from relatively minor (but still disabling) through to very severe.

Major depression

Sometimes this is called major depressive disorder, clinical depression, unipolar depression or simply depression. It involves low mood and/or loss of interest and pleasure in usual activities, as well as other symptoms such as those described earlier (see page 10). The symptoms are experienced most days and last for at least two weeks. The symptoms interfere with all areas of a person's life, including work and social relationships. Depression can be described as mild, moderate or severe; or melancholic or psychotic.

Melancholia

This is the term used to describe a severe form of depression where many of the physical symptoms of depression are present. For example, one of the major changes is that the person can be observed to move more slowly.

The person is also more likely to have a depressed mood that is characterised by complete loss of pleasure in everything or almost everything.

Psychotic depression

Sometimes people with a depressive condition can lose touch with reality. This can involve hallucinations (seeing or hearing things that are not there) or delusions (false beliefs that are not shared by others), such as believing they are bad or evil, or that they are being watched or followed. They can also be paranoid, feeling as though everyone is against them or that they are the cause of the condition or bad events occurring around them.

Antenatal and postnatal depression

Women are at an increased risk of depression during pregnancy (known as the antenatal or prenatal period) and in the year following childbirth (known as the postnatal period). You may also come across the term 'perinatal', which describes the period covered by pregnancy and the first year after the baby's birth.

The causes of depression at this time can be complex and are often the result of a combination of factors. In the days immediately following birth, many women experience the 'baby blues' which is a common condition related to hormonal changes, affecting up to 80 per cent of women.² The 'baby blues', or general stress of adjusting to pregnancy and/or a new baby, are common experiences, but are different from depression. Depression is longer lasting and can affect not only the mother, but her relationship with her baby, the child's development, the

mother's relationship with her partner and other members of the family.

Up to one in 10 women will experience depression during pregnancy. This increases to one in seven in the first three months after having a baby.³

For more information on antenatal and postnatal depression visit www.beyondblue.org.au/beyondbabyblues or call the *beyondblue* Support Service on 1300 22 4636.

"If you find yourself depressed, tell an elder you know and trust – parent, teacher, other family member, doctor, sports coach etc. There is no shame or embarrassment in this whatsoever, you are doing a brave thing, the right thing."

– Jeff, 47

Bipolar disorder

Bipolar disorder used to be known as 'manic depression' because the person experiences periods of depression and periods of mania with periods of normal mood in between.

Mania is like the opposite of depression and can vary in intensity – symptoms include feeling great, having lots of energy, having racing thoughts and little need for sleep, talking fast, having difficulty focusing on tasks, and feeling frustrated and irritable. This is not just a fleeting experience. Sometimes the person loses touch with reality and has episodes of psychosis. Experiencing psychosis involves hallucinations (seeing or hearing something that is not there) or having delusions (false beliefs that are not shared by others).

Bipolar disorder seems to be most closely linked to family history. Stress and conflict can trigger episodes for people with this condition and it's not uncommon for bipolar disorder to be misdiagnosed as depression, alcohol or drug abuse, attention deficit hyperactivity disorder (ADHD) or schizophrenia.

Diagnosis depends on the person having had an episode of mania and, unless observed, this can be hard to pick. It is not uncommon for people to go for years before receiving an accurate diagnosis of bipolar disorder. It can be helpful for the person to make it clear to the doctor or treating health professional that he or she is experiencing highs and lows. Bipolar disorder affects approximately 2 per cent of the population.¹

Cyclothymic disorder

Cyclothymic disorder is often described as a milder form of bipolar disorder. The person experiences chronic fluctuating moods over at least two years, involving periods of hypomania (a mild to moderate level of mania) and periods of depressive symptoms, with very short periods (no more than two months) of normality between. The duration of the symptoms are shorter, less severe, and not as regular, therefore don't fit the criteria of bipolar disorder or major depression.

Dysthymic disorder

The symptoms of dysthymia are similar to those of major depression, but are less severe. However, in the case of dysthymia, symptoms last longer. A person has to have this milder depression for more than two years to be diagnosed with dysthymia.

“There is nothing wrong with being sick. We all get sick, but this sickness is curable. You can get better and you will.”

– Gina, 38

Seasonal affective disorder (SAD)

SAD is a mood disorder that has a seasonal pattern. The cause of the disorder is unclear; however it is thought to be related to the variation in light exposure in different seasons. It's characterised by mood disturbances (either periods of depression or mania) that begin and end in a particular season. Depression that starts in winter and subsides when the season ends is the most common. It's usually diagnosed after the person has had the same symptoms during winter for a couple of years. People with seasonal affective disorder depression are more likely to experience lack of energy, sleep too much, overeat, gain weight and crave carbohydrates. SAD is very rare in Australia, and more likely to be found in countries with shorter days and longer periods of darkness, such as in the cold climate areas of the Northern Hemisphere.

“Help is always there. Do not be ashamed. Many other people suffer from depression as well and it is not some untreatable disease. With time and support, even the deepest of wounds can be healed.”

– Bradley, 18

Treatments for depression

Depression is often not recognised and can go on for months or even years if left untreated. It's important to seek support early as the sooner a person gets treatment, the greater the chance of a faster recovery. Untreated depression can have many negative effects on a person's life, including serious relationship and family problems, difficulty finding and holding down a job, and drug and alcohol problems.

“Begin the process. No matter how hard it may seem, just BEGIN. Talk to your local doctor or obtain information. There is light at the end of the tunnel, and I can't urge people enough to take that first step.”

– Dorothy, 63



There can also be negative physical effects on the body's systems, including brain function, the sleep-wake cycle, stress response system, immune system and gastrointestinal system.

Remember, depression is treatable and effective treatments are available – the earlier you seek support, the better.

There is no one proven way that people recover from depression. However, there is a range of effective treatments and health professionals who can help people on the road to recovery.

There are also many things that people with depression can do for themselves to help them recover and stay well. These are discussed in the 'Getting support' and 'Recovery and staying well' sections in this booklet. The important thing is to find the right treatment and the right health professional for a person's needs.

Different types of depression require different types of treatment. Mild symptoms may be relieved with **lifestyle changes**, such as regular physical exercise, and **self-help**, such as online e-therapies (see pages 29 and 45). For moderate to more severe depression, **psychological and/or medical treatments** (see pages 27 and 31) are likely to be required.

Often, a combination of treatments is most useful. For example, psychological treatments improve people's coping skills so they feel more able to deal with life's stresses and conflicts. Psychological treatments may also help to prevent relapse once the person is well again. Medication has a physical effect, changing the brain's chemicals. When these two treatments are combined, they can tackle the symptoms of moderate to severe depression successfully. There are different types of psychological and medical treatments, which are discussed in detail in the 'Treatments for anxiety and depression' section in this booklet.



Emergency and crisis situations

When a person's mental health deteriorates, or they find themselves in an acute situational crisis, he or she may consider suicide or harming him or herself.

This is not necessarily the case for everyone with depression or anxiety, but for some people, their condition becomes so desperate, they feel so overwhelmed and hopeless, that they may feel suicide is their only option. They might be feeling so unbearably unhappy that they are unable to sleep, eat, or enjoy any part of their life.

Suicide

Suicide is a very complex behaviour and there are many reasons why people may think about suicide. Extremely stressful life events may be the trigger for these feelings and can include:

- feeling alone, isolated, alienated and without any friends or family
- feeling like you don't belong anywhere
- going through a difficult relationship breakup
- a major argument with a loved one or significant person
- losing a job; failing a big exam
- experiencing a financial crisis
- feeling like you are a burden on those around you

- experiencing a traumatic life event, such as abuse, bullying or violence
- experiencing discrimination and isolation due to sexuality, culture or disability
- going to court for legal matters; threat of incarceration
- experiencing chronic pain
- the suicide of a close friend or family member
- experiencing drug and alcohol problems.

Sometimes suicidal thoughts can be triggered as a response to feeling that you don't have any control over your life, or that things are hopeless and will never improve.

Suicidal thoughts can limit your thinking and problem-solving abilities and it is important to surround yourself with the right information and supports during these difficult times.

If you or someone you care about is in crisis and you think immediate action is needed, call emergency services (triple zero – 000), contact your doctor or local mental health crisis service, or go to your local hospital emergency department. Do not leave the person alone, unless you are concerned for your own safety.

It is important to keep these emergency numbers handy; perhaps have them readily available in your mobile phone contacts.

Self-harm

There are many reasons why people self-harm. It may be a way of telling others about their distress and asking for help, a way of coping with stress or emotional pain, or a symptom of a mental health condition like depression. Sometimes it suggests that the person is thinking about suicide. Most people who self-harm are not suicidal, but sometimes people die as a result of their self-harm behaviour.

The most common reasons people self-harm is that they are releasing tension. Self-harm can actually be a means of survival – the person's best way of coping with overwhelming psychological pain, and communicating it to others. It can also arise from feelings of numbness, disconnection and unreality.

Self-harm can occur in many ways and for many reasons. It's not just about cutting oneself or causing physical self-harm. Self-harm may include risk-taking behaviour such as driving fast and recklessly in a car, being careless on public transport, high rates of alcohol use, drug use and sexual promiscuity. This behaviour can also put other people at risk.

Deliberate self-harm varies with each person. Some people deliberately self-harm regularly, while others only do it once or twice and then stop.

They may injure themselves in response to a specific situation and stop once the problem is resolved. Others may self-injure over a much longer period, whenever they feel pressured or distressed, and use it as a way of coping, particularly where they don't have healthier coping strategies.

Supporting yourself through thoughts of self-harm or suicide

It is not uncommon for people with suicidal thoughts to feel disconnected from life and those around them. Connections to other people and a strong sense of belonging can support people through suicidal and self-harming thoughts.

Work with people that you trust to help identify ways to reconnect with things you find meaningful. It can also be a time to enhance your wellbeing and discover new things that are deeply important to you.

In the short-term, this could mean:

- catching up regularly with friends, neighbours and family members
- learning about mindfulness and other coping strategies
- spending time actively doing things you enjoy
- joining a group and doing something you have always been interested in.

In the longer-term, this could mean:

- thinking about work and whether it is fulfilling for you, or considering voluntary work
- thinking about study, such as courses at TAFE or university

- taking a holiday to places that you have always wanted to see.

Other things to consider are:

- Lifestyle improvements – choosing to live a physically healthier life. Eating a balanced diet, reducing alcohol consumption to a more moderate level, exercising a little each day and establishing a good sleep pattern can all be helpful.
- Meditation and relaxation – making sure healthy relaxation is built into your routine; breathing exercises, progressive muscle relaxation, meditation, yoga and Tai Chi can be good ways to do this.
- Interests and contributing – giving back to the community often helps our sense of purpose and connection with others. Think about what you used to find interesting or have been passionate about (such as animal welfare, environmental issues, swimming, astronomy, reading, playing music) and join an organisation that is involved in this.

There are no one-size-fits-all answers or guaranteed solutions but there are several things you can do to make life easier.

- Let other people know you are suffering and let them assist you.
- Follow the advice of doctors and take any medication they have prescribed.
- Try to establish a routine with sleeping, meals and exercise.
- Keep appointments with counsellors and doctors.
- Remove things in and around the house that you might use to harm yourself.

- Keep the use of alcohol and drugs to a minimum (preferably not at all). This is because alcohol and drugs can impair your judgment and cause the dark thoughts and feelings of hopelessness and despair to return.
- If people are trying to be helpful, acknowledge and respond to them. Although you may not be in a space to talk in any detail, let them know you appreciate their efforts and you will talk more when you feel ready and able to do so.
- If people from your support network are not available and you feel worried, unsure or suicidal, consider calling a telephone counselling or support service such as the *beyondblue* Support Service or Lifeline (both available 24 hours a day, 7 days a week).

Make a safety plan

A safety plan is a written, prioritised list of coping strategies and resources for reducing suicide risk. It is a tool that is designed to help those who struggle with suicidal thoughts and urges to survive. A safety plan can be developed to help you get through tough times and help you to manage difficult feelings as they start to arise. Safety plans usually include a list of signs or triggers that tell you that you are becoming overwhelmed or suicidal and strategies you can use to help get through those times when the urge to end your life is greatest.

This can be a combination of distractions and things that make you feel a bit better, such as talking to a good friend, going for a walk, watching a movie or having dinner with family.

Your safety plan should incorporate people you can talk to when you are struggling. This might include family members and friends, as well as doctors, counsellors, community or religious leaders.

It should also refer to professional services, including those that are available 24 hours a day, such as crisis telephone support services, hospitals and Emergency Services.

Find out more at:

- www.suiceline.org.au/at-risk/how-to-make-a-suicide-safety-plan
- www.suiceline.org.au/content/uploads/self-help_for_suicidal_feelings.pdf

Seeking support from others

Finding the right mix of support people is a key step in looking after yourself. Having supportive people around you is always important. Surround yourself with people that you trust, who will listen to you without judgment, who understand you and that you enjoy being with.

Giving a suicidal person the opportunity to express their feelings can give relief from isolation and pent-up negative feelings, and may in fact reduce the risk of suicide.

For more information on supporting someone during an emergency or crisis situation, see pages 22 to 24 of *The beyondblue guide for carers* booklet, available at www.beyondblue.org.au/resources or by calling the *beyondblue* Support Service **1300 22 4636**.

Seeking support from health professionals

Sometimes you need more than the assistance of your support network. By seeing a health professional you can begin to address feelings and/or situations without feeling judged and instead be supported to find new ways to cope with difficult decisions, experiences or emotions.

You might also find sessions with a health professional useful to:

- sort through how you are feeling and why
- provide a different perspective
- link you in with other doctors or experts when necessary
- help develop new coping strategies
- help locate self-help or peer support options.

Anxiety and depression affects everyone



Anxiety and depression are common conditions and can affect anyone, at any life stage. Most Australians have had some experience with anxiety, depression or a related condition, whether they've experienced it themselves or had family, friends or work colleagues go through it.

This section looks at anxiety and depression in women, men, older people and young people.

"We carry a great amount of responsibility on our shoulders as mothers, lovers, carers, grandmothers, sisters, daughters, friends... so we need to look after ourselves before we can look after those around us."

– Gina, 38

Women

Good mental health is essential to the overall health of both men and women, but women experience some mental health conditions, including anxiety and depression, at higher rates than men. One in three women in Australia will experience anxiety during their lifetime and one in five women will experience depression.¹

Negative life experiences such as poverty, discrimination, violence and abuse, unemployment and isolation can have an impact on women's mental health and wellbeing. Major life events such as pregnancy, motherhood and menopause can create major stresses for some women.

While anxiety and depression can happen at any time, women are more likely to experience these conditions during pregnancy and the year following the birth of a baby. Depression affects up to one in 10 women while they are pregnant and almost one in seven women during the first year after the birth.³ Anxiety is thought to be even more common than depression during pregnancy and the following year, and many women experience both conditions at the same time.

In addition, caring for family members who are unwell or unable to look after themselves can affect a person's physical and mental health. Over half of people who care for a family member or friend in Australia are women. Women are also much more likely to provide the majority of help to a person with a disability. Sometimes, taking on the role of carer may be to the detriment of their own employment, relationships, social life, physical and/or mental health.



It is important that women don't dismiss signs and symptoms of mental health conditions in themselves, especially when they are busy caring for others.

"I've had to accept I can't be Superwoman any longer, but I can still be a positive, capable person and make my contributions to the world in a way that isn't at a cost to my physical and mental health."

– Kylie, 47

For more information visit www.beyondblue.org.au/women

Men

On average, one in five men will experience anxiety and one in eight men will have depression at some stage of their lives.¹ While women are more likely to experience anxiety and depression, men are less likely to talk about it. This increases the risk of their anxiety or depression going unrecognised and untreated.

Men are more likely than women to recognise and describe the physical symptoms of depression (such as feeling tired or losing weight). They may acknowledge feeling irritable or angry, rather than saying they feel low.

In general, men tend to put off getting any kind of assistance because they think they are supposed to be tough, self-reliant, able to manage pain and take charge of situations. This can make it hard for men to acknowledge they have any health problems, let alone one which affects their social and emotional wellbeing. It is also very common for men in particular, to manage their symptoms by using alcohol and other drugs, which make the symptoms of anxiety and depression worse.

Other factors that can contribute to anxiety and depression in men include physical health problems, relationship problems, employment problems, social isolation, a significant change in living arrangements (e.g. separation or divorce), a partner's pregnancy and birth of a baby.

Depression is a high risk factor for suicide, and in Australia, there are approximately 2,200 suicides each year. Eighty per cent of people who take their lives are men – with an average of five men dying by suicide every day.



Suicide is the leading cause of death for men under the age of 44, significantly exceeding the national road toll.⁶

It's important to remember that anxiety and depression are illnesses, not weaknesses, and effective treatments are available. Taking action may not be as hard as you think.

“Men are supposed to be ‘strong’, ‘assertive’ and ‘not show emotion’. In a sense, I think it is perceived as a weakness for a man to suffer depression and talk about his feelings. We live in a time when equality should exist in every form. If women can seek help, so can men. Never be ashamed of this sickness. Find help and work through it.”

– Bradley, 18

For more information visit www.beyondblue.org.au/men
or www.mantherapy.org.au

Older people

Many people, including older people, think that it is normal to become depressed as we age, but ageing does not itself cause anxiety and depression. They are common conditions for which effective treatments are available.

It is thought that between 10 and 15 per cent of older people experience depression and approximately 10 per cent experience anxiety. Rates of depression among people living in residential aged-care facilities are believed to be much higher, ranging from 34 per cent to 45 per cent.⁴

Older people are at greater risk of developing mental health conditions because of the cumulative effect of numerous risk factors, including chronic illness, personal loss and isolation. However, there is no evidence that ageing itself is a risk factor for anxiety or depression in late-life.

Older people are also more hesitant to share their experiences of anxiety and depression with others, often ignoring symptoms over long periods of time and only seeking professional help when things reach crisis point.

The thing is, anxiety and depression are common. They affect almost 3 million Australians every year.¹ There's no need for older people to feel they have to live with anxiety or depression. Effective treatments exist for older people and the good news is, with the right treatment for anxiety and depression, most people recover.



“(The older generation) has been brought up to believe you just ‘get on with it’ and there is still a stigma attached to this issue. As we age, other medical factors can come into play resulting in similar symptoms and unless your GP looks further into the issue, depression and anxiety can go undetected. I would urge anyone of any age to seek help/treatment if they feel what they are experiencing is not ‘normal’ for them. Read as much as you can, and if you are not a reader, join a senior citizens club where sometimes, guest speakers chat about these issues. No matter what your age, there is help out there for you.”

– Dorothy, 63

For more information visit www.beyondblue.org.au/older-people

Young people

Anxiety and depression are among the most common mental health conditions experienced by young people. Around one in four Australians aged 16 to 24 experiences a mental health condition.¹ More than 80 per cent of males and nearly 70 per cent of females with these conditions aged 16 to 24 years do not use any services or get the professional help they need.⁵ Often, the symptoms aren't recognised or they are simply passed off as 'just part of growing up'.

"For me it was a huge challenge to seek help because I did not want people knowing what was going on in my head, and I kept hearing negative comments by others and their thoughts on depression. I later realised those comments were due to lack of knowledge and understanding about the illness."

– Jess, 18

Common causes of anxiety and depression in young people include being abused or bullied, having parents separate or divorce, the death of someone close, losing a job or moving to a new town. In some cases, anxiety and depression may be associated with a combination of factors, such as feeling stressed, not feeling able to cope with things, trouble at home, school or work, low self-esteem, not being able to talk to people or not having someone to talk to. Prejudice, discrimination, bullying and abuse about sexuality or gender are major factors contributing to the development of anxiety and depression for young lesbian, gay, bisexual, transgender and intersex people.



"I was a student and a prefect and as a result, many people felt I was a 'perfect' student. It was hard to deal with the ignorant comments made by people who didn't understand what I was going through. The best encouragement I could give, would be for people to realise depression is a legitimate disease. Do not feel ashamed about it as there are many people who have or are suffering with it. Stay strong, seek help and stick to the treatment."

– Bradley, 18

For more information visit www.youthbeyondblue.com

Getting support



People with anxiety and/or depression can find it difficult to take the first step in seeking support. They may need to get help with the support of family members, friends and/or a health professional.

There is no one proven way that people recover from anxiety and depression. The good news is that there is a range of treatments, health professionals and services available to help with anxiety and depression. There are also many things that people with these conditions can do to help themselves.

“My initial fear was that when I sought help, I became consciously aware it was a problem. I recognised it as a large issue and that was daunting. The first step was the hardest. However, after taking it, everything became much easier to deal with and move forward.”

– Bradley, 18

The reality is, anxiety and depression are unlikely to simply go away on their own. In fact, if ignored and left untreated, anxiety and depression can go on for months, sometimes years, and can have many negative effects on a person's life.

Every person needs to find the treatment that's right for them. It can take time, strength and patience to find a treatment that works. After seeking appropriate advice, the best approach is to try a treatment you're comfortable with and that works for most people. If you do not recover quickly enough, or experience problems with the treatment, discuss this with your health professional and consider trying another approach.

"I found it very difficult to ask for help. I felt like I was beyond help. And frankly, I didn't deserve help."

– Margaret, 55

"My fears and worries were plenty. I believed I was weak, incompetent, 'mental', if I took medication or sought psychological help. Yes, the first steps are hard, but hey, so is crying all the time and not being able to think or have fun. For me, it was about priority and getting back the person I was and liked."

– Gina, 38

"After many years of 'ups and downs', I felt like the only thing which could save me from death was getting help. This was a last resort effort. Don't wait until you get to your last chance."

– Greg, 42

Treatments for anxiety and depression

Psychological treatments

Psychological treatments have been found to be an effective way to treat anxiety and depression. They may not only help a person to recover, but can also help to prevent a recurrence. Psychological therapies help people with anxiety and depression to change negative patterns of thinking and improve their coping skills so they are better equipped to deal with life's stresses and conflicts. There are several different types of psychological treatments including cognitive behaviour therapy (CBT), interpersonal therapy (IPT) and mindfulness based cognitive therapy (MBCT). For information on who can provide psychological treatments, see pages 33 to 37.

Cognitive behaviour therapy (CBT) is a structured psychological treatment that recognises that a person's way of thinking (cognition) and acting (behaviour) affects the way they feel. CBT is one of the most effective treatments for anxiety and depression, and has been found to be useful for a wide range of people, including children, adolescents, adults and older people.

In CBT, a person works with a professional (therapist) to identify the patterns of thought and behaviour that are either making them more likely to become anxious or depressed, or stopping them from improving once they become anxious or depressed. CBT has an emphasis on changing thoughts and behaviour by teaching people to evaluate their thinking about common difficulties, helping them to shift their negative or unhelpful thought patterns and

reactions to a more realistic, positive and problem-solving approach. CBT is also well-suited to being delivered electronically (often called e-therapies).

“CBT provided me with the skills to question and indeed, challenge my thoughts. I found myself taking control of my thoughts, rather than letting them control me.”

– Margaret, 55

“I have had CBT sessions which have helped me to think in new ways. Some things that used to really upset me are now ‘water off a duck’s back’... and other things I thought too hard for me, I feel confident to try.”

– Damien, 39

Behaviour therapy is a major component of cognitive behaviour therapy (CBT). However, it is different to CBT because it focuses exclusively on increasing a person’s level of activity and pleasure in their life.

Unlike CBT, it does not focus on changing the person’s beliefs and attitudes. Instead, it focuses on encouraging people to undertake activities that are rewarding, pleasant or give a sense of satisfaction, in an effort to reverse the patterns of avoidance, withdrawal and inactivity that make depression worse.

Behaviour therapy can help with anxiety problems that often persist because the person avoids fearful situations. Avoiding these situations means that the person does not have the opportunity to learn that he or she can actually cope with the fear. With the ‘graded exposure’ component of behaviour therapy, the person learns that their fear will

diminish without the need to avoid or escape the situation and that their fears about the situation often do not come true or are not as bad as they thought.

Interpersonal therapy (IPT) is a structured psychological therapy that focuses on problems in personal relationships and the skills required to deal with these problems. IPT is based on the idea that relationship problems can have a significant impact on a person experiencing depression, and can even contribute to the cause. IPT is thought to work by helping people to recognise patterns in their relationships that make them more vulnerable to depression. Identifying these patterns means they can focus on improving relationships, coping with grief and finding new ways to get along with others.

Mindfulness based cognitive therapy (MBCT) is generally delivered in groups and involves learning a type of meditation called ‘mindfulness meditation’. This meditation teaches people to focus on the very present moment, just noticing whatever they are experiencing, be it pleasant or unpleasant, without trying to change it. At first, this approach is used to focus on physical sensations (like breathing), but later it is used to focus on feelings and thoughts.

MBCT helps people to stop their mind wandering off into thoughts about the future or the past, or trying to avoid unpleasant thoughts and feelings. This is thought to be helpful in preventing depression from returning because it allows people to notice feelings of sadness and negative thinking patterns early on, before they have become fixed.

It therefore helps the person to deal with these early warning signs better.

“The strategy I found most helpful (and I still use) is asking myself what are the triggers that cause my anxiety. I can then process what and why I am feeling the way I am. I also tell myself that I am ok just as I am. I don’t have to change to suit anyone else.”

– Dorothy, 63

e-therapies, also known as online therapies or computer-aided psychological therapy, can be just as effective as face-to-face services for people with mild to moderate anxiety and depression. CBT and behaviour therapy are helpful for anxiety and depression when delivered by a professional. The structured nature of these treatments means they are also well suited to being delivered electronically.

Most e-therapies teach people to identify and change patterns of thinking and behaviour that might be keeping them from overcoming their anxiety or depression. An individual works through the program by themselves, and although e-therapies can be used with or without help from a professional, most programs do involve some form of support from a therapist. This can be via telephone, email, text, or instant messaging, and will help the person to successfully apply what they are learning to their life.

This online mode of delivery has several advantages. It:

- is easy to access
- can be done from home

- can be of particular benefit for people in rural and remote areas
- can be provided in many cases without having to visit a doctor.

You can visit the Australian Government’s www.mindhealthconnect.org.au website to find a library of online programs.

To find out about other psychological treatment approaches and the level of evidence behind them, download *beyondblue’s A guide to what works for anxiety* and *A guide to what works for depression* booklets from www.beyondblue.org.au/resources

“Therapy has helped me to legitimise my depression and anxiety. When I feel like I have failed a task or feel down or act out of character, I no longer have the burden of constant self-blame and guilt.”

– Bec, 21



Medical treatments for anxiety

Research shows that psychological therapies are the most effective treatment in helping people with anxiety. However, if symptoms are severe, some medical treatments may be helpful. Some types of antidepressant medication can help people to manage anxiety, even if they are not experiencing symptoms of depression. However, there is no simple explanation of how or why antidepressants are effective for some types of anxiety. Research indicates that when people have anxiety, there are specific changes that occur in the brain's chemicals – serotonin, noradrenaline and dopamine. Antidepressant medication is designed to correct the imbalance of chemical messages between nerve cells (neurones) in the brain.

Benzodiazepines (sometimes called sedatives) are commonly prescribed in the short-term to help people cope with anxiety and panic attacks. Benzodiazepines reduce tension without causing sleep. However, long-term use of benzodiazepines is generally not recommended, because they can be addictive. They may be useful for a short period of time (two or three weeks) or if used intermittently as part of a broad treatment plan, but not as the first or only treatment. For more information about benzodiazepines, visit www.reconnexion.org.au, download the *beyondblue Benzodiazepines* fact sheet from www.beyondblue.org.au/resources, or talk to your doctor.

“Once I had the right combination of medication and treatment, I was able to gradually find a reduction in severity and frequency of panic attacks and anxious feelings.”

– Jacqueline, 31

“Proper rest, good quality sleep, and practising breathing techniques during the day when something scares me... It is important to try different approaches and to keep learning about other ways to assist with ongoing management of anxiety.”

– Kylie, 47



Medical treatments for depression

The main medical treatment for depression is antidepressant medication. There is a lot of misinformation about antidepressant medication and while there is no simple explanation as to how it works, it can be very useful in the treatment of moderate to severe depression and some types of anxiety.

Antidepressant medication may be prescribed, along with psychological treatments, when a person experiences a moderate to severe episode of depression. Sometimes, antidepressants are prescribed when other treatments have not been successful or when psychological treatments are not possible due to the severity of the condition or a lack of access to the treatment.

People with more severe forms of depression (bipolar disorder and psychosis) do generally need to be treated with medication. This may include one or a combination of mood stabilisers, anti-psychotic drugs and antidepressants.

“No one treatment has been helpful by itself for me. It’s been a combination of medication with talk therapy, as well as lifestyle changes such as getting regular exercise and modifying my diet (i.e. cutting down on alcohol and carbohydrate intake). One must remember that very rarely does one form of treatment alone make big changes. There is no miracle cure.”

– Greg, 42

“There are numerous effective treatments. If one method doesn’t work, do not give up. An effective method may be just around the corner. Keep challenging yourself. If it doesn’t work immediately, stick with it. It may end up being more beneficial than expected.”

– April, 25

Which antidepressant should be used?

Making a decision about which antidepressant is best for a person can be complex. The decision is made in consultation with a doctor, after careful assessment and consideration. People can help the doctor’s assessment by providing as much information as possible about themselves and their medical history. Important factors include the person’s age, symptoms, other medications, and whether they are pregnant or breastfeeding.

There are many different types of antidepressant medication which have been shown to work, but their effectiveness differs from person to person. Antidepressants take at least two weeks before they start to help, and it may also take some time for the doctor to find the most suitable medication and dosage.

“I resisted medication for years; inaccurately believing it was ‘weak’ or I would turn into a ‘vegetable’. Many misconceptions exist regarding medication. In my case, medication propelled my recovery and helped me to utilise psychological treatments effectively.”

– April, 25

What are the side-effects?

Antidepressants can make people feel better, but they won't change their personality or make them feel happy all the time. Like with any other medication, some people will experience some side-effects. Common side-effects, depending on which medication is taken, include nausea, headaches, anxiety, sweating, dizziness, agitation, weight gain, dry mouth and sexual difficulties (e.g. difficulty becoming/staying aroused).

Some of these symptoms can be short-lived, but people who experience any of these symptoms should tell their doctor, as there are ways of minimising them. The likelihood of a particular side-effect happening varies between people and medication.



“Medication is not an instant fix. It takes time and often works alongside other strategies/treatments. In addition, you should be aware you will probably have side-effects, but they do ease over time and eventually, you will feel like you again.”

– Gina, 38

“Keep an open mind. Like a lot of people, I was frightened of medication. I thought it would sedate me, turn me into a zombie. I was wrong. The side-effects were a bit of a pain, and it does take time for the effects to kick in, but the relief I felt when I started feeling normal again was enormous.”

– Nerida, 51

How long are antidepressants usually needed?

Like any medication, the length of time a person takes antidepressants for depends on the severity of the condition and how he or she responds to treatment. Some people only need to take them for a short time, while others may need them on an ongoing basis to manage their condition. It's just like someone who uses insulin to manage their diabetes, or ventolin for asthma.

Antidepressants are safe, effective and not addictive. People sometimes want to stop taking antidepressants quickly because they are concerned they're addictive. This may be because they confuse them with other types of medications (e.g. benzodiazepines, sedatives), but stopping medication should only be done gradually, on a doctor's recommendation and under supervision.



Every person needs to find the treatment that's right for them. Just because a treatment has been shown to work scientifically, doesn't mean it will work equally well for every person. Some people will have complications, side-effects or find that the treatment does not fit in with their lifestyle. It can take time, strength and patience to find a treatment that works. After seeking appropriate advice, the best approach is to try a treatment you're comfortable with and one that works for most people. If you do not recover quickly enough, or experience problems with the treatment, discuss this with your health professional and consider trying another.

For more information on antidepressant medication, download the *beyondblue* Antidepressant medication fact sheets from www.beyondblue.org.au/resources

"Accepting to take medication is a sign of strength; a sign that you are taking control of your life. If you were prescribed medication for say, diabetes, would you say no? What's the difference?"

- Margaret, 55

"I could not have risen above the physical symptoms without antidepressants. The antidepressants had me thinking rationally to respond well to the psychologist's treatment."

- Penny

Who can assist?

Different health professionals (such as GPs, psychologists and psychiatrists) offer different types of services and treatments for anxiety and depression. Below is a guide to the range of practitioners available and what kind of treatment they provide.

General Practitioners (GPs)

GPs are a good first step for someone seeking professional help. A good GP can:

- make a diagnosis
- check for any physical health problem or medication that may be contributing to depression or anxiety
- discuss available treatments
- work with the person to draw up a Mental Health Care Plan so he or she can get a Medicare rebate for psychological treatment
- provide brief counselling or, in some cases, psychological therapy
- prescribe medication

- refer a person to a mental health specialist such as a psychologist or psychiatrist.

Before consulting a GP about anxiety or depression, it's important to ask the receptionist to book a longer or double appointment, so that there is plenty of time to discuss the situation without feeling rushed. It is also a good idea to raise the issue of anxiety or depression early in the consultation as some GPs are better at dealing with mental health conditions than others. The GP will discuss various treatment options and take the person's treatment preferences into account.

It is recommended that people consult their regular GP or another GP in the same clinic, as medical information is shared within a practice. For those without a regular GP or clinic, a list of GPs with expertise in treating common mental health conditions is available at www.beyondblue.org.au/find-a-professional or by calling the *beyondblue* Support Service on **1300 22 4636**.

"After seeing my local GP and developing a thorough step-by-step plan to manage my depression and anxiety, I felt as if a weight had been lifted from my chest. I had someone to help me and monitor me through a difficult process, taking into account both my personal preferences and the latest in mental health care."

– Bec, 21

"I was very relieved that my GP recognised and diagnosed depression immediately, and showed empathy and caring towards me. I felt supported, and with the next step to the psychiatrist, I knew I was on the way to feeling better."

– Penny

Psychologists

Psychologists are health professionals who provide psychological therapies such as cognitive behaviour therapy (CBT) and interpersonal therapy (IPT). Clinical psychologists specialise in the assessment, diagnosis and treatment of mental health conditions. Psychologists and clinical psychologists are not doctors and cannot prescribe medication in Australia. It is not necessary to have a referral from a GP or psychiatrist to see a psychologist, however a Mental Health Treatment Plan from a GP is needed to claim rebates through Medicare. If you have private health insurance and extras cover, you may be able to claim part of a psychologist's fee. Contact your health fund to check.

"I saw a psychologist back at university. It was a relief to know that what I was experiencing [social phobia] has a name and is a well-known condition."

– Henry, 34



“I have spent two years with a psychologist and undertaken a few sessions with a psychiatrist. I have been very fortunate and honestly, cannot thank these medical professionals enough. My psychologist brought me through some very dark moments and was there whenever I needed her. I have learnt strategies that will guide me for life and feel much more empowered to take back control for my life.”

– Gina, 38

Psychiatrists

Psychiatrists are doctors who have undergone further training to specialise in mental health. They can make medical and psychiatric assessments, conduct medical tests, provide therapy and prescribe medication. Psychiatrists often use psychological treatments such as cognitive behaviour therapy (CBT), interpersonal therapy (IPT) and/or prescribe medication. If the depression is severe and hospital admission is required,

a psychiatrist will be in charge of the person's treatment. A referral from a GP is needed to see a psychiatrist. Rebates can also be claimed through Medicare.

The doctor may suggest the person sees a psychiatrist if:

- the anxiety or depression is severe
- the anxiety or depression lasts for a long time, or comes back
- the anxiety or depression is associated with a high risk of self-harm
- the anxiety or depression has failed to respond to treatment
- the doctor feels that he or she doesn't have the appropriate skills required to treat the person effectively.

“Visiting a psychiatrist, they summed up my illness and explained I had two choices – either to let anxiety continue to hold me hostage and impact my everyday life, or choose to fight it. If I chose to fight it, they would be alongside fighting it with me.”

– April, 25



Mental health nurse practitioners

Mental health nurse practitioners are specially trained to care for people with mental health conditions. They work with psychiatrists and GPs to review a person's mental health and monitor their medication. They also provide people with information about mental health conditions and treatment. Some have training in psychological therapies. For a referral to a mental health nurse practitioner who works in a general practice, ask your GP.

Social workers in mental health

Social workers in mental health can support people with anxiety and depression by helping them find ways of effectively managing some of the

situations that trigger these conditions. These may include family issues, financial problems, work stress and living arrangements. Mental health social workers can also provide focused psychological self-help strategies, which include relaxation training and skills training, such as problem solving and stress management.

Occupational therapists in mental health

Occupational therapists in mental health help people who, because of a mental health condition (such as anxiety or depression), have difficulty participating in normal, everyday activities. They can also provide focused psychological self-help strategies.

Medicare rebates are also available for individual or group sessions with social workers and occupational therapists in mental health.

“It was a tough decision to finally seek help from the school social worker, who referred me to a GP. It was hard to do, but I never regret taking those steps when I did.”

– Bradley, 18

Aboriginal and Torres Strait Islander mental health workers

Aboriginal and Torres Strait Islander mental health workers are health workers who understand the mental health issues of Indigenous people and what is needed to provide culturally-safe and accessible services. Some workers may have undertaken training in mental health and psychological therapies. Support provided by Aboriginal and Torres Strait Islander mental health workers might include, but is not limited to, case management, screening, assessment, referrals, transport to and attendance at specialist appointments, education, improving access to mainstream services, advocacy, counselling, support for family and acute distress response.

Counsellors

Counsellors can work in a variety of settings, including youth services, private practices, community health centres, schools and universities. A counsellor can talk through different problems a person may be experiencing and look for possible solutions. This may include providing referral options to trained mental health professionals in the local community.

While there are many qualified counsellors who work across different settings, some counsellors are less qualified than others and may not be registered. Unfortunately, anyone can call themselves a ‘counsellor’, even if they don’t have training or experience. For this reason, it is important to ask for information about the counsellor’s qualifications and whether they are registered with a state registration board or a professional society. A good counsellor will be happy to provide this information.

Complementary health practitioners

There are many alternative and complementary treatment approaches for anxiety and depression. However, many of these services are not covered by Medicare. Some services may be covered by private health insurance. If a person doesn’t have private health insurance, they may have to pay for these treatments. When seeking a complementary treatment, it is best to check whether the practitioner is registered by a state registration board or a professional society. It is a good idea to make sure the practitioner uses treatments which are supported by evidence that shows they are effective.

Confidentiality

In most situations, GPs, psychologists, psychiatrists, mental health nurse practitioners, social workers, occupational therapists, counsellors, youth workers and any other health professionals must keep your information confidential. Sometimes the law says it is ok to disclose information.

This includes when:

- you give your consent
- there are serious concerns about your safety or the safety of someone else
- your team of health professionals needs to discuss your treatment with each other
- a court of law requires it.

Your friends and family must also respect your privacy and cannot access details about your mental health or treatment unless you say it is ok. Family, guardians or carers should only get access if:

- you give your consent
- they need the information to provide care to you
- they need to know you have been made an involuntary patient
- it is to prevent harm to you or another person.

Confidentiality is protected by laws including the Mental Health Act that exist to make sure people respect and protect a person's mental health information. It's a good idea to discuss confidentiality and your rights with your treating health professional/s early on, and ask any questions you may have.

What will it cost?

The cost of getting treatment varies among health professionals. However, people can access subsidised psychological treatment through a number of government initiatives. This means that most or all of the cost to see a health professional for depression or anxiety is covered – usually by a rebate. It is important to recognise that treatment doesn't have to cost very much and can have lifelong benefits.

Medicare rebates are available for individual or group sessions with psychiatrists, clinical psychologists, psychologists, social workers and occupational therapists. To qualify for these rebates under the Australian Government's *Better Access* program, a person with depression, anxiety or other mental condition first needs to get a referral from a GP, psychiatrist or paediatrician.

Free or subsidised treatment is also available through the Access to Allied Psychological Services (ATAPS) initiative. ATAPS enables a GP to refer a person for individual or group sessions with social workers, mental health nurses, occupational therapists, clinical psychologists, psychologists or Aboriginal and Torres Strait Islander mental health workers.

If you are unsure whether you are eligible for subsidised treatment, check with your GP. For more information, download the *beyondblue Getting help – How much does it cost?* fact sheet at www.beyondblue.org.au/resources

Hospitals and community services support

Hospitals

If people are experiencing severe depression or anxiety and are at risk of harming themselves or others, it may be necessary for them to spend time in hospital for intensive treatment and monitoring. It might also be necessary to go to hospital for treatment if the person has complicated medical problems.

Some hospitals, both public and private, have their own mental health units. This means people with mental health conditions can be treated by a team of professionals employed by the hospital, either as an inpatient or as an outpatient.

There are also private psychiatric hospitals, which provide treatment for people experiencing a severe depressive episode or anxiety. To be admitted, a person requires a referral from a doctor to a psychiatrist working at the psychiatric hospital who agrees to undertake the person's care. A GP is usually the best person to judge if this is the most suitable course of action.

Private hospital treatment can be costly and recommended only if the person has an appropriate level of private health cover. Contact your health fund to check.

Hospital day programs

Some hospitals have day programs, which are conducted by trained mental health workers and may be run as group sessions. Hospital day programs are designed to complement individual treatment from a psychiatrist and aim to:

- provide ongoing support to maintain good mental health

- help people develop strategies to manage stress
- help people manage symptoms and prevent relapse
- assist with personal growth and development.

A GP can provide more information on hospital day programs.



Crisis Assessment or Acute Treatment teams

Crisis Assessment or Acute Treatment teams (sometimes called CAT teams) provide emergency psychiatric care in the community to people experiencing a mental health crisis. They can be assessed and treated in the community and therefore, avoid an admission to hospital. However, when people are a potential danger either to themselves or others, they will be admitted to hospital. The nearest Crisis Assessment or Acute Treatment team can be contacted by phoning the local hospital or community health centre.

There are also specialist community services available locally. To find out what services are available in your area, phone your local council.

People living in a rural or remote community

People living in rural and remote communities may find it difficult to access services.

If a GP or other mental health professional is not readily available, there are a number of help and information lines that may be able to assist and provide information or advice.

For people with internet access, it may be beneficial in some cases to try online e-therapies (see page 29).

Information can also be obtained by phoning the *beyondblue* Support Service on **1300 22 4636**.

Other sources of support

Anxiety and depression can go on for months, even years, if left untreated, and can have many negative effects on a person's life.

Whatever treatments are used, they are best done under the supervision of a GP or mental health professional. If you have taken the first step and enlisted the help of your GP or another health professional, there are additional things you might like to try to get your recovery underway.

Just remember that recovery can take time, and just as no two people are the same, neither are their recoveries.

Family and friends

Family members and friends play an important role in a person's recovery. They can offer support, understanding and help (see the 'Caring for someone with anxiety or depression' section on page 52).

People with anxiety and depression often don't feel like socialising, but spending time alone can make a person feel cut off from the world, which makes it harder to recover. That's why it's important for them to take part in activities with family members and close friends, and to accept social invitations, even though it's the last thing they may want to do. Staying connected with people helps increase levels of wellbeing, confidence and the chance to participate in physical activities.

Support groups and online forums

Mutual support groups for people with anxiety and depression are conducted by people who have experienced similar problems. These groups can provide an opportunity to connect with others, share experiences and find new ways to deal with difficulties. Contact your local community health centre or the mental health association/foundation in your state or territory to find your nearest group, or try searching online.

Some people prefer to share their stories and information, or seek and offer support, via online forums. You can visit the Australian Government's www.mindhealthconnect.org.au website to find trusted communities, or join *beyondblue's* online community by visiting www.beyondblue.org.au/connect-with-others

Relaxation training

Relaxation training is used as a treatment for anxiety. Because anxiety can lead to depression, it may reduce depression as well. People with anxiety are thought to have tense muscles. As relaxation training helps to relax muscles, it may also help to reduce anxious thoughts and behaviours. Relaxation training may also help people feel as if they have more control of their anxiety.

There are several different types of relaxation training. The most common one is progressive muscle relaxation. This teaches a person to relax voluntarily by tensing and relaxing specific groups of muscles. Another type of relaxation training involves thinking of relaxing scenes or places. Relaxation training can be learned from a professional or done as self-help. Recorded instructions are available for free on the internet or they can be bought on CD and/or MP3.



Other approaches

It's not uncommon for people with anxiety or depression to try to manage the condition themselves. It's important to know that while there are other non-medical or alternative treatments available, these may differ in effectiveness. Some non-medical treatments have undergone scientific testing and there's no harm in trying them if the anxiety or depression is not severe or life threatening.

The *beyondblue* booklets, *A guide to what works for depression*, *A guide to what works for anxiety* and *A guide to what works for depression in young people*, provide a summary of what the scientific evidence says about each treatment. Download them from www.beyondblue.org.au/resources

However, when a treatment is shown to have some effect in research, this does not mean it is available, used in clinical practice, will be recommended or will work equally well for every person. There is no substitute for the advice of a mental health practitioner, who can advise on the best treatment options available. The best approach is to try a treatment that works for most people and that you are comfortable with. If you do not recover quickly enough, or experience problems with the treatment, then try another.

How to get the right treatment

Be proactive

As with most health problems, the earlier a person seeks support, the faster he or she can recover. That's why it's very important to get help at the first sign of any symptoms.

If you're looking for a doctor, ask for a recommendation from friends, family members or colleagues. Visit www.beyondblue.org.au/find-a-professional to search for a GP or mental health practitioner, who has been specially trained to treat mental health conditions, in your local area. Alternatively, you can call the *beyondblue* Support Service on **1300 22 4636**.

If you know someone experiencing the symptoms of anxiety or depression, he or she may not have the motivation to seek support, so be proactive in discussing or seeking help with him or her.

"Do as much research as you can on health professionals, support groups, support websites, medication and don't be afraid to ask questions as your mental health is very important for a stable and functioning quality of life."

– Debra

"Learn as much as possible about depression and yourself. Take an active role in seeking and discussing your problems and treatment with your doctor, counsellor, psychologist and/or psychiatrist."

– Michael, 66

Be clear and direct

It's important to give the GP or mental health professional the full picture. It's a good idea to write down feelings or questions before your visit, which makes you less likely to forget to tell the doctor the important things. It may be useful to take a completed anxiety or depression checklist along, such as the one on the *beyondblue* website www.beyondblue.org.au/checklist

"Take the first step, be patient and have courage and faith in you. Remember, when you feel stuck, there is always a friendly voice at the end of the phone to help you through that phase."

– Dorothy, 63

"Find someone you can trust, who you can talk to and they can give you strategies to help. Sometimes, it is also ok to see more than one professional. You may not have to see your psychiatrist for everything. Sometimes a counsellor or social worker can give you useful insights and tips."

– Jacqueline, 31

Be persistent

It's very important to find the right mental health professional. If you don't feel comfortable with a GP or other health professional, or suspect your mental health isn't being managed effectively, choose another doctor or get a second opinion. To find a mental health practitioner or GP in your area, visit www.beyondblue.org.au/find-a-professional or call the *beyondblue* Support Service on **1300 22 4636**.

"Be persistent! You know yourself better than anyone else. Listen to your 'gut' feelings as to what you feel you need. Jump up and down! You have a right to be taken notice of."

– Margaret, 55

"Don't give up seeking the right treatment and support. Try again and again, until you have the magic mix of treatments and support team."

– Penny

Be prepared to follow the treatment plan

For some people, it can take a while before they feel well again. It's important for their long-term recovery that they stick with treatment plans and let the doctor know when things aren't working or if they're experiencing side-effects.

"Keep seeking help or support if you are not getting what you need. Don't give up and make sure you take part in your recovery and try to self-help also."

– Melissa, 37

"It might seem hard to be shopping for a GP when you feel awful, but it is very important. Your GP is usually the first point of contact. Try and find someone who understands the symptoms of depression, asks the right questions, listens to you and who you feel takes you seriously."

– Nerida, 51

Recovery and staying well



Recovery takes time and is different for everyone. As well as getting treatment underway, the person has to find new ways to manage, and live with, the changes and challenges of having anxiety and/or depression.

While psychological and/or medical treatment can help with a person's recovery, there are many other ways people can help themselves to get better and stay well.

Below are some practical tips on how to help a person manage anxiety and/or depression.

Learn new ways to reduce and manage stress

Stress is common in daily life. Exposure to prolonged stress can start to affect your mental and physical health. Whatever the cause, there are some simple steps that can help you to reduce and manage stress.

- Making major changes in your life can be stressful at any time. If you're feeling stressed or anxious, it's probably a good idea to try to avoid moving house or changing jobs. Leave them to a time when you're feeling better.

- Ongoing stress in personal relationships often contributes to anxiety and depression. Learn how to let people know about your feelings so that you can resolve personal conflicts as they come up. Talking to a counsellor or psychologist can help you find ways to address your problems.
- Learn to relax. To do this, you need to allocate time to do the things you enjoy, such as exercising, meditating, reading, gardening or listening to music.
- Take control of your work by avoiding long hours and additional responsibilities. This can be difficult, but small changes can make a difference.
- Learn to say 'no'. Create a balance between work and the things you enjoy doing. Don't allow yourself to be overwhelmed by new commitments.
- Include short-term coping strategies in your day, such as breathing and relaxation exercises. To undertake a guided progressive muscle relaxation exercise, go to www.beyondblue.org.au/recovery-and-staying-well

"I recognise when to slow down. I discuss how I feel with my family. I recognise I need time out."

– Monica, 42

Maintain a healthy lifestyle

Eating healthily, exercising regularly, getting enough sleep and avoiding harmful levels of alcohol and other drugs can help a person to manage the symptoms of anxiety and/or depression.

Tips for eating well

Food can play a vital role in maintaining mental health as well as physical health. In general, eating a nourishing diet gives people an overall sense of wellbeing. There are also some specific nutritional strategies that can help improve mood, maintain healthy brain functioning and help people with anxiety and depression.

Having a mental health condition can make it difficult to eat well, but keeping things simple can help. Here are some tips:

- Keep a daily timetable and include food-related activities such as shopping, cooking and eating.
- Learn to prepare very simple meals that don't take too much time or energy to prepare. If you live on your own and aren't eating proper meals, consider using frozen or home-delivered dishes.
- Make use of the times when you feel good to prepare meals ahead of time (e.g. if you've got energy in the morning, make dinner then) or cook large quantities of food and freeze it.

"I try to eat healthy and I feel healthier when I do. I try to de-stress more by having time to myself and I've found healthier relationships with people that make me feel good about myself."

– Melissa, 37



Tips for getting active

A number of studies have found that exercise is a good way to help prevent or manage mild to moderate anxiety and depression. Research shows that keeping active can help lift mood, improve sleep, increase energy levels, help block negative thoughts and/or distract people from daily worries, increase opportunities to socialise, and generally increase wellbeing. Exercise may also change levels of chemicals in the brain, such as serotonin, endorphins and stress hormones.

Try to do some physical exercise every day, even if it's just going for a walk. Keep it simple and enjoyable. Here are some tips to get you started:

- Increase activity levels gradually. Start by planning simple daily activities such as shopping, driving, gardening, writing emails or completing simple household tasks. Completing
- these activities can increase a person's self-confidence and build the motivation needed to take on more energetic activities.
- Plan activities that are enjoyable, interesting, relaxing or satisfying. These activities are important in overcoming anxiety and depression. At first, they may not feel as enjoyable as before, but with persistence, the pleasure should eventually return.
- Participate in activities with family members and close friends, and accept social invitations, even though it's the last thing you may feel like doing. Keeping connected with people helps increase levels of wellbeing, confidence and opportunities to participate in activities.
- Planning a routine can help you to become more active. Make sure some form of exercise is scheduled each day. Try to stick to the plan as closely as possible, but be flexible.

"I exercise daily, eat a healthy and balanced diet and I go to sleep at a more appropriate time than I did when I suffered with depression. I think once you begin to take care of your body, it starts to take care of you."

– Bradley, 18

Tips for getting a good night's sleep

Anxiety and depression disrupt sleep patterns. It's essential to try to restore a regular sleep pattern to make a full recovery, so here are some tips:

- Try to get up at about the same time each morning.
- If you're worrying about things during the night, set aside some time for problem solving during the day.
- Avoid drinking caffeine after 4pm and try not to drink more than two cups of caffeine-type drinks (e.g. coffee, strong tea, cola or energy drinks) each day.
- Avoid using alcohol to help you sleep. As the alcohol is broken down in your body, it causes you to sleep less deeply and to wake more frequently.
- Allow yourself time to wind down before going to bed. If you are working or studying, stop at least 30 minutes before bedtime and do something relaxing.

"Getting a good night's sleep is an essential part of managing stress. Being tired only compounds stress and adds new stressors and situations to a mind already struggling to cope with the present situation."

– Bec, 21

Tips for reducing alcohol and other drugs

It's a good move to try to reduce the use of alcohol and other drugs, as they can cause long-term problems and make it much harder to recover. It's also a good idea to avoid stimulants, in particular excessive amounts of caffeine and any kind of amphetamine (speed, ecstasy, ice), as these can worsen symptoms of anxiety and depression.

For more tips on maintaining a healthy lifestyle download *beyondblue's Staying well* booklet from www.beyondblue.org.au/resources



Develop a plan

Developing a weekly plan can help people make sure they get everything done that's important, while avoiding doing too much and becoming stressed. Completing the table below can help develop a balanced routine. When filling it out, it's a good idea to make sure there's enough time for exercise, sleep, regular meals, participating in enjoyable activities and appointments with a doctor or other health professional.

"Sunday night is time for me to honour myself by completing my 'Weekly Plan'. I then feel that I am in control of my week ahead. I give myself permission to enter activities for me, for my nurturing."

-Margaret, 55

Time	Sunday	Monday	Tuesday
Morning			
Afternoon			
Night			

“Activities such as exercise, music, reading, having a lively sense of humour, seeing friends... these all help.”

- Jeff, 47

Wednesday	Thursday	Friday	Saturday

How to stay well

The recovery process does not necessarily have a clear beginning, middle and end. Some people will only experience one episode of anxiety and/or depression or a related condition in their lives, while others may go on to have another episode, or experience recurring symptoms of anxiety and/or depression.

Recognising triggers

There are some situations or events that can bring on an episode of anxiety and/or depression. These situations or events are called 'triggers'. Common triggers include family and relationship problems, financial difficulties, change in living arrangements, changing jobs or losing a job, having other health problems and using alcohol and other drugs.

Trying to avoid or manage these triggers can be an important part of recovering. For example, if you can't avoid a certain situation that you think might trigger an episode, you may be able to manage its impact through stress management techniques or learning how to resolve conflicts early.

"Don't blame yourself. Talk to someone you trust. Recognise the trigger. Seek support."

– Melissa, 37

Warning signs

Warning signs are signals that a person may be feeling anxious or depressed and it's a good idea to learn how to recognise these signs. Family members and friends may notice changes in the way the person thinks, acts or feels. Some common warning signs include:

- getting up later
- finding it hard to concentrate
- skipping meals and eating unhealthily
- having disturbed sleep
- feeling irritable, stressed and teary
- withdrawing socially or wanting to spend a lot of time alone.

A person can learn to identify their own warning signs by reflecting on what symptoms they've experienced in the past.

"Even before I had depression, life was a series of ups and downs. It's still the same now... just keep going. Keep adding to your therapy toolbox. There is a lot more information available these days."

– Kylie, 47

"By constantly punishing yourself for 'causing' a setback or a relapse, the symptoms become worse and harder to deal with in a rational and safe way. It is important to remember what the cause of the setback was, in order to avoid a similar situation in the future."

– Bec, 21

Getting over setbacks

Setbacks can be disappointing and getting over them can be difficult. When people relapse, it can be easy for them to fall into the trap of thinking that they will never feel well again. However, it's important to understand there are ways of moving through this stage.

- People shouldn't blame themselves. Remember that setbacks are bound to happen and feeling disappointed can make moving on difficult.

- Try again. Learning how to manage anything new can be about trial and error. Persistence is the key.
- Focus on achievements. Feeling depressed and anxious can make it hard to see the good side of things.
- People should focus on what they have gained and this can help them move on from setbacks.
- Learn from setbacks. A relapse can help people evaluate their situation, and with the help of a health professional, find new ways to manage their condition. This can make people more able to cope with feeling unwell and may help prevent further setbacks.

“I have remained focused on my journey and chosen to see setbacks as setbacks, rather than dead ends. I have stayed on my medication and tried to practise my CBT exercises. I increased the frequency of my visits to my psychologist and my GP to ‘check-in’ more often.”

– Damien, 39

“Hang in there and revisit the strategies you have previously been given. Accept that there will be times when you do have a relapse, but they will become fewer over time, and the duration will be less intense.”

– Dorothy, 63



Caring for someone with anxiety or depression



Partners, family and friends can play an important role in a person's recovery. There are 2.6 million voluntary carers in Australia.

Carers are people who provide care and support to family members and friends who have a disability, mental health condition, chronic condition, terminal illness or who are frail and aged. Carers may be husbands, wives, children, siblings, partners, flatmates, parents or close friends.

Caring for, or living with, a person who experiences anxiety or depression isn't easy. Knowing what to say and what to do can be hard and it's not uncommon to experience anger, guilt or fear. While most carers say that looking after someone is very rewarding, it does have its challenges. Carers may feel isolated sometimes and friends or other family members may not understand the position they are in. Carers have poorer health and wellbeing than non-carers and research shows more than one-third of carers experience depression. Being a carer can be a leading cause of their depression.

beyondblue has a number of resources for carers, and there are organisations out there who are dedicated to improving the lives of these people. It is their dedication, in partnership with health professionals, that provides the foundation that people with anxiety and depression can build upon to seek help, recover and stay well. Below are some practical tips to help you care for someone with anxiety or depression and to look after yourself.

“You have to be ever-vigilant... it’s like, you know, when a dog goes to sleep it’s always got one ear up? That’s what it’s like caring for someone with depression.”

Things you can do to support someone with anxiety or depression

- Let the person know if you’ve noticed a change in their behaviour.
- Spend time talking with the person about their experiences and let them know that you’re there to listen without being judgmental.
- Suggest the person see a doctor or health professional and/or help them to make an appointment.
- Offer to go with the person to the doctor or health professional.
- Help the person to find information about anxiety and depression from a website or library.
- Encourage the person to try to get enough sleep, exercise and eat healthy food.
- Discourage the person from using alcohol or other drugs to feel better.

- Encourage friends and family members to invite the person out and keep in touch, but don’t pressure the person to participate in activities.
- Encourage the person to face their fears with support from their doctor/psychologist.

It would be unhelpful to:

- put pressure on them by telling them to “snap out of it” or “get their act together”
- stay away or avoid them
- tell them they just need to stay busy or get out more
- pressure them to party more or wipe out how they’re feeling with drugs and alcohol.

If you or someone you know needs support, talk to a doctor or another health professional about getting appropriate treatment.

“In some ways, I am not allowed to be stressed or depressed or sick, because that makes him anxious... and then you get in trouble for not being well or depressed. Sometimes, you pretend... you try to cover. There’s a real panic that there’s something wrong with the rock.”

How carers can look after themselves

Learn about anxiety and depression –

This may help you understand why a person with the condition behaves in a certain way. This may help you to separate the condition from the person

and to realise that the person's mood or behaviour may not be directed at you.

The more you understand the situation, the more it gives you strength.

Take time out – As a family member or friend of a person who is experiencing anxiety and/or depression, it's important to look after yourself, too. Make sure you spend time to unwind and do things you enjoy.

One of the best ways to look after somebody else is to look after yourself first.

Ask questions – In talking about anxiety and depression, use a casual and open approach. Try asking about what helps when the person is feeling depressed or anxious. By talking openly, you're letting the person know that you're supportive and you care. You may like to share what you've learnt from your reading, to see if it's helpful.

Talk to someone – It may be helpful to talk to your friends or family members about how you're feeling in your role as a carer. If you're having trouble coping and don't feel comfortable talking with people you know, talk to a counsellor.

"The only way I could get the balance right was with the direction of a psychologist who helped me learn what I needed to know, and when and how to respond to different situations."

"I have made some of my best friends and supports through support groups. They truly understand not only what you are going through at the time, but even when things are back on track, they are still with you."

For more information on caring for someone with anxiety and/or depression, download *The beyondblue guide for carers* booklet, available at www.beyondblue.org.au/resources or by calling the *beyondblue* Support Service **1300 22 4636**. You can also watch carers sharing their stories of hope and recovery on *beyondblue's* YouTube channel www.youtube.com/beyondblueofficial

"I found the biggest help is to talk to somebody else and you hear them talking and you hear them say I can relate to that, or you know that someone understands what they're talking about. Someone can be sympathetic, but if someone actually knows what you're talking about, that's the big thing... because nothing else is going to change."

"I needed the help as a carer, not anything to do with my husband. It was just that I needed somewhere to go for support for me."

"One of the hardest things to do... is to step back from being a carer and resume being what you were before this thing happened."



References

- ¹ Australian Bureau of Statistics (2008) *2007 National Survey of Mental Health and Wellbeing: Summary of Results* (4326.0). Canberra: ABS.
- ² National Health and Medical Research Council (2000) *Postnatal Depression: Not Just the Baby Blues*. Canberra: Commonwealth of Australia
- ³ Perinatal Mental Health Consortium (2008) *National Action Plan for Perinatal Mental Health 2008–2010 Full Report*. Melbourne: *beyondblue*
- ⁴ National Ageing Research Institute (2009) *Depression in older age: a scoping study. Final Report*. Melbourne: *beyondblue*.
- ⁵ Slade, T., et al. (2009) *The mental health of Australians 2: Report on the 2007 national survey of mental health and wellbeing*. Canberra: Department of Health and Ageing.
- ⁶ Australian Bureau of Statistics (2013) *Causes of Death in Australia 2011, preliminary data* (3303.0) Canberra: ABS

“ Thank you for providing me with the opportunity to share my thoughts — it’s a great feeling to give something back (even if it’s a small contribution) to *beyondblue* and the community. ”

Lisa, blueVoices member



Join blueVoices

Make a difference to others experiencing anxiety and depression



www.beyondblue.org.au/bluevoices

If you’ve experienced anxiety or depression, or supported others through their journey, join our reference group and online community, blueVoices.



beyondblue
Depression. Anxiety.

HOPE. RECOVERY. RESILIENCE. Find out more at www.beyondblue.org.au




Where to find more information

beyondblue

www.beyondblue.org.au

Learn more about anxiety, depression and suicide prevention, or talk through your concerns with our Support Service. Our trained mental health professionals will listen, provide information and advice, and point you in the right direction so you can seek further support.

 1300 22 4636

 Email or  chat to us online at www.beyondblue.org.au/getsupport

mindhealthconnect

www.mindhealthconnect.org.au

Access to trusted, relevant mental health care services, online programs and resources.



facebook.com/beyondblue



[@beyondblue](https://twitter.com/beyondblue)



[@beyondblueofficial](https://instagram.com/beyondblueofficial)

Donate online www.beyondblue.org.au/donations