

Depression

THE NATURE OF THE PROBLEM

Mental Health is one of the seven health priority areas in Australia as it is one of the leading causes of non-fatal burden of disease and injury. Statistics show that one in five Australians suffer from a mental illness sometime during their life. Mental illness is defined as a clinically diagnosable disorder that significantly interferes with an individual's cognitive, emotional or social abilities. There are numerous types of mental illness, ranging from depression to schizophrenia to dementia, all of which come in varying degrees of severity.

Psychotic illnesses are conditions caused by any one of a group of illnesses that are known, or thought, to affect the brain causing changes in thinking, emotion and behaviour. Psychotic illnesses include schizophrenia and bipolar disorder.

Effective medication and support from medical health professionals and counsellors mean that most people who experience a psychotic illness are able to live somewhat of a 'normal' life.

Non-psychotic illnesses are a common experience for many people and include phobias, anxiety, depression, eating disorders, physical symptoms involving tiredness or pain, and obsessive-compulsive disorder. Though the symptoms of these disorders are often not evident to others, they cause considerable personal distress.

Most non-psychotic illnesses can be effectively treated, usually with a combination of medication and therapy, which help the person understand their illness, manage their symptoms, and lead satisfying lives.

Depression is one of the most common types of mental illness, and it is something that most people suffer from at some time in their lives. Depression is characterised by overwhelming feelings of sadness and despair, and can range in severity from mild depression to major depression (clinical depression). Mild depression is characterised by:

- Chronic depressed mood
- Poor self-esteem
- Loss of interest
- Decreased energy
- Feelings of sadness

Whereas major depression is characterised by symptoms such as:

- Feelings of despair and hopelessness
- Loss of interest in life
- Inability to feel pleasure
- Loss of appetite or weight
- Irritability or agitation
- Insomnia

- Feelings of guilt
- Poor concentration

THE EXTENT OF THE PROBLEM

The Mental Health Council of Australia (MHCA) reported that “1 in 5 (20%) Australians will experience some form of mental illness each year and 3 in 100 (3%) will be seriously affected”. These statistics show the high prevalence of mental illness in Australia. The last 3 National Health Surveys indicate the progressive increase in prevalence of long term mental disorders, rising from 5.9% in 1995, to 9.6% in 2001, to 11.0% in 2004–05 (age-standardised). Anxiety and mood disorders were the most common.

Depression is predicted to be the world’s largest health problem by the year 2020.

In the 2004-05 ABS National Health Survey, nearly 1,052,600 Australians reported they had such a problem. An earlier ABS survey, the 1997 National Survey of Mental Health and Wellbeing, used internationally recognised diagnostic interview schedules to assess the prevalence of mental disorder through the measurement of symptoms. This survey found that about 700,000 Australian adults aged 18 years and over, 6% of the population, had experienced depression during the 12 months prior to the survey. Depression was more prevalent among females with a rate of 8.7%, compared to 5.2% among males. Depression was present in about 3% of children (aged 6-12 years) and 5% of adolescents (aged 13-17 years).

More than three million Australians are estimated to experience a mental disorder, with more than 50% of those affected long term. Mental health disorders are believed to be more prevalent among residents of rural and remote area than those in metropolitan areas, and also for people of Aboriginal or Torres Strait Islander background. Suicide rates, especially among young males, are much higher for these groups than the general population. In males, depression is the 7th leading cause of overall burden, while alcohol and drug use disorders are ranked 13th and 15th. In women, depression is ranked 5th overall, with generalised anxiety disorder and alcohol use disorder 12th and 17th.

The below graph shows the prevalence of depression far outweighing that of any other mental illness in both male and female cases in 2001-2003 in a South Australia survey. This displays the major commonality of this disorder compared to many other well-known illnesses yet there is still not enough awareness available to the general public.

Prevalence:

- In 2004-05, 11% of all persons reported they currently have a long-term mental or behavioural problem.
- In the 1997 National Survey of Mental Health and Wellbeing of Adults (SMHWB), which is based on diagnostic criteria rather than self report, almost one in five adults (18%) had a mental disorder at some time during the twelve months prior to the survey.
- Half (50%) of all persons reporting mental and behavioural problems in the 2004-05 NHS had mood (affective) problems, and 46% had anxiety related problems.
- The proportion reporting a long-term mental or behavioural problem has increased over the last three National Health Surveys. In 1995 the proportion was 5.9%, in 2001 it was 9.6% and in 2004-05 it was 11.0% (after adjusting for age differences). This may reflect an increased willingness to report mental disorders.

- In 2004-05, 13% of all adults reported experiencing high/very high levels of psychological distress in the last four weeks.
- Psychological distress was first collected from adults in the NHS in 2001. Similar levels of high/very high levels of psychological distress were reported by adults in the 2001 and 2004-05 surveys, at 12.6% and 13.0% respectively (after adjusting for age differences).

RISK FACTORS

Unlike most medical illnesses that have a specific biological or chemical cause, depression may be caused by almost anything making it very difficult to treat. Clinical depression is thought to be caused by a combination of biological, psychological and social factors. There are certain risk factors that may make an individual more vulnerable. Learning what the risk factors are and making lifestyle changes might help reduce the risk of developing depression.

Hereditary: It is thought that a person with a family history of Depression is more likely to develop the illness however research is still being performed as to why this occurs. Researchers have identified certain genetic mutations that are linked to severe depression — some of which are found only in women. In one of these cases, the mutation is in a gene that controls female hormone regulation. These biological differences could account for some of the difference in the rates of depression between men and women.

Socioeconomic Status: A study regarding the connection between Socioeconomic status and depression in America has proved that there is a direct relationship between the two. "The poorer one's socioeconomic conditions are, the higher one's risk is for mental disability and psychiatric hospitalization," said author Christopher G. Hudson, Ph.D., of Salem State College. This was found regardless of what economic hardship or type of mental illness the person suffered. "This study provides strong evidence that SES impacts the development of mental illness directly, as well as indirectly through its association with adverse economic stressful conditions among lower income groups", said Dr. Hudson. Furthermore, "the study highlights the need for the continued development of preventive and early intervention strategies that pay particular attention to the devastating impacts of unemployment, economic displacement, and housing dislocation, including homelessness."

Education: This is a social determinant that can greatly affect the health of a population. The education level of a person usually has a direct correlation with the socioeconomic status of that person meaning they become at risk of developing depression due to reasons listed above. Lack of education makes it extremely difficult for an individual to attain information and gain knowledge regarding serious illnesses including depression and may result in an inability to prevent this illness.

Employment: Employment has a direct relationship with the development of depression but especially in males. Unhappiness or dissatisfaction in a particular job may result in individuals feeling unfulfilled or tense, causing feelings of depression to be developed throughout all aspects of the individual's life. Possibly the only cure for a situation such as this would be to find a new job that is more personally challenging and provides a sense of enjoyment and fulfilment as well as provides monetary funding.

A lack of employment, or sudden unemployment may cause major depression by forcing a feeling of uselessness and lowering the person's self-esteem. This largely affects males as they are typically seen as the main provider of the family and may be relied upon by many people. Unemployment is also directly related to people of low socioeconomic status and in extreme cases is seen to lead to lack of basic needs, such as food, clothing and accommodation as well as drug abuse.

Gender: The statistics of depression rates for men and women are not completely reliable due to the stigma attached to this particular form of mental illness. Figures show that women are about as twice as likely as men to be diagnosed and treated for major depression. Approximately 20-25% of women and 12% of men will experience a serious depression at least once in their lifetimes. There are several theories as to why more women than men are diagnosed and treated for depression:

- Women may be more likely than men to seek treatment. They may be more willing to accept that they have emotional symptoms of depressed mood and feelings of worthlessness or hopelessness.
- Men may be less willing to acknowledge their emotional symptoms and more apt to suppress their depression through the use of alcohol or other substances. In such cases depression can be "masked," or viewed only as alcohol or drug dependency/abuse rather than as clinical depression.
- Women may tend to be under more stress than men. In today's society women often have to manage a variety of conflicting roles. They have many responsibilities and full schedules at home and work.
- Women may be more prone to depression because of the possible effects of hormones. Women have frequent changes in their hormone levels, from their monthly menstrual cycles, to the time during and after pregnancy, to menopause. Some women develop a depressive illness around these events.

The lack of statistics for men is thought to be due to lack of reports from men of this illness as well as denial of having the disorder as it is predominantly known to be a female disorder. Depression in men may be obscured behind a variety of physical complaints, such as low energy, aches and pains, a loss of appetite, or trouble sleeping. Or the problem may come out as substance abuse, anger, or belligerent behaviour. Even if other symptoms of depression are present, some men may not feel sad. Yet when such men receive treatment for depression, their symptoms often disappear, and in retrospect they may concede that they were, in fact, depressed.

Age: Most people experience their first episode of depression between the ages of 20 and 40. The average age of onset for depression is the mid-20s. Recent research shows that the average age of onset is decreasing with each generation. Children, adolescents and elderly persons often display unique symptoms of depression and have specific stressful events that predispose them to depression. This may be due to the rapidly changing nature of society and the ever changing culture of generations to come, bringing about new social challenges and many more risk factors to be aware of regarding mental illness and in particular depression.

The graph below shows the spread of incidence of depression throughout different age brackets ranging from young children (6-12 yrs) through to elderly (65yrs +). The graph also shows the split of male and female reported incidences of depression through the two colours used. This graph clearly shows that prevalence of depression in females is much higher than in males in all age groups and in some cases almost twice as common. The number peaks in the 18-24 year old age group at about 11%. The highest prevalence of male depression occurs in the 13-17 age group when testosterone levels are rising and social factors are most at play. Teenage males are most likely to show symptoms of depression due to bullying occurring at school, or feelings of isolation and loneliness that may arise through puberty.

Location: There is a large amount of contradictory information on the effect of location on the prevalence of depression. Some research has shown that people living in urban areas or 'city-dwellers' are almost twice as likely to develop depression as those living in rural areas. This is due to the busy lifestyle associated with the city and the stigma attached to the anxiety disorder making the rate of incidence lower than thought to exist.

There is also extensive research to suggest that people who live in rural areas are more likely to develop this type of mental illness. This may be as a result of lack of specialist staff resulting in individuals feeling the need to handle their issues by themselves. This may lead to long term stress and with lack of medication or therapy could lead to major depression.

There are a number of common medical causes that contribute to depression in Australia including:

- Low thyroid function
- Brain injuries and diseases (eg. stroke, heart disease, head injury, epilepsy, Parkinson's Disease)
- Some forms of cancer
- Infectious diseases
- Blood vessel disease in the brain due to diabetes and/or hypertension
- Some steroid and hormonal treatments
- Anaemia
- Chronic pain
- Quitting smoking.

As well as medical factors, there are also a number of personality factors that contribute to making a person more at risk of developing some type of depression during their lives. These Traits include:

- A lifelong worrier
- A perfectionist
- Sensitive to personal criticism
- Unassertive
- Self-critical and negative
- Shy, socially anxious and having low self-esteem.

The above diagram shows a number of recent events and personal factors that contribute to a person developing an anxiety disorder such as depression.

POSSIBLE SOLUTIONS FOR DEPRESSION

There are many organisations available, specifically aimed at helping people with anxiety disorders such as depression including 'Beyond Blue'. In an immediate emergency, people suffering severe psychotic episodes or having feelings of suicide should immediately call a helpline or see their general practitioner (GP). For long term treatment and prevention, there are three main forms of treatment including; medical treatment, psychological treatment and self treatment.

Medical Treatment:

The main form of medical treatment prescribed by doctors is the use of antidepressant drugs. Research indicates when people become severely depressed, changes occur in chemicals in the brain. Antidepressant medication is designed to correct the imbalance of chemical messages between nerve cells (neurones) in the brain.

There are a number of different types of antidepressants, each of which may affect a person differently making it vitally important that individuals seek medical assistance in choosing a treatment option, as factors such as age, gender and current circumstances all affect the type of treatment required.

Antidepressant drugs are designed to make people feel better, but it does not change their personality or make them feel endlessly happy. Like any other medication, some people who take antidepressants also experience some side effects such as:

- nausea
- headaches
- sweating
- dizziness
- weight gain
- dry mouth
- sexual difficulties (e.g. difficulty becoming/staying aroused).

The length and frequency required in taking this medication is strongly dependant on the individual and a doctor should be informed and notified regularly when on any form of antidepressant medication.

Psychological Treatment:

This form of treatment is mostly aimed at preventing reoccurrence of depression rather than curing the illness and is performed by psychologists and psychiatrists. There are four main forms of psychological treatment including:

- Cognitive behaviour therapy
- Interpersonal Therapy (IPT)
- Family Therapy
- Psychodynamic Psychotherapy

One of the most effective psychological treatments is Cognitive Behaviour Therapy (CBT). CBT is a structured program which recognises that the way people think affects the way they feel. CBT teaches people to think rationally about common difficulties, helping a person to change their thought patterns and the way they react to certain situations.

When people are depressed, they may think negatively about:

- Themselves e.g. "I'm a failure.", "No one loves me."
- The world e.g. "There is nothing good out there."
- The future e.g. "Things will never improve!".

Negative thinking interferes with recovery and makes the person more vulnerable to depression in the future. It is important to recognise unhelpful thoughts and replace them with more realistic thoughts.

Interpersonal therapy is aimed at changing the way people suffering from depression interpret others, and how they deal with people. People with depression may sometimes be easily upset by other people's comments. They may feel criticised when no criticism was intended. IPT helps people find new ways to get along with others.

Family therapy is extremely important in educating the loved ones of those suffering from depression on what they are going through, and what they can do to help. Family Therapy helps family members and close friends learn about depression.

It helps people find new ways to support and get along with the family member or friend who has depression.

Psychodynamic Psychotherapy therapy is usually long term and looks at how past experiences affect people. It focuses on the way childhood and earlier life experiences affect how the person thinks and acts now. It has been found to be particularly helpful in treatment and management of Generalised Anxiety Disorder and phobias, particularly those first experienced in childhood.

Self Treatment:

This form of treatment can also be very effective in preventing future occurrences of depression or other anxiety disorders by changing a number of lifestyle factors that significantly contribute to high levels of anxiety.

A main aim of self treatment is the maintenance of stress through a few simple steps:

- Reducing stress and anxiety
- Getting enough sleep
- Keeping active
- Reducing alcohol and other drugs

By following these simple lifestyle choices, a person can significantly reduce their chances of developing depression or other anxiety disorders.

National Depression Strategy:

There are many different strategies which have been put in place in order to help those who suffer from mental illnesses, their families and communities and have also been designed to educate those who are not aware of mental illness and the effects it may have.

The National Mental Health Strategy is the main, overall health strategy aimed at supporting and preventing all types of mental health issues with other strategies fanning out from this national strategy.

Beyond blue is a national, independent, non-profit organisation working to address issues associated with depression, anxiety and related substance misuse disorders in Australia. One of the key initiatives is to raise community awareness about depression and reduce the general perception and feelings associated with the illness. Beyond blue works in partnership with health services, schools, workplaces, media and community organisations, as well as people living with the depression and working to bring health professionals together to decrease the incidence of mental illnesses.

Beyond blue have 5 priorities:

- The strategy hopes to increase community awareness of depression, anxiety and related substance misuse disorders by informing the community on the symptoms, causes and treatments of these illnesses and to promote the experiences of people whose lives have been affected.
- To provide people living with depression and their careers with information on the illness. Also supplying effective treatment options and promoting their needs and experiences with healthcare services.
- To develop and support programs that provides opportunities to prevent depression and promote early intervention and to evaluate the impact of these programs.
- Improve the training and support programs for GP's and other healthcare professionals in depression.
- To promote depression- related research in relation to service delivery and measurement of program outcomes.

ONE PAGE SUMMARY

- **Mental illness** is defined as a clinically diagnosable disorder that significantly interferes with an individual's cognitive, emotional or social abilities. There are numerous types of mental illness, ranging from depression to schizophrenia to dementia, all of which come in varying degrees of severity.
- **Depression** is one of the most common types of mental illness, and it is something that most people suffer from at some time in their lives. Depression is characterised by overwhelming feelings of sadness and despair, and can range in severity from mild depression to major depression (clinical depression).
- "1 in 5 (20%) Australians will experience some form of mental illness each year and 3 in 100 (3%) will be seriously affected".
- 700,000 Australian adults aged 18 years and over, 6% of the population, had experienced depression during 2004-05.
- Women are affected almost twice as often as males.
- In males, depression is the 7th leading cause of overall burden, while alcohol and drug use disorders are ranked 13th and 15th. In women, depression is ranked 5th overall, with generalised anxiety disorder and alcohol use disorder 12th and 17th.
- There are a number of risk factors that contribute to the prevalence of depression in Australia including; heredity, socioeconomic status, education, employment, gender, age, location as well as a number of medical causes and personality contributors.
- Average age of onset for depression is the mid-20s. Recent research shows that the average age of onset is decreasing with each generation.

Approximately 20-25% of women and 12% of men will experience a serious depression at least once in their lifetimes.

- "The poorer one's socioeconomic conditions are, the higher one's risk is for mental disability and psychiatric hospitalization," said Christopher G. Hudson, Ph.D., of Salem State College.

- Solutions for depression include; medical treatment (including the use of antidepressant drugs), psychological treatment (through help from psychiatrists and psychologists, and self treatment (through self-provoked lifestyle changes).
- Research indicates when people become severely depressed, changes occur in chemicals in the brain. Antidepressant medication is designed to correct the imbalance of chemical messages between nerve cells (neurones) in the brain.
- **Psychological treatment** is mostly aimed at preventing reoccurrence of depression rather than curing the illness and is performed by psychologists and psychiatrists.
- **Self- Treatment** involves a number of lifestyle changes such as keeping active and minimising alcohol and drug intake, to help prevent the development of depression.
- There are many national organisations such as Beyond Blue that are designed specifically to aid people who suffer from mental illnesses such as depression or anxiety disorder.
- **The National Mental Health Strategy** is the main, overall health strategy aimed at supporting and preventing all types of mental health issues with other strategies fanning out from this national strategy.
- **Beyond blue** works in partnership with health services, schools, workplaces, media and community organisations, as well as people living with the depression and working to bring health professionals together to decrease the incidence of mental illnesses.

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