
Depression

What is Depression?

Depression covers a wide spectrum of moods and behaviours that can range from the disappointment and sadness of normal life to severe and crippling conditions that can become chronic and increasingly desperate.

Most people suffer from depression, to some degree, at various times of their lives. It is a common, almost universal phenomenon familiar to us all and a survival mechanism that performs important protective functions.

While it is clear that depressed people suffer, there is value in depression. It links with the grieving process and our potential to recover and mature which enables us to come out stronger, wiser and more stable than before.

What causes it?

Underlying depression is a biological disturbance in the brain. Depression is caused by low levels of chemical messengers, especially serotonin and noradrenaline, and can be triggered by a number of causes.

People living with a depressed person may end up feeling depressed themselves.

Depression is often triggered or precipitated by stressful life events, especially unresolved experiences of separation and loss that may not be grieved for adequately. The impact of the minor stresses and irritations of daily life accumulate over time are often underestimated. Depression is a likely response when assertiveness is not possible.

Women are up to six times more likely to experience depression than men. There are often conflicting pressures and expectations that require women to provide, nurture and care for others which frequently leave them dependent, isolated and deprived. Contrary to common belief there is no evidence of a relationship between menopause and depression.

However, women are more vulnerable during the period after child birth.

Some people are more likely to experience depression due to genetic pre-disposition or early influences. These can include damage to self image arising from abuse, neglect or abandonment. Unrealistic parental expectations are likely to result in experiences of failure and low self-esteem.

Other causes of depression are traumatic experiences and long periods of high stress and exhaustion. Depression can also be the result of physical illness, especially disability or a fatal prognosis. Medications used for physical illness as well as nutritional deficiencies can lead to depression.

Finally, feelings of low self-esteem, loss and loneliness that often initially contribute to taking drugs and/or alcohol may in turn be re-enforced by drugs and/or alcohol.

Symptoms

- Persistent depressed mood
- Feelings of hopelessness, helplessness and pessimism
- Loss of interest in activities once enjoyed
- Sleeping disturbances
- Changes in appetite
- Decreased energy
- Restlessness
- Difficulty concentrating

The Experience of Depression

The mood of the depressed person can resemble that of normal unhappiness, multiplied in intensity and pervasiveness. Depression is often described as feeling sad, blue, 'down in the dumps' and unable to enjoy life. They may feel angry, agitated and anxious. Both anxiety and depression may be consistently better or worse at certain times of the day, such as morning or evening.

Often bit by bit a disturbed way of thinking develops, with lowered self-esteem, a self-punishing attitude and an exaggerated sense of guilt at its core. Closely allied with this can be feelings of suicide. Clinical depression is a major cause of suicide.

The borderline between a 'normal' depression of mood and one that is pathological is not distinct. If depression is unduly persistent, pervasive in nature and/or inappropriate to the circumstances it is generally considered pathological and help may be needed.

Treatment

Anti-depressant medications target the imbalance of neurotransmitters in the brain that is thought to be the biological basis of depression. Common medications include Prozac, which increases the amount of serotonin to restore normal functioning.

Medication is normally combined with psychotherapy or counselling, which targets resolution of co-existing life problems, such as the death of a loved one.

How to Best Care for a Person with Depression

Do:

- Encourage the depressed person to stay with the treatment
- Maintain a normal relationship
- Point out signs of improvement
- Express affection and show you care
- Reassure that the depression will end
- Encourage them to be more active, eat healthily and to see the positive side without pushing or criticising.
- Help them to recognise stress and find ways of coping
- Listened to in an accepting and non-judgmental manner

Don't:

- Ignore signs that the depressed person is thinking about suicide or death. Treat any threat of suicide seriously.

Practical Suggestions for Coping with Depression

Counselling: can provide an environment to work through feelings and experiences that may be too difficult or overwhelming to talk about with friends. It offers assistance in learning to understand depression. Counselling can help and support a depressed person to make the transition from feeling inadequate and helpless to self-awareness and a gradual acceptance that you're alright.

Questions: "What is it that I am depressing?" and "What triggers or intensifies my feelings of depression?" can give important clues about what it is that may be avoided or suppressed. Listening to our thoughts also helps to understand the nature of our depression.

Set small goals: set a small goal each day that you can achieve.

Consider a change: take up interests outside the house, social activities, recreation and sport, voluntary work or renew old friendships and interests.

Where to go for Support

Depression Support Network

Depression Support Network provides personal support, education, access to resource information, speakers and social events. There is a support group for youth aged between 13-20 years. They provide for cultural and generational diversity and provide empathy, acceptance and understanding.

They do not provide clinical services but do work to support the work that all clinical services provide.

For more information phone 03 366 8083

Caring for Carers

Joining a carer support group can relieve some of the stress you are under as a carer. The constant tasks, the concerns, grief, drama, moments of joy, frustration and exhaustion are all part of the day to day existence of a carer.

Feelings of helplessness, fear, anger, guilt and despair are all normal. It is important that the carer has an outlet for these feelings, like having someone to talk to. The chance to share with others who understand and are also, or have been carers lightens the load and may be all that is needed. *Caring for Carers* provides support to carers by providing a way to communicate feelings that it would not be appropriate to discuss with friends, family or the caree.

Caring for Carers has a Newsletter and several support meetings each month and ongoing telephone support. These services are provided to help make your job easier.

Caring for Carers is situated:

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221 Gloucester Street, Christchurch.
Postal address: P O Box 13 167, Christchurch
Phone: 377 8426
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