This fact sheet provides some information on depression, to help pre-service teachers prepare for their work with young people. You will find other helpful fact sheets on the Education section of the Response Ability web site at www.responseability.org

**Mental Health Problem or Illness?**

People can experience depression and anxiety either to the level of a mental health problem or a mental illness.

A mental health problem occurs when someone’s thoughts, feelings or relationships have been affected negatively – for example they are upset, sad, anxious or experiencing conflict. These are natural responses to negative events, which everyone experiences. The term indicates a disruption to our usual level of social and emotional wellbeing, but it is not the same as a mental illness. These feelings will usually resolve over time or when the situation improves, but a faster and more positive resolution may occur if the person seeks support from family, friends, a school counsellor or other professional.

Mental illness is a collective term for a range of medical conditions, which change a person’s thoughts, feelings, behaviour or relationships. The effects are more pronounced and long-lasting than a mental health problem and may not resolve without support or medical assistance. A diagnosis requires a certain combination of symptoms, of particular severity, to be present over time. People with mental illness may benefit from counselling and practical support and/or may receive treatment such as medication.

**Importance for Teachers**

Depression and anxiety (which can occur together) often have their onset in adolescence. These feelings can have a significant impact on behaviour and academic performance – whether they are temporary changes to wellbeing, or more severe and long-lasting symptoms associated with a mental illness. Ultimately, depression can limit a person’s social and vocational opportunities through its effects on mood and schooling.

At any point in time, between 2% and 5% of young people experience depression that is severe enough to need treatment. Many others feel depressed to some degree that is distressing and may be disruptive to their schooling. It has been estimated that 20% of Australians will have experienced depression by the time they reach adulthood.

People who have feelings of depression can benefit from talking to a school counsellor or other professional for support. If necessary, this person will be able to refer the adolescent on to a doctor or a specialised health service. Teachers can help in this process by being able to identify young people who may have feelings of depression and knowing who they might refer to in the first instance.

**Signs of Depression in Young People**

Feelings of depression can manifest differently between individuals and throughout the lifespan. They can occur in association with other emotional or physical changes. You might be particularly concerned about a young person if they show several of these feelings or behaviours over a week or more:
Frequently seeming upset, sad, anxious or negative
Being overly irritable, angry or aggressive
Crying or losing temper easily or frequently
Becoming withdrawn and isolated from others
Becoming involved in risky or criminal behaviour
Increased use of alcohol or other drugs
A decline in energy and enthusiasm
Not enjoying things they usually like doing
A decline in academic interest and performance
Talking or writing about sadness, death, suicide or self-harm
Self-harming behaviour or suicide attempts.

Working with someone who is Depressed

As a teacher, you may work with a young person, parent or colleague who is feeling depressed or recovering from a depressive illness.

If you suspect that a young person is feeling depressed, approach him or her and ask how things have been going. If their answer or attitude backs up your concerns, try to convince them to visit the school counsellor or a youth worker, or talk to a staff member who has responsibility for students’ wellbeing.

If you have particular concerns and the student doesn’t seem ready to seek help, you should approach the school counsellor or other support staff yourself for advice on how to proceed. If you suspect that an adult has depression, encourage them to seek professional help from their general practitioner or a counsellor.

Working with people who are depressed may raise different feelings or reactions such as:

Rejection - Feeling that the person’s behaviour is unacceptable and that they’re exaggerating their symptoms - for example, feeling like “it’s all in their mind”. Try to remember that depression can be a debilitating feeling or an illness and that the person may be unable to change their emotions or behaviour at present.

Depression - People who are in contact with a depressed person may feel unable to help and feel somewhat depressed themselves. Sometimes, a person may realise they are experiencing depressive symptoms themselves, after seeing these symptoms in another person. If you find yourself in this situation, seek support from friends, colleagues, a school or staff counsellor or a general practitioner.

Here are some ideas to keep in mind when working with someone who may be depressed:

- Show respect, but do not agree with or encourage negative comments or behaviour.
- Show empathy and support, but don’t take on the role of counsellor – encourage them to discuss specific issues with their GP or counsellor.
- Avoid statements such as “things can’t be that bad” and “everything will be OK” as the depressed person might feel that you don’t really understand.
- Gently challenge any negative assumptions the person might make about themselves or an issue you are discussing - suggest a different perspective.
- Reinforce the person's strengths and positive attributes, to help them feel more positive about themselves.

**Types of Depressive Illness**

Many people with feelings of depression do not have a depressive illness – their feelings will resolve with support or time. However, some people do develop a depressive illness (sometimes called a mood disorder) and this can occur in young people, parents and families, or in teachers and school staff.

There is debate about different ways of classifying mood disorders, given the variety of symptoms and circumstances that are associated with depression. Different types of depression can have different symptoms and may require different treatments. The following are some terms which may be used in describing depressive illnesses:

**Reactive Depression** – when people are reacting to a distressing situation in their lives, such as the failure of a close relationship or loss of a job. However, the reaction is more severe or persistent than the unhappiness we may all experience at some point in life. Symptoms often include anxiety and changes in sleeping or eating habits.

**Postnatal Depression** – affects up to 20% of mothers in the weeks and months following birth. Emotions include anxiety, fear, sadness, worthlessness, panic attacks, irritability and difficult in coping with demands. There may also be a change in appetite and sleep patterns, more than would normally be expected with a new baby.

**Endogenous or Major Depression** - can appear without apparent cause or be triggered by a distressing event. Features can include sleep disturbances, appetite or weight changes, sadness, irritability, loss of interest in work or hobbies, loss of sexual interest, fatigue, poor concentration, difficulty making decisions, guilt, poor self-esteem and suicidal thoughts. Symptoms are persistent and severe, significantly interfering with daily activities.

**Depression with Psychotic features** - a person may have symptoms of depression and also experience psychosis - a cluster of symptoms in which the person loses touch with reality. Some people may stop eating and drinking, or may experience hallucinations (eg visions or voices) and/or delusions (eg believing they are being followed or persecuted).

**Bipolar Mood Disorder** (previously called Manic Depression) - extremes of mood, with periods of very low or depressed mood alternating with periods of mania (extreme happiness, overactivity, rapid speech, lack of inhibition). These extreme moods can be very disruptive. People can also experience periods of psychosis.

**What causes Depressive Illness?**

Factors linked to depression include body chemistry (hormonal factors or brain chemistry), seasonal influences (for example in winter), negative life events, stress, genetics, or personality factors (such as negative coping styles). Depression is a complex group of illnesses and it is likely that in most cases, a combination of individual, family, social, and cultural factors is responsible. Research suggests that some people inherit a genetic susceptibility to depression and then become ill in response to negative environments or life events.
How is Depressive Illness Treated?

The treatment recommended will depend on the type and severity of the depression a person is experiencing, as well as their own preferences. In general, the earlier treatment is sought the better the outcome is likely to be. It is particularly important to seek urgent treatment if a person is thinking about suicide. The following treatments may be used alone or in combination:

Counselling or Psychotherapy: to assist people to sort out practical problems and conflicts, and to help them understand the reasons for their depression. Several different techniques are used, including Cognitive Behaviour Therapy (CBT) in which people learn to challenge negative self-talk and assumptions.

Anti-depressant medications: to relieve depressive symptoms, restore normal patterns of sleep and appetite, and reduce anxiety, which helps people to work through personal issues. Anti-depressants are not addictive but some do have side effects, so it may take time to find the best medication for an individual. Certain types of anti-depressants are not recommended for children or young people, because of concern that they may precipitate suicidal thoughts and behaviour in some adolescents.

Electro-Convulsive Therapy (ECT): sometimes called shock therapy, this involves the application of an electric current to the brain under safe and controlled conditions. It is usually reserved for severe depression that is not responding to other forms of therapy. It may have side effects such as short term memory loss but can be a life-saving procedure in those who are very depressed.

The best approach for most people is a combination of anti-depressants and psychotherapy. Lifestyle changes such as exercise, a healthy diet and avoiding drugs and alcohol are also important. Certain disorders – such as bipolar disorder and depression with psychotic symptoms – may require the use of different or additional medications.

Many people have only a single episode of depression, while others find that it is a recurrent illness that they need to manage more actively throughout their life. Most people with depression will be treated in the community, but those with more complex or severe depression – or people who are at risk of suicide – may need a stay in hospital.

Useful Web Sites

The following Australian web sites provide comprehensive and useful information about depression. Some include accounts from people who have experienced depressive illness, as well as opportunities to contribute to discussion groups or to ask questions.

BeyondBlue: http://www.beyondblue.org.au

Dark Side of the Mood: Dealing with Depression: www.abc.net.au/health/depression/

BluePages: Information on Depression: http://bluepages.anu.edu.au/home/

Additional Sources


