Depression and anxiety: an information booklet

Visit www.beyondblue.org.au  Call 1300 22 4636  Email infoline@beyondblue.org.au
There is a way back, but it takes time, patience and a lot of hard, dedicated work. Talking to people helps a great deal too. Remember you are not alone. A person standing next to you in the supermarket may have had or may be on their own journey through the fog, or may have emerged from it.

GINA, 38

I am much more positive about my life and want to stay managed with my depression. If you are happy, healthy and have friends and family around supporting and caring about you, life is so much worth living.

MELISSA, 37

Seeking help was the best thing I have ever done. It is not something to be scared about. It does not make you weak and it is not something to be ashamed about.

JESS, 18

I have had to change my view on mental health and mental illness and accept that it is something that I will have to deal with and keep on top of. Mental wellbeing is not something that happens automatically for me, but something that requires effort and that I have to work at.

JACI, 33

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.
**URGENT ASSISTANCE**

People who are depressed or who have an anxiety disorder 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 services listed below for assistance or go to your local hospital emergency department.

**FOR IMMEDIATE ASSISTANCE**

<table>
<thead>
<tr>
<th>Service</th>
<th>Contact Details</th>
<th>Description</th>
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<tbody>
<tr>
<td>Lifeline</td>
<td>13 11 14 or <a href="http://www.lifeline.org.au">www.lifeline.org.au</a></td>
<td>Counselling, information and referral</td>
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<tr>
<td>Suicide Call Back Service</td>
<td>1300 659 467 or <a href="http://www.suicidecallbackservice.org.au">www.suicidecallbackservice.org.au</a></td>
<td>Telephone support and online resources for those at risk of suicide, their carers and those bereaved by suicide</td>
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<tr>
<td>Kids Helpline</td>
<td>1800 55 1800 or <a href="http://www.kidshelp.com.au">www.kidshelp.com.au</a></td>
<td>Counselling for children and young people aged between five and 25</td>
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<tr>
<td>MensLine Australia</td>
<td>1300 78 99 78 or <a href="http://www.menslineaus.org.au">www.menslineaus.org.au</a></td>
<td>Support for men and their families</td>
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<tr>
<td>For an emergency appointment with your local doctor</td>
<td>check the White Pages for the phone number. You can find a GP in your area who has had extra training in mental health by visiting <a href="http://www.beyondblue.org.au">www.beyondblue.org.au</a> (click on Find a Doctor or other Mental Health Practitioner) or phone 1300 22 4636.</td>
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Depression and anxiety are common in Australia. In any one year, around one million Australian adults have depression, and over two million have an anxiety disorder.\(^1\)

While depression and anxiety 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 disorder. It is not uncommon for depression and anxiety to occur together – over half of those who experience depression also experience symptoms of an anxiety disorder\(^1\) – and in some cases, one can lead to the onset of the other.

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

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

- what the conditions are
- common symptoms and how to recognise them
- how to get help 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 on depression and anxiety, or to find the fact sheets and other resources mentioned in this booklet, visit [www.beyondblue.org.au](http://www.beyondblue.org.au) or call 1300 22 4636.

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One million Australian adults experience depression every year.
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 illness 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

“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 is depressed?
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 table overleaf. 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

“I experienced weight loss, extreme tiredness and loss of concentration. I developed neck, shoulder, back and head aches, sleep loss, stomach/nausea and menstrual problems. I felt lost, alone, helpless and sad all the time. It was like being in a void and nobody cared that you were gone or wanted you back.”

GINA, 38
**Depression – Common signs and symptoms**

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Thoughts</th>
</tr>
</thead>
<tbody>
<tr>
<td>• stopped going out</td>
<td>• “I’m a failure.”</td>
</tr>
<tr>
<td>• not getting things done at work/school</td>
<td>• “It’s my fault.”</td>
</tr>
<tr>
<td>• withdrawing from close family and friends</td>
<td>• “Nothing good ever happens to me.”</td>
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<tr>
<td>• relying on alcohol and sedatives</td>
<td>• “I’m worthless.”</td>
</tr>
<tr>
<td>• stopped doing usual enjoyable activities</td>
<td>• “Life’s not worth living.”</td>
</tr>
<tr>
<td>• unable to concentrate</td>
<td>• “People would be better off without me.”</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Feelings</th>
<th>Physical</th>
</tr>
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<tbody>
<tr>
<td>• overwhelmed</td>
<td>• tired all the time</td>
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<tr>
<td>• guilty</td>
<td>• sick and run down</td>
</tr>
<tr>
<td>• irritable</td>
<td>• headaches and muscle pains</td>
</tr>
<tr>
<td>• frustrated</td>
<td>• churning gut</td>
</tr>
<tr>
<td>• no confidence</td>
<td>• sleep problems</td>
</tr>
<tr>
<td>• unhappy</td>
<td>• loss or change of appetite</td>
</tr>
<tr>
<td>• indecisive</td>
<td>• significant weight loss or gain</td>
</tr>
<tr>
<td>• disappointed</td>
<td></td>
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<tr>
<td>• miserable</td>
<td></td>
</tr>
<tr>
<td>• sad</td>
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If you think that you, or someone you know may have depression, there is a checklist you can complete to find out if you’re likely to have a depressive illness – please see opposite.

“I felt sad, very lonely and reluctant to leave my house or even my bedroom. I enjoyed my job, but lost interest in social pursuits and in church. I’d rather stay home. I felt like I was battling through a fog or mud. It was as if life was against the tide and I was really tired.

DAMIEN, 39

“No energy, no joy in anything … I was feeling that no one would notice if I wasn’t around. I was working longer hours, not caring about food or cooking, even for my children. I was declining social events and feeling like people wouldn’t have wanted me there anyway.

KYLIE, 47
Depression checklist

For more than **TWO WEEKS** have you:

1. Felt sad, down or miserable most of the time? ✓
2. Lost interest or pleasure in most of your usual activities?

If you answered “YES” to either of these questions, complete the symptom checklist below. If you did not answer “YES” to either of these questions, it is unlikely that you have a depressive illness.

3. Lost or gained a lot of weight
   OR had a decrease or increase in appetite?

4. Sleep disturbance?

5. Felt slowed down, restless or excessively busy?

6. Felt tired or had no energy?

7. Felt worthless?
   OR felt excessively guilty?
   OR felt guilt about things you should not have been feeling guilty about?

8. Had poor concentration?
   OR had difficulties thinking?
   OR were very indecisive?

9. Had recurrent thoughts of death?

Add up the number of ticks for your total score:

What does your score mean?
(assuming you answered “YES” to question 1 and/or question 2)

4 or less: Unlikely to have a depressive illness

5 or more: Likely to have a depressive illness

For further assessment, or if you are concerned about any of these symptoms, please consult a doctor or other health professional. The beyondblue info line provides information about where to find a mental health professional in your area – call 1300 22 4636 or email infoline@beyondblue.org.au

You can also do your own search by going online to www.beyondblue.org.au and clicking on Find a doctor or other mental health practitioner.

Remember, depression is treatable and effective treatments are available. The earlier a person seeks help and gets the right treatment, the sooner he or she can recover.

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 mix 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 stresses. 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.

Personal factors

- **Family history** – Depression can run in families and some people will be at increased genetic risk. However, this doesn’t mean that a person will automatically experience depression if a parent or close relative has had the illness. 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 illness** – Having a medical illness can trigger depression in two ways. Serious illnesses 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 illness 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 Australians will experience depression and a substance use disorder at the same time, at some point in their lives.¹

**Changes in the brain**

What happens in the brain to cause depression is not fully understood. Evidence suggests it may be related to changes in the levels or activity of certain chemicals that carry messages within the brain – particularly serotonin, norepinephrine and dopamine, which are the three main chemicals related to mood and motivation. Changes to stress hormone levels have also been found in people with depression. Research suggests that behaviour can affect brain chemistry – for example, long-term stress may cause changes in the brain that can lead to depression. Changes in brain chemistry have been more commonly associated with severe depression, rather than mild or moderate depression.

> 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**

> 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**

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 help.**
**Different types of depression**

There are different types of depressive disorders. Symptoms 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 6). The symptoms are experienced most days, nearly every day 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 (see below).

- **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 depressed mood that is characterised by complete loss of pleasure in everything or almost everything.

- **Psychotic depression** – Sometimes people with a depressive disorder can lose touch with reality. Experiencing psychosis can involve seeing or hearing things that are not there (hallucinations), or having delusions (false beliefs that are not shared by others). For example, people with this type of severe depression may believe they are bad or evil, being watched or followed, or feel as though everyone is against them (paranoia), or that they are the cause of illness 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. The ‘baby blues’, or general stress 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.

  Almost 10 per cent of women will experience depression during pregnancy and this increases to 16 per cent in the first three months after having a baby.

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2 National Health and Medical Research Council (2000) *Postnatal Depression: Not Just the Baby Blues.* Canberra: Commonwealth of Australia

Bipolar disorder

Bipolar disorder used to be known as ‘manic depression’ because the person experiences periods of depression, but at other times, periods of mania. In between, he or she has periods of normal mood. Mania is like the opposite of depression and can vary in intensity – symptoms include feeling great, having plenty of energy, 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 seeing or hearing something that is not there (hallucinations), or having delusions (e.g. the person believing he or she has superpowers).

Bipolar disorder seems to be most closely linked to family history. Stress and conflict can trigger episodes for people with this condition. It’s not uncommon for bipolar disorder to be misdiagnosed as, for example, depression only, 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 counsellor 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

“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
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 which 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 for 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.

Depression is often not recognised and can go on for months or even years if left untreated. It’s important to seek help 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. 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 help, the better.

“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

“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
Treatment for depression

The encouraging news is that there is a range of treatments, health professionals and services available to help with depression, and there are many things that people with depression can do to help themselves.

Different types of depression require different types of treatment. These are discussed below and on page 30. Mild symptoms may be relieved with lifestyle changes (such as regular physical exercise) and self-help (e.g. online e-therapies) alone (see page 38 and 43).

For moderate to more severe depression, psychological and/or medical treatments are likely to be required. Often, a combination of treatments is most useful. For example, psychological treatments (e.g. talking therapies) 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 treatments – see the ‘Psychological treatments’ section in the ‘Getting help’ chapter on page 30 for more information.

Everyone experiences anxiety and depression in a unique way, and therefore cannot be treated using the same methods. The most effective treatment is the one that feels right for you, both physically and mentally.

BEC, 21

More information on medical treatments

The main medical treatment for depression is antidepressant medication.

Antidepressant medication may be prescribed, along with psychological treatments, when a person experiences a moderate to severe episode of depression (and/or anxiety). Sometimes, antidepressants are also prescribed when other treatments have not been helpful or psychological treatments are not possible due to the severity of the illness or because of a lack of access to treatment.

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

For more information on medical treatments, see the ‘Medication’ section in the ‘Getting help’ chapter on page 31.
Every person needs to find the treatment that’s right for them. Even when a treatment is shown to work scientifically, this does not 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 is one that works for most people. If you do not recover quickly enough, or experience problems with the treatment, discuss this with the treating health professional and consider trying another.

“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

“Everyone thinks differently and feels differently. I found it truly beneficial to give a variety of treatments a try before settling on the right method for me. I would urge others to try a few approaches before choosing just one.”

BRADLEY, 18

“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
Depression is treatable and effective treatments are available.
Anxiety disorders affect two million Australians.
Anxiety Disorders

What is an anxiety disorder?

An anxiety disorder is more than just feeling stressed or worried. Anxious feelings are a normal reaction 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. However, for some people these anxious feelings happen for no apparent reason or continue after the stressful event has passed. For a person experiencing an anxiety disorder, anxious feelings cannot be brought under control easily. An anxiety disorder can be a serious condition that makes it hard for a person to cope with daily life.

Anxiety disorders are the most common mental disorders in Australia. On average, one in four people – one in three women and one in five men – will experience an anxiety disorder at some stage in their life. Anxiety is common, but the sooner people with anxiety get help, the more likely they are to recover.

How do you know if someone has an anxiety disorder?

The symptoms of anxiety disorders can often develop gradually over time. Given that we all experience some anxiety, it can sometimes be hard to know how much is too much. To be diagnosed with an anxiety disorder, the anxiety must have a disabling impact on the person’s life.

There are many types of anxiety disorders. While the symptoms for each disorder are different, some general signs and symptoms include:

- feeling very worried or anxious most of the time
- finding it difficult to calm down
- feeling overwhelmed or frightened by sudden feelings of intense panic/anxiety
- experiencing recurring thoughts that cause anxiety, but may seem silly to others
- avoiding situations or things which cause anxiety (e.g. social events or crowded places)
- experiencing ongoing difficulties (e.g. nightmares/flashbacks) after a traumatic event.

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
Different types of anxiety disorders

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

- **Generalised Anxiety Disorder (GAD)** – A person feels anxious on most days, worrying about lots of different things, over a period of six months or more.

- **Social Phobia** – A person has an intense fear of criticism, being embarrassed or humiliated, even just in everyday situations, for example, 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 the object or situation, 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, the person often finds him or herself trying 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, chest pain, dizziness and excessive perspiration. Sometimes, people experiencing a panic attack think they are having a heart attack or are about to die. If, for more than a month, a person has recurrent panic attacks or persistently fears having one, the person is said to have Panic Disorder.

> “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**

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

> **GREG, 42**
Many people with anxiety disorders experience symptoms of more than one type of anxiety disorder, and may experience depression as well.

If the symptoms of anxiety are left untreated, they can start to take over the person’s life. Not only can anxiety affect the person with the disorder, but it can also affect family members and friends. For example, as with depression, untreated anxiety disorders can contribute to serious relationship and family problems, difficulty finding and holding down a job, and drug and alcohol problems.

beyondblue has checklists that can be used to indicate whether a person may have a specific anxiety disorder. Visit www.beyondblue.org.au or call 1300 22 4636 to find out more.

“\nI 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

If you are concerned that you or someone you know is experiencing an anxiety disorder, please consult a doctor or another health professional.

What causes anxiety disorders?
As with depression, it’s often a combination of factors that can lead to a person developing an anxiety disorder.

- **Family history of mental health problems** – People who experience an anxiety disorder often have a history of mental health problems in their family. However, this doesn’t mean that a person will automatically develop an anxiety disorder if a parent or close relative has had a mental illness.

- **Stressful life events** – Stressful events can also trigger symptoms of anxiety. Common triggers include:
  - job stress or changing jobs
  - changing living arrangements
  - pregnancy and giving birth
  - family and relationship problems
  - experiencing a major emotional shock following a stressful or traumatic event
  - experiencing verbal, sexual, physical or emotional abuse or trauma
  - death or loss of a loved one.
• **Physical health problems** – Continuing physical illness can also trigger anxiety disorders or complicate the treatment of the anxiety or the physical illness 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 22) can actually cause people to develop anxiety, particularly as the effects of the substance wear off. People with an anxiety disorder 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.

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JACI, 33

• **Personality factors** – Some research suggests that people with certain personality traits are more likely to have an anxiety disorder. For example, children who are perfectionists, easily flustered, lack self-esteem or want to control everything, sometimes develop anxiety disorders 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.

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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.

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KYLIE, 47

Everyone is different and it’s often a combination of factors that can contribute to a person developing an anxiety disorder. 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 disorders and to seek help.
Treatment for anxiety disorders

As with depression, there are many health professionals and services available to help with information, treatment and support, and there are many things that people with anxiety disorders can do to help themselves. These are discussed in the ‘Getting help’ and ‘Recovery and staying well’ chapters.

Effective treatment helps people with an anxiety disorder to learn how to control the condition – so it doesn’t control them. The type of treatment will depend on the anxiety disorder being experienced. Mild symptoms may be relieved with lifestyle changes (such as regular physical exercise) and self-help (e.g. online e-therapies) (see page 38). Where symptoms of anxiety are moderate to severe, psychological and/or medical treatments 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

Psychological treatments

Generally, psychological treatments (talking therapies) have been found to be the most effective way to treat anxiety disorders. They may not only help a person to recover, but can also help to prevent a recurrence of anxiety. For more information on the different types of psychological treatments, see the ‘Psychological treatments’ section in the ‘Getting help’ chapter on page 30.

“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

Medical treatments

Some types of antidepressants can help people to manage anxiety disorders even if they are not experiencing symptoms of depression. However, there is no simple explanation of how or why antidepressants are effective for some anxiety disorders.

More information about antidepressants can be found in the ‘Getting help’ chapter of this booklet (see page 31).
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, see [www.reconnexion.org.au](http://www.reconnexion.org.au), read [beyondblue Fact sheet 44 – Benzodiazepines](http://www.beyondblue.org.au) at [www.beyondblue.org.au](http://www.beyondblue.org.au), or talk to your doctor.

“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**

“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**
The sooner people with anxiety get help, the more likely they are to recover.
DEPRESSION AND ANXIETY

Women

Women experience depression and anxiety at higher rates than men – one in five women in Australia will experience depression and one in three women will experience an anxiety disorder during their lifetime.¹ While similar factors contribute to mental health problems in women and men, some are more likely to affect women.

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. 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 in carer roles are women and women are much more likely to provide the majority of help to a person with a disability. Sometimes, taking on 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 problems in themselves, especially when they are busy caring for others.

For more information, see beyondblue Fact Sheet 13 – Depression and anxiety in women at www.beyondblue.org.au

“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

“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

“We cannot continually be all things to all people. We need to – in fact we must – learn to look after our needs too. It is not selfish, nor is it vain. It’s a part of being a healthy, happy human being.

DOROTHY, 63
Men

While women are more likely to experience depression and anxiety, men are less likely to talk about experiencing depression and are at greater risk of their depression/anxiety going unrecognised and untreated. This is thought to relate to several factors. 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.

Generally, men tend to put off getting help for health problems, as they may think they are supposed to be tough, self-reliant, manage pain and take charge of situations. This can make it hard for men to acknowledge they have any health problems, let alone a mental health problem. It is also very common for men in particular, to manage their symptoms by using alcohol and other drugs, which make the symptoms of depression and anxiety worse (see beyondblue Fact sheet 9 – Reducing alcohol and other drugs).

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

For more information, see beyondblue Fact Sheet 12 – Depression in men at www.beyondblue.org.au

“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”

“There is no shame in being sick, so ask for help. It is not that hard. My GP was really good in diagnosing and then suggesting treatment for me and also in telling me that I was not the only person who felt like this. Also, it is good to talk to your family/partner and friends you can trust. Don’t do it alone.

DAMIEN, 39”
Older people

Depression and anxiety in older people is common and may occur for different reasons. The onset following a physical illness or personal loss can be common, but depression and anxiety are not a normal part of ageing. They are illnesses for which effective treatments are available regardless of the person’s age.

Older people may be more at risk of depression and/or anxiety due to:

- an increase in physical health problems/conditions e.g. cardiovascular disease, dementia, stroke
- chronic pain
- side-effects from medications
- losses – e.g. relationships, independence, work and income, self-worth, mobility and flexibility
- social isolation
- significant change in living arrangements e.g. moving from living independently to a care facility
- admission to hospital
- particular anniversaries and the memories they evoke.

(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

Dementia and depression can occur together and it may be difficult to distinguish between them because the signs and symptoms are similar. However, dementia and depression are different conditions, requiring different responses and treatment. A thorough assessment by a health professional is recommended. In older people, both personal carers (i.e. a partner, family member or friend) and professional carers are a valuable source of information about personality or cognitive changes (e.g. memory loss) in the person and should be included in discussions where possible.

Rates of depression among people living in residential aged-care facilities are believed to be much higher than the general population, ranging from 34 per cent to 45 per cent.4

For more information on depression, anxiety and older people, call 1300 22 4636 or visit www.beyondblue.org.au.

Young people

Adolescence and early adulthood are periods of great change and the challenges faced by many young people can often lead to emotional problems.

Most people will have their first experience of depression or an anxiety disorder during adolescence or young adulthood. Although around one in four young people aged 16 to 24 experiences mental health problems, including depression and/or anxiety, most do not seek help from health services. Girls are more likely than boys to experience depression, but boys often find it harder to talk about their feelings and get help.

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 depression and anxiety disorders 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, depression and anxiety 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 depression and anxiety for young gay, lesbian, 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

Psychological therapies (talking therapies) such as cognitive behaviour therapy (CBT) and interpersonal therapy (IPT) are the recommended first-line treatments for depression and anxiety in young people. The use of antidepressants for people under 18 years is not recommended. However, if the young person’s depression is very severe or other treatments haven’t worked, his or her doctor may discuss the use of antidepressants. When antidepressants are used, it’s important that the young person sees his or her doctor regularly to monitor progress, and that other forms of treatment such as psychological treatments (talking therapies) and self-help strategies (managing stress, improving sleep, e-therapies are continued. (See Youthbeyondblue Fact sheet 5 – Antidepressants for the treatment of depression in adolescents and young adults.) For more information on the different types of psychological treatments, see page 30.

beyondblue has a range of information for young people aged 12 to 25 – visit www.youthbeyondblue.com or call 1300 22 4636.
There are many health professionals and services available.
GETTING HELP

People with depression and/or an anxiety disorder can find it difficult to take the first step in seeking help. 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 depression and anxiety. However, there is a range of effective treatments available and many health professionals who can give advice and assistance to help people on the road to recovery. There are also many things that people with depression and anxiety can do to help themselves to recover and stay well. The important thing is finding the right treatment that works and a health professional with whom you feel comfortable.

“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 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

“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
Types of treatment available

Psychological treatments

Psychological treatments (also known as talking therapies) help people with depression and anxiety to change negative patterns of thinking and/or sort out relationship difficulties. This treatment has also been found to be the most effective way to treat anxiety disorders. There are several different types of psychological treatments, including cognitive behaviour therapy (CBT), interpersonal therapy (IPT) and family therapy. For information on who provides psychological treatments, see page 34.

Cognitive behaviour therapy (CBT) is a structured psychological treatment, which recognises that a person’s way of thinking (cognition) and acting (behaviour) affects the way they feel. CBT can be helpful for people who have depression and people who have anxiety. The ‘cognitive’ part of CBT has an emphasis on changing thoughts and teaches people to think rationally about common difficulties, helping them to shift their negative or unhelpful thought patterns and the way they react to certain situations to a more realistic, positive and problem-solving approach. The ‘behavioural’ part of CBT has an emphasis on changing behaviour and is particularly useful for anxiety disorders where people learn to overcome their anxiety by gradually facing their fears. It is also useful for depression.

Interpersonal therapy (IPT) is a structured program used to treat both depression and anxiety and has a specific focus on improving relationships, coping with grief and helping people to find new ways to get along with others.

Family therapy helps family members and close friends to learn about depression/anxiety. It can be particularly helpful in the treatment of young people. It helps people find new ways to support and get along with the family member or friend who has depression/anxiety. They can do this by:

- assisting the person with some of his/her daily responsibilities
- helping the person identify stressful situations at home or work
- helping the person to find other ways to solve practical and emotional problems
- monitoring changes in symptoms.

“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

“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
“CBT has helped me see life more realistically and helped me get back a productive and functional life.”

GREG, 42

“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

Medication

There is a great deal of misinformation about antidepressant medication and there is no simple explanation as to how antidepressants work. Antidepressant medication can be important in the treatment of moderate to severe depression and in some anxiety disorders.

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 a woman is 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 medication and dose that is most effective.

“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 antidepressants will not change their personality or make them feel happy all the time. Like any other medication, some people who take antidepressants also 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 are short-lived. However, people taking antidepressants who experience any of these symptoms should tell their doctor, as there are ways of minimising these or other side-effects. 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 depends on how severe the illness is and how he or she responds to treatment. For some people, antidepressants are needed only for a short time (usually six to 12 months), while for others, it may be necessary to keep taking medication to manage their condition, just as someone with diabetes might use insulin or someone with asthma would use ventolin. Stopping antidepressant medication should only be done gradually, on a doctor’s recommendation and under supervision.

For more information on antidepressant medication see beyondblue Fact Sheet 11 – Antidepressant medication or Youthbeyondblue Fact sheet 5 – Antidepressants for the treatment of depression in adolescents and young adults.

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

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
**Where to go for help**

Different health professionals (such as GPs, psychologists and psychiatrists) offer different types of services and treatments for depression and anxiety. Below is a guide as to who provides what treatment.

**General Practitioners (GPs)**

GPs are the best starting point 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 talking therapy
- prescribe medication
- refer a person to a mental health specialist such as a psychologist or psychiatrist.

Before consulting a GP about depression or anxiety, 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 best to raise the issue of depression or anxiety early in the consultation. Some GPs are better at dealing with mental health problems than others. The GP will discuss various treatment options, taking account of the person’s treatment preferences.

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 problems is available at [www.beyondblue.org.au](http://www.beyondblue.org.au) – click Find a Doctor or other Mental Health Practitioner or contact the beyondblue info line on infoline@beyondblue.org.au or call 1300 22 4636 (local call cost from a landline).

> "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 (talking therapies) such as cognitive behaviour therapy (CBT) and interpersonal therapy (IPT). Clinical psychologists specialise in the assessment, diagnosis and treatment of mental health problems. 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 Care 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 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.

“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 problems. They work with psychiatrists and GPs to review the state of a person’s mental health; they monitor the person’s medication and provide people with information about mental health problems and treatment. Some have training in psychological therapies. If you would like 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 depression and anxiety by helping them find ways to manage more effectively some of the situations that trigger these disorders. 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 (e.g. problem solving and stress management).

Occupational therapists in mental health

Occupational therapists in mental health help people who have difficulties functioning because of a mental health problem (such as anxiety or depression) to participate in normal, everyday activities. Mental health occupational therapists 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

Confidentiality

In most situations, General Practitioners, 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 disorder 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, see beyondblue Fact sheet 24 at www.beyondblue.org.au

Hospitals and community services support

Hospitals

If people are experiencing severe depression and are at risk of harming themselves or others, it may be necessary for them to spend time in hospital.

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

There are also private psychiatric hospitals, which provide treatment for people experiencing a severe depressive episode or anxiety disorder. 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 potentially a 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 rural and remote communities may find it difficult to access services.

If a General Practitioner 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 overleaf).

Information can also be obtained by phoning the beyondblue info line – 1300 22 4636 (local call cost from a landline).
Other sources of support

**E-therapies**
E-therapies are online programs that are designed to provide assistance via the internet (or via mobile phone applications) for people experiencing depression, anxiety or related disorders. E-therapies often include some of the following: mental health screening tools, such as symptom checklists; web lessons; information about self-help strategies; peer support through forums, or professional support from a clinician, health worker or counsellor.

*beyondblue* has developed an online directory of e-mental health services and therapies which provides useful information about online programs that are currently available in Australia, including who the program is for, how to access it, whether there is a cost, plus links to the program’s website. Visit [www.beyondblue.org.au/ementalhealthdirectory](http://www.beyondblue.org.au/ementalhealthdirectory) for a list of online e-therapies.

**Support groups**
Mutual support groups for people with depression, anxiety and related disorders are conducted by people who have experienced similar problems. They can provide an opportunity to share experiences and find new ways to deal with difficulties. These groups can be found by contacting your local community health centre or the mental health association/foundation in your state or territory.

**Family and friends**
Family members and friends play an important role in a person’s recovery. They can offer support, understanding and help (see ‘Caring for someone with depression or anxiety’ section on page 51).

**Other treatments**
It’s not uncommon for people with depression or anxiety to try to manage the illness 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 depression or anxiety is not severe or life threatening.

The *beyondblue* booklets, *A Guide to What Works for Depression*, *A Guide to What Works for Anxiety Disorders* and *A Guide to What Works for Depression in Young People*, provide a summary of what the scientific evidence says about each treatment. 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 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.
How to get the right treatment

• **Be proactive** – As with most health problems, the earlier a person gets help, the faster he or she can recover. That’s why it’s very important to get help at the first sign of any problems. If you’re looking for a doctor, ask for a recommendation from friends, family members or colleagues. At [www.beyondblue.org.au](http://www.beyondblue.org.au) you can find a list of GPs and mental health practitioners who have been specially trained to treat mental health problems. Click on Find a Doctor or other Mental Health Practitioner or alternatively, you can phone the beyondblue info line on 1300 22 4636. If you know someone experiencing the symptoms of depression or an anxiety disorder, he or she may not have the motivation to seek help, 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 depression or anxiety checklist along, such as those on the beyondblue website [www.beyondblue.org.au](http://www.beyondblue.org.au) (click Symptom Checklists).

  “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, go to [www.beyondblue.org.au](http://www.beyondblue.org.au) (click on Find a Doctor or other Mental Health Practitioner) or phone the beyondblue info line 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.

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Margaret, 55

• **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.

> 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.

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Nerida, 51

• **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.**

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Penny

• **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.**

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Melissa, 37
People who are depressed or anxious 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 services listed below for assistance or go to your local hospital emergency department.

### National counselling services

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifeline</td>
<td>13 11 14</td>
</tr>
<tr>
<td>Suicide Call Back Service</td>
<td>1300 659 467</td>
</tr>
<tr>
<td>Kids Helpline</td>
<td>1800 55 1800 (free call)</td>
</tr>
<tr>
<td>MensLine</td>
<td>1300 78 99 78</td>
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</tbody>
</table>

### State and territory services

<table>
<thead>
<tr>
<th>State/Territory</th>
<th>Service</th>
<th>Number</th>
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</thead>
<tbody>
<tr>
<td>NSW</td>
<td>Salvo Crisis Line</td>
<td>Metro (02) 8736 3295</td>
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<tr>
<td></td>
<td></td>
<td>Regional 1300 36 36 22</td>
</tr>
<tr>
<td>Victoria</td>
<td>SuicideLine</td>
<td>1300 651 251</td>
</tr>
<tr>
<td>Queensland</td>
<td>Salvo Crisis Line</td>
<td>Metro (07) 3831 9016</td>
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<tr>
<td></td>
<td></td>
<td>Regional 1300 36 36 22</td>
</tr>
<tr>
<td>Western Australia</td>
<td>Mental Health Emergency Response Line</td>
<td>Metro 1300 555 788</td>
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<tr>
<td></td>
<td></td>
<td>Regional 1800 676 822</td>
</tr>
<tr>
<td>South Australia</td>
<td>Mental Health Assessment and Crisis Intervention Service</td>
<td>13 14 65</td>
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<tr>
<td>Tasmania</td>
<td>Mental Health Services Helpline</td>
<td>1800 332 388</td>
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<tr>
<td>ACT</td>
<td>Crisis Assessment and Treatment Team</td>
<td>1800 629 354</td>
</tr>
<tr>
<td>Northern Territory</td>
<td>Crisis Assessment Telephone Triage and Liaison Service</td>
<td>1800 682 288</td>
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For an emergency appointment with your local doctor – check the White Pages for the phone number. You can find a GP in your area who has had extra training in mental health by visiting [www.beyondblue.org.au](http://www.beyondblue.org.au) (click on Find a Doctor or other Mental Health Practitioner or phone 1300 22 4636).
Recovery takes time and is different for everyone.
Recovery can take time. As well as getting treatment underway, the person has to find new ways to manage, and live with, the changes and challenges of having depression and/or anxiety.

While medical and/or psychological 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 yourself to manage depression and/or anxiety.

**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 depression and anxiety. 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’ more often. 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 doing breathing and relaxation exercises regularly. To undertake a Guided Progressive Muscle Relaxation exercise, go to [www.beyondblue.org.au/takingcarebook](http://www.beyondblue.org.au/takingcarebook)

> 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 depression and/or anxiety.

- Having a mental illness can make it difficult to eat well – keeping things simple can help:
  - 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 meals.
  - Make use of the times when you feel good to prepare meals ahead of time (e.g., if you feel good in the morning, make dinner then) or cook large quantities of food and freeze it.

“I no longer eat when I am emotional. I have cut junk food from my diet and I have cut down my caffeine and sugar intake. I make sure I stay on top of my thyroid issues in particular and try to walk more than I used to. I found that by getting outside and walking, it really does reduce stress levels … I have started taking an interest in myself again.”

DOROTHY, 63

“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

- Physical exercise such as walking, swimming, dancing, playing golf or going to the gym can help relieve the tension in your muscles and relax your mind, as well as distract you from negative thoughts and worries. Try to do some physical exercise every day, even if it’s just going for a walk. Keep it simple and enjoyable.
  - 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 depression and anxiety. 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 want to do. 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

"I have a regular routine with three or more days a week of exercise (running or going to the gym). Having my own activity time is something to look forward to."

GREG, 42

• Depression and anxiety disrupts sleep patterns and it’s essential to try to restore a regular sleep pattern to make a full recovery:
  – 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 each day e.g. coffee, strong tea, cola or energy drinks.
  – 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

• Reduce 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 depression and anxiety.

For more tips on maintaining a healthy lifestyle see beyondblue online Fact Sheets 30 (Healthy eating), 8 (Keeping active), 7 (Sleeping well) and 9 (Reducing alcohol and other drugs) at www.beyondblue.org.au.

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

JEFF, 47
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.

<table>
<thead>
<tr>
<th>Time</th>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
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<tbody>
<tr>
<td>Morning</td>
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<td>Afternoon</td>
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<td>Night</td>
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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
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 depression, anxiety or a related disorder in their lives. However, many people who experience one episode may go on to have another episode, or experience recurring symptoms of depression and/or anxiety.

Recognising triggers

There are situations or events that can increase a person’s chances of having another episode of depression and/or anxiety, or ‘relapsing’ as it is often called. 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 trigger, 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 the person may be feeling depressed or anxious. 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.

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

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
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**

Getting over setbacks

Overcoming setbacks 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**
Partners, family and friends can play an important role in a person’s recovery.
Caring for, or living with, a person who experiences depression and/or anxiety isn’t easy. Knowing what to say and what to do may be hard. It’s not uncommon to experience anger, guilt or fear. Below are some practical tips to help you care for someone with depression or anxiety and to look after yourself.

**Things you can do to help someone with depression or anxiety**

- Let the person know if you’ve noticed a change in their behaviour.
- Spend time talking about the person’s 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 assist the person to make an appointment.
- Offer to go with the person to the doctor or health professional.
- Help the person to find information about depression and anxiety from a website or library.
- Encourage the person to try to get enough sleep, exercise and eat well.
- Discourage the person from trying to feel better by using alcohol or other drugs.
- 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.
- Contact a doctor or hospital, if the person becomes a threat to themselves or others.

**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 help, talk to a doctor or another health professional about getting appropriate treatment.
The term ‘carer’ is used for a person who supports, cares for or looks after someone with depression, anxiety or a related disorder. Carers may be husbands, wives, children, partners, parents or close friends.

How carers can help themselves

- **Learn about depression and anxiety** – This may help you understand why a person with the illness behaves in a certain way. This may help you to separate the illness 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 depression and/or anxiety, it’s important to look after yourself. Make sure you spend time doing things you enjoy.

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

- **Ask questions** – In talking about depression and anxiety, 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. 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 depression, anxiety and/or a related disorder, see beyondblue’s free resources – Carers’ Stories of Hope and Recovery DVD and A Guide for Carers booklet – available at www.beyondblue.org.au or by calling the beyondblue info line 1300 22 4636. Some of the quotes in this section have been selected from A Guide for Carers – which has been developed by carers for carers. The guide offers helpful advice and tips on:

- how to get through the tough times
- what worked (and what didn’t)
- how to overcome a range of difficulties
- how to support the person with the illness
- how to access support that’s available to carers.

“If you are a parent caring for a child with either of these conditions, try to minimise the blame you place on yourself as a parent/s. The ‘Where did we go wrong?’ reflection does not assist you or them.

MIKI, 49

“There is no quick fix. Get all the advice you can from the GP and organisations like beyondblue, and work with that advice as you gradually discover your own solutions. Don’t try to follow a book, use your own judgement. Remember a lot of effort is required, but the result that can be achieved – a happy lifestyle – is worth the effort many times over.

MALCOLM, 74

“I felt pretty terrible because I hadn’t recognised it… so I felt shattered, but I also felt a great relief that now we know what’s wrong and it’s fixable.

It was a sort of taboo area where people didn’t want to talk about a mental illness and that would frustrate me endlessly because I was looking for support too, to try and cope with what was happening. But they just wouldn’t say anything because they just wouldn’t know what to say.

I must admit I tried not to think too much about the future and what was going to happen in my life. When I did, I had all these fears associated with it, so I knew I had to deal with the day-to-day living and to help him. I wasn’t going to be helping if I was worrying too much about the future. So we both just took it day by day.

It’s a fine balance between giving them a gentle push, without pushing them over the edge.
Help is available.
**MORE INFORMATION**

*beyondblue*

Info line 1300 22 4636 or infoline@beyondblue.org.au

The *beyondblue* info line provides information on depression, anxiety and related disorders, available treatments and details about where to get help in your area. You can call the info line for the cost of a local call from a landline or send an email.

www.beyondblue.org.au

Information on depression, anxiety and related disorders, available treatments and where to get help

www.youthbeyondblue.com

*beyondblue’s* website for young people – information on depression, anxiety and how to help a friend

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*beyondblue* National Workplace Program

Depression and anxiety tend to affect Australians during their prime working years and can often impact on the work life of the individual and the productivity of the organisation. The *beyondblue* National Workplace Program (NWP) is an awareness, early intervention and prevention program for workplaces that helps managers and employees:

- increase knowledge about depression and mental health
- decrease stigma
- improve attitudes towards a person experiencing depression or a related mental health problem
- increase confidence to assist and appropriately manage employees.

To find out more about mental health in the workplace, visit [www.beyondblue.org.au](http://www.beyondblue.org.au) or email workplace@beyondblue.org.au To arrange a NWP training session in your workplace, contact the licensee Davidson Trahaire Corpsych (DTC) on 1300 134 644 or email mentalwellbeing@davcorp.com.au

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Personal and carer experiences

*beyondblue* values the input and feedback from people whose lives have been affected by depression, anxiety and related disorders. Participation by people with these experiences underpins all *beyondblue* activities.

Anyone in Australia with personal experiences of depression, anxiety and related disorders can join *beyondblue’s* national reference group – blueVoices. The group also includes carers, family members and friends who care for and support people with these illnesses.

blueVoices has more than 1000 members across Australia, who regularly:

- share their perspectives across *beyondblue’s* work and advise on national mental health policies and programs
- provide consultation on the development of *beyondblue* community awareness campaigns and information resources
- speak at public events and to the media about their personal and carer experiences, through the Ambassador Program
- participate in depression and anxiety-related research projects
- attend and assist at public events and forums.

To join blueVoices, please visit [www.beyondblue.org.au](http://www.beyondblue.org.au) (click on **Getting involved**) and complete an Expression of Interest form.
Don’t forget to stop and reflect on how far you’ve come and how much you’re achieved during your journey to recovery. Don’t compare your personal journey to others. No two recoveries are the same.

APRIL, 25

It is vital to try different treatments. More importantly, you must accept that some will work, while others won’t, and you must keep trying.

GREG, 42

Have a family member or friend help you and support you with finding an organisation or health professional and asking questions.

MELISSA, 37

For me, being out there and honest about my illness is fundamental to my recovery and to breaking down the stigma attached to mental health problems that so many people experience at times in their lives.

GINA, 38

Go to your GP and ask for help, and be prepared to consider all the options. Don’t be afraid to use medication. It’s not going to make you into a junkie. Don’t be afraid to use meditation. It’s not going to make you into a heretic.

DAMIEN, 39