

# Keyfacts - Depression and other mood disorders

Social and emotional wellbeing workers web resource

## What is depression?

Depression is about a person's state of mood. When a person has depression (often called clinical depression) they feel very low in mood (sad, unhappy, or 'down in the dumps') and also lose interest in activities they used to gain happiness from.

It is normal for people to feel sad every once in a while, but clinical depression is very different from the occasional feeling of sadness. There are several ways clinical depression differs from the occasional feeling of sadness, they include:

- severity (how serious it is); clinical depression usually ranges from mild to severe
- persistence (strength of the episode)
- duration (how long it lasts)
- the presence of typical symptoms (see next section).

When people feel sad or 'down' for a long time, usually for longer than 2 weeks, they may be depressed. Depression can affect anyone at any age.

## What are the signs and symptoms of depression?

There are a number of signs or symptoms people may show when they have depression. People do not have to have all of them to be diagnosed with depression. The signs and symptoms of depression can include any of the following:

- waking up feeling sad and not wanting to get out of bed
- feeling sad for most of the day
- feeling restless

- feeling irritable (short-tempered) and/or angry which may lead to arguments with other people
- not wanting to be around other people (may want to be alone)
- thoughts of dying or hurting oneself
- feeling guilty when not at fault
- crying for no reason
- losing interest in the things one likes
- feeling worthless or hopeless
- not sleeping well (maybe walking around all night), or sleeping too much
- not eating well, or eating too much
- less energy; tiredness
- having problems concentrating, remembering things, or making decisions
- weight loss or gain.

## Does the understanding of depression differ between Aboriginal and Torres Strait Islander communities?

Depression needs to be seen within the wider scope of the social and emotional wellbeing of Aboriginal and Torres Strait Islander people; this means looking more holistically at health. The warning signs for depression in Aboriginal and Torres Strait Islander people may vary between communities, so it is vital that the people working in the area of social and emotional

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wellbeing are aware of the different languages and understandings used by individual communities when talking about depression.

## What are the risk factors for depression?

The factors that can contribute to depression include:

- previous mental illness
- poor physical health or long-term illness
- grief, loss, and bereavement (referred to as a psychological cause)
- trauma or stressful events
- recently becoming a parent
- too much alcohol, or gunga, or other drugs
- family history of depression (referred to as a biological or genetic cause)
- stopping any treatment for depression
- breaking the law
- social surroundings (e.g., environmental, housing conditions)
- cultural or spiritual separation from country.

A person's personality can also be a risk factor for depression. People who are: anxious or worry easily; unassertive (people who do not stand up for themselves); negative and self-critical (people who see themselves in a negative way); or shy and have low self-esteem (lack confidence) are at a higher risk of depression than people who do not have these types of personalities.

## How common is depression among Aboriginal and Torres Strait Islander people?

The most recent information on the levels of depression in the Aboriginal and Torres Strait Islander population comes from the 2008 National Aboriginal and Torres Strait Islander Social Survey. This survey of people from across Australia measured psychological distress (mental or emotional pain), which is often linked with feelings of anxiety or depression. Nearly one-third of Aboriginal and Torres Strait Islander people aged over 15 years reported having high to very high levels of psychological distress. This was more than twice the levels reported for other Australians. Aboriginal and Torres Strait Islander women reported these levels of stress more than men. It is often hard to know how common depression is in the Aboriginal and Torres Strait Islander population, however, because of the way people understand depression and their cultural understanding of mental illness.

## How do you treat depression?

There are many different ways to help people suffering from depression. People need to know that they do not have to put up with the feelings of depression. It is important to be supportive and encourage people to seek help from doctors, counsellors, Aboriginal Health Workers, or staff at the local Aboriginal medical service.

Medical treatments for depression can involve:

- a full health check from a doctor to screen for any contributing health conditions (e.g., diabetes or hepatitis)
- getting help from mental health professionals to work through any problems
- medication (usually anti-depressant drugs)
- limiting the intake of alcohol and other drugs.
- Other tips for managing depression include:
  - talking to someone, for example, friends, family, or an Elder
  - getting involved in daily exercise
  - getting involved in activities that make you feel happy (e.g., fishing, going back to country)
  - trying to sleep and eat well
  - learning skills that a person can use when they feel they're not coping well with a situation.

If the treatment is not working, it is important that people discuss this with their doctor, counsellor, or other mental health professional so that other options can be explored.

Please note the term 'mental illness' has been used in place of 'mental disorder' and 'psychological disorder' because it is a more common term.

## References and further reading

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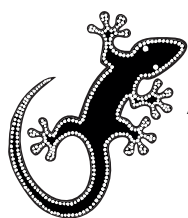
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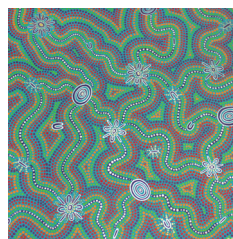
The Australian Indigenous HealthInfoNet is an innovative Internet resource that contributes to 'closing the gap' in health between Indigenous and other Australians by informing practice and policy in Indigenous health.

Two concepts underpin the HealthInfoNet's work. The first is evidence-informed decision-making, whereby practitioners and policy-makers have access to the best available research and other information. This concept is linked with that of translational research (TR), which involves making research and other information available in a form that has immediate, practical utility. Implementation of these two concepts involves synthesis, exchange and ethical application of knowledge through ongoing interaction with key stakeholders.

The HealthInfoNet's work in TR at a population-health level, in which it is at the forefront internationally, addresses the knowledge needs of a wide range of potential users, including policy-makers, health service providers, program managers, clinicians, Indigenous health workers, and other health professionals. The HealthInfoNet also provides easy-to-read and summarised material for students and the general community.

The HealthInfoNet encourages and supports information-sharing among practitioners, policy-makers and others working to improve Indigenous health – its free on line yarning places enable people across the country to share information, knowledge and experience. The HealthInfoNet is funded mainly by the Australian Department of Health and Ageing. Its award-winning web resource ([www.healthinfonet.ecu.edu.au](http://www.healthinfonet.ecu.edu.au)) is free and available to everyone.

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