



TIP SHEET



Understanding Depression

WHAT IS DEPRESSION?

“When I’m feeling depressed I can’t be bothered doing anything. I just want to stay in bed and avoid everyone and everything.” (Taylor)

“When I’m depressed, I feel that I am no one anymore. Just like an empty pit. All I want to do is curl up and disappear.” (Grant)

“I get so lonely sometimes. I hear the clock tick and listen to time pass so slowly and just wish the day would hurry up and finish.” (Michelle)

From time to time everyone feels ‘down’ or ‘fed up’ or ‘out of sorts’. It would be unusual to meet someone who said they had never felt “depressed”. Mood fluctuations are normal and signal to us that something is missing in our life, that we need to change things, or that something constructive must be done to deal with our feelings or change the situation. Depression, however, is different from normal sadness. Not only does it last longer but it is often accompanied by feelings of helplessness and hopelessness. Depression has a number of other symptoms which are different for each individual such as:

- Loss of energy and motivation
- Loss of interest in activities and in life
- Changes in eating (i.e. eating more or less than usual)
- Changes in sleep (i.e. sleeping more or less than usual)
- Difficulty concentrating
- Self-criticism and self-hate
- Withdrawal from others
- Irritability and/or crying
- Impaired concentration and memory
- Suicidal thinking
- Loss of interest in sex
- Increased use of drugs or alcohol

Who Gets Depressed?

Depression is not something that happens to people who are unusual or ‘crazy’. Depression is often referred to as the ‘common cold’ of emotional problems. During any one year approximately 25% of women and 12% of men will suffer from clinical depression.

What are the Causes of Depression?

There is no one single cause of depression. Rather depression is typically viewed as ‘multi-determined’ – that is, there are a number of factors that can cause it. Some of these factors are listed below:

- ✓ *Genetic predisposition:* We often see that depression tends to run in families at a higher rate than would be expected by chance.
- ✓ *Biochemical factors or brain chemistry* (i.e. low levels of neurotransmitters called serotonin are particularly associated with depression).
- ✓ *Conflicts and losses in interpersonal relationships.*
- ✓ *Increases in stress and decreases in positive, enjoyable experiences.*
- ✓ *Distorted and maladaptive ways of thinking.*
- ✓ *Deficits in coping strategies, problems solving or social skills.*

Although each of these factors of stress and loss can make you prone to depression, they do not necessarily have to result in depression. However, certain ways of thinking can increase your chances of becoming depressed.

How You Think Your Way into Feeling Down

Whether we realise it or not, we are constantly talking to ourselves in our head (called self-talk). Research suggests that it is how we think (or talk to

ourselves) that determines how we feel and subsequently what we do. Certain ways of thinking can lead to depression. For example:

1. **Thinking errors:** These are thoughts that happen spontaneously, and often seem plausible. However, they usually reflect distorted perceptions:
 - ❖ **Mind reading:** “She thinks I’m incompetent”
 - ❖ **Labelling:** “I’m a failure” “He’s a jerk”
 - ❖ **Fortune telling:** “I won’t enjoy myself” “I’ll get rejected”
 - ❖ **Catastrophising:** “What if I get cancer?” “I can’t stand being anxious”
 - ❖ **All or nothing thinking:** “*Nothing ever works out for me*” “I am a *total failure*”
 - ❖ **Discounting positives:** “That doesn’t mean anything”
2. **Maladaptive Assumptions:** These are ideas about what you think you should be doing or rules by which you live by. For example:
 - ❖ “I should be liked by everyone”
 - ❖ “If someone doesn’t like me, that means I am unlovable”
 - ❖ “I must do everything perfectly to be ok”
 - ❖ “I can never be happy doing things on my own”
 - ❖ “If I’ve had a problem for a long time, then I can’t change”
 - ❖ “I shouldn’t be depressed”
3. **Negative Self Concepts:** People who are depressed often focus only on their shortcomings and weaknesses. They tend to exaggerate them and minimise any positive qualities they may have. They may see themselves as ugly, weak, lazy, useless, stupid, unlovable, and so on.

Thus, with CBT the aim is not only to reduce the symptoms, but to assist people to learn to prevent those symptoms from returning.



So What is CBT?

CBT is a highly structured, present-focused, practical therapy which treats depression by identifying and addressing the behaviours and thinking patterns that cause and maintain depression.



Are Medications Useful?

Several different types of medication have found to be useful for depression. Your GP or a psychiatrist can recommend the one that would be best for you.



What Else Can I Do?:

Some Useful Tips

- ✓ Do the opposite to what your depression tells you! In particular, stay active when feeling down. There are a number of sound reasons for this (1) The more you do, the more you’ll feel like doing. The less you do- the less you feel like doing, (2) Your motivation will improve by having tackled something. There is a chain reaction effect, (3) Activities are often a source of pleasure, enjoyment, or achievement so participation in them will make you feel better and (4) By becoming involved in an activity it will give you a break from your negative thoughts. Many people notice that when they are alone their thinking automatically focuses on something distressing.
- ✓ Learn to challenge your faulty thinking by asking yourself whether your thoughts are really true and rational, and by identifying thinking errors and assumptions.



What Treatments are Available?

Numerous research studies conducted around the world have consistently demonstrated that cognitive-behavioural therapy (CBT) is as effective as antidepressant medication in the treatment of depression. Approximately 75% of patients experience significant decreases in their symptoms following 10-20 sessions. The combination of CBT and medication increases efficacy to 85% in some studies. Furthermore, most individuals undergoing CBT maintained their improvements when follow-up two years after treatments.

FOR FURTHER HELP: If you have any questions or need further help contact your GP or the number detailed below. Psychologists employed by Queensland Psychology Centre have at least six years of education and training to equip them to provide a professional and timely service to you in the area of depressive disorders