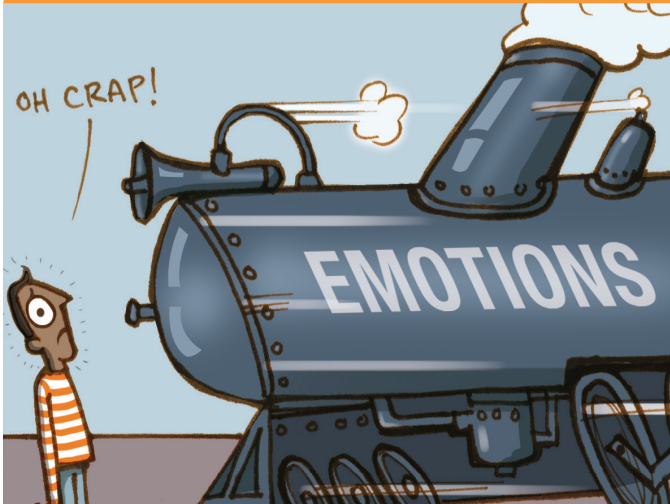


# Symptoms of depression



## What this fact sheet covers:

- Distinguishing depression from an occasional 'down' mood
- Symptoms of depression
- When to seek help for depression
- Key points to remember
- Where to get more information

## Distinguishing depression from an occasional 'down' mood

Depression is a common experience with one in seven Australians experiencing depression in their lifetime. We all experience periods when we feel low and a bit depressed. Experiences such as having a bad day at work or hearing some bad news can impact on our mood. Sometimes we can even feel sad for no reason at all.

In most cases, people 'bounce back' however, people with clinical depression lack the ability to pick themselves up from feeling down. If symptoms of depression are severe, last for **two weeks** or more, and affect your functioning at home or at work, you may need to see a health professional.

## When to seek help for depression

If symptoms of depression are severe, last for **two weeks** or more, and affect your functioning at home or at work, you may need to see a health professional. Having one or two symptoms by themselves is unlikely to indicate depression. However, there could be physical causes which may warrant medical assessment.

## Symptoms of depression include:

- Feeling bad about yourself
- Changes in sleep patterns
- Changes in appetite or weight
- Feeling overwhelmed by pessimism, anger, guilt, irritability and anxiety
- Varying emotions throughout the day for example, feeling worse in the morning and better as the day progresses
- Not able to enjoy life
- Not so interested in sex
- Reduced pain tolerance: decreased tolerance for minor aches and pains
- Poor concentration and memory
- Low motivation to do things that used to matter to you
- Feeling exhausted

**If you are feeling suicidal contact Lifeline's 24 hour crisis support service on 13 11 14 or seek immediate help from a GP, psychiatrist or a psychologist.**



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## Key points to remember

- Occasionally feeling depressed or down is a common experience.
- If feelings of depression are severe, last for two weeks or more, and functioning at home or at work is impaired, professional assessment should be sought.
- If feeling suicidal, seek immediate help from a mental health practitioner such as a GP, a psychiatrist or a psychologist.

## Where to get more information

- **Depression Self-test:**  
[www.blackdoginstitute.org.au](http://www.blackdoginstitute.org.au)
- **Journeys with the Black Dog: Inspirational stories of bringing depression to heel**, Tessa Wigney, Kerrie Eyers & Gordon Parker (2007), Allen & Unwin
- **1800 011 511 Mental Health Line** is a NSW Government phone service operating 24 hours a day, seven days a week and will provide a telephone triage assessment and referral service staffed by mental health clinicians.

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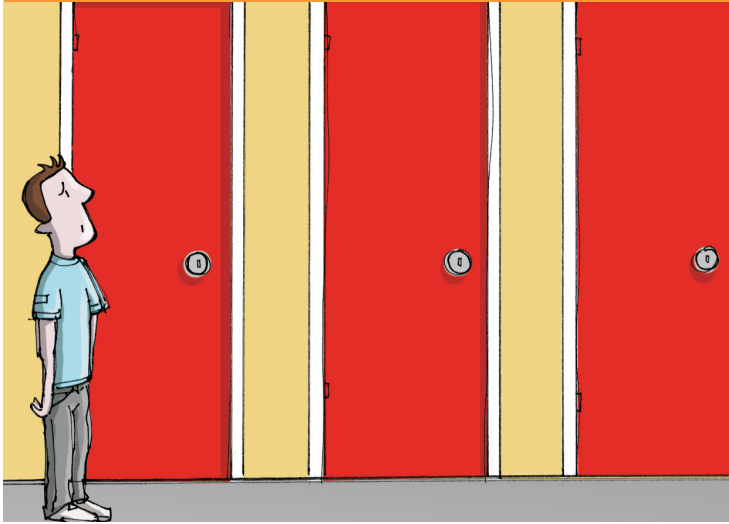
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Keeping health in mind



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# Treatments for depression



## What this fact sheet covers:

- Types of treatments for depression
- Physical treatments
- Psychological treatments
- Self-help and alternative therapies
- Key points to remember
- Where to get more information

## Types of treatments for depression

A large number of different treatments are available for depression and new treatments (particularly medications) regularly appear. Continuing research means that the evidence for how well a treatment works is always changing too. This Fact Sheet provides a brief summary of available treatments for depression.

At the Black Dog Institute we believe there are different types of depression, and that treatments should be selected according to the particular type of depression.

Depressions that are more biological in their origins (melancholic depression and psychotic depression) are more likely to need physical treatments (antidepressants) and less likely to be resolved with psychological treatments alone. Non-melancholic depression which is linked to psychological factors, personality characteristics and stressful life events, responds to both psychological treatments and physical treatments. See our fact sheet on **Types of Depression** for more information.

## A. Physical treatments

The main physical treatments for depression comprise drug treatments and Electroconvulsive therapy (ECT).

### 1. Medications

There are three groups of drugs most likely to be used for depression:

- tranquillisers
- antidepressants
- mood stabilisers.

### Tranquillisers

These medications are divided into 'minor' and 'major' tranquillisers. Minor tranquillisers (typically benzodiazepines) are usually not used in treating depression as they are addictive. Major tranquillisers are used to treat psychotic or melancholic depression to control psychotic symptoms.



## Antidepressants

There are a large number of antidepressants – they have a role in many types of depression and vary in their effectiveness across the more biological depressive conditions.

Selective Serotonin Reuptake Inhibitors (SSRIs), Tricyclics (TCAs) and Irreversible Monoamine Oxidase Inhibitors (MAOIs) are three common classes of antidepressants, with the latter two having ‘broader’ actions (i.e. influencing more neurotransmitter pathways).

Health providers should be able to assess the type of depression, its likely causes and identify the best type of medication. It is also important to be aware that not all depressions require medication and will respond to psychological interventions alone. Furthermore, the use of medication in children and adolescents is generally not recommended as a first-line treatment option.

## Mood stabilisers

These drugs are of great importance in bipolar disorder. Their use in treating mania makes them ‘anti-manic’, while their ability to reduce the severity and frequency of mood swings makes them ‘mood stabilisers’. Lithium carbonate, sodium valproate and carbamazepine are the most commonly used mood stabilisers. It is important to remember that people sometimes need to continue taking medication for some time after they are better to reduce the chance of a future relapse.

## 2. Electroconvulsive Therapy (ECT)

Because of its controversial past many people feel the need to think carefully before having ECT or allowing it to be given to relatives. Clinicians at the Institute firmly believe that ECT has a small but important role in treatment, particularly in cases of:

- psychotic depression
- severe melancholic depression where there is a high risk of suicide or the patient is too ill to eat, drink or take medications

- life-threatening mania
- severe post-natal depression.

While there are some short-term side-effects, ECT is a relatively safe procedure.

## B. Psychological treatments

There are a wide range of psychological treatments for depression. The main ones include:

- cognitive behaviour therapy (CBT)
- mindfulness meditation
- interpersonal therapy (IPT)
- psychotherapy
- counselling.

CBT, Mindfulness Meditation, IPT, psychotherapy and counselling all provide either an alternative to medication for certain types of depression, or work alongside medication. As always, a thorough assessment of the person is needed in order to decide on the best combination of approaches.

## 1. Cognitive Behaviour Therapy (CBT)

People suffering from depression, particularly ‘non-melancholic depression’ will often have an ongoing negative view about themselves and the world around them. CBT shows people how their thoughts affect their mood and teaches them to correct faulty negative thinking. CBT can be very beneficial for some individuals who have depression but there will be others for whom it may not be helpful. For more information, access the free online program ‘The Mood Gym’ to learn cognitive behaviour therapy skills for preventing and coping with depression:  
<http://moodgym.anu.edu.au>.



## 2. Mindfulness mediation

Mindfulness is about being aware of what is happening in the present on a moment by moment basis, while not making judgements about whether we like or don't like what we find.

It is used to help people deal with some of the symptoms of depression including worry. See our Fact Sheet Mindfulness in Everyday Life for more information.

## 3. Interpersonal Therapy (IPT)

The causes of depression or our vulnerabilities to developing depression can often be traced to aspects of social functioning (work, relationships, and social roles) and personality. The goal of IPT is to help people understand how their vulnerabilities can lead to current depression or the risk of developing depression in the future. To find out more, read the research summary online: <http://www.blackdoginstitute.org.au/docs/IPTsummary.pdf>

## 4. Psychotherapy

Psychotherapy usually extends over several months or years during which a relationship is built up between a therapist and their patient. This relationship is then used to explore how events in a person's past have led to their current depression.

## 5. Counselling

Counselling encompasses a broad set of approaches and goals that are essentially aimed at helping an individual to solve long standing problems within their family situation, at work or to resolve sudden major problems (crisis counselling).

## C. Self-help and alternative therapies

There are also a wide range of self-help measures and alternate therapies which can be useful for some types of depression, either alone or in

conjunction with physical treatments (such as antidepressants) or psychological treatments. The more biological types of depression (melancholic and psychotic depression) are very unlikely to respond to self-help and alternative therapies alone. However, these therapies can be valuable adjuncts to physical treatments.

Self-help and alternative therapies that may be useful for depression are:

- meditation – see our fact sheet **Quick relaxation techniques**
- relaxation and meditation techniques
- good nutrition
- alcohol and drug avoidance
- exercise – see our fact sheet **Exercise and depression**
- bibliotherapy
- omega-3 – see our fact sheet **Omega-3 and mood disorders**
- St John's Wort – see our fact sheet **St John's wort as a depression treatment**
- light therapy
- yoga
- acupuncture.

## Where to get more information

**Goodtherapy** - Australian online mental health resource; website includes a Directory of Practitioners [www.goodtherapy.com.au](http://www.goodtherapy.com.au)

**Journeys with the Black Dog: Inspirational stories of bringing depression to heel**, Tessa Wigney, Kerrie Eysers & Gordon Parker (2007), Allen & Unwin

**Medication information:** [www.nps.org.au](http://www.nps.org.au)

**MoodGYM program** - an online cognitive behaviour therapy program provided free of charge [www.moodgym.anu.edu.au](http://www.moodgym.anu.edu.au)



## Key points to remember

- Different types of depression respond best to different sorts of treatment.
- A thorough and thoughtful assessment needs to be carried out before any treatment is prescribed.
- Treatments for depression include physical therapies (e.g. medications) and psychological therapies.
- Depression can resolve of its own accord but, if left untreated, may last for many months.
- Depending on the nature of the depression, self-help and alternative therapies can also be helpful, either alone or in conjunction with physical and psychological treatments.

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# Bipolar disorder symptoms



## What this fact sheet covers:

- What is bipolar disorder
- Sub-types of bipolar disorder
- Symptoms of bipolar disorder
- When to seek help for bipolar disorder
- Key points to remember
- Where to get more information

## What is bipolar disorder?

Bipolar disorder is the name used to describe a set of 'mood swing' conditions, the most severe form of which used to be called 'manic depression'. The term describes the exaggerated swings of mood, cognition and energy from one extreme to the other that are characteristic of the illness.

People with this illness suffer recurrent episodes of high, or elevated moods (mania or hypomania) and depression. Most experience both the highs and the lows. Occasionally people can experience a mixture of both highs and lows at the same time, or switch during the day, giving a 'mixed' picture of symptoms. A very small percentage of sufferers of bipolar disorder only experience the 'highs'. People with bipolar disorder experience normal moods in between their mood swings.

The mood swings pattern for each individual is generally quite unique, with some people only having episodes of mania once a decade, while others may have daily mood swings. Bipolar disorder can commence in childhood, but onset is more common in the teens or early 20s.

Some people develop 'late onset' bipolar disorder, experiencing their first episode in mid-to-late adulthood.

## Distinguishing between bipolar I and bipolar II

**Bipolar I disorder** is the more severe disorder, in the sense that individuals are more likely to experience 'mania', have longer 'highs' and to have psychotic episodes and be more likely to be hospitalised.

Mania refers to a severely high mood where the individual often experiences delusions and/or hallucinations. The severe highs which are referred to as 'mania' tend to last days or weeks.

**Bipolar II disorder** is defined as being less severe, in that there are no psychotic features and episodes tend to last only hours to a few days; a person experiences less severe highs which are referred to as 'hypomania' and depression but no manic episodes and the severity of the highs does not usually lead to hospitalisation.

Hypomania literally translates into 'less than mania'. It describes a high that is less severe than a manic episode and without any delusions and/or hallucinations.



These highs don't last as long. While they are officially diagnosed after a four day duration, research has shown that they may only last a few hours to a few days. Both women and men develop bipolar I disorder at equal rates, while the rate of bipolar II disorder is somewhat higher in females.

## Symptoms of bipolar disorder

Diagnosing bipolar disorder is often not a straightforward matter. Many people go for 10 years or more before their illness is accurately diagnosed. It is important to note that everyone has mood swings from time to time. It is only when these moods become extreme and interfere with a person's personal and professional life that bipolar disorder may be indicated and medical assessment sought.

There are two starting points for considering whether you might have bipolar disorder. Firstly, you must have had episodes of clinical depression. Secondly, you must have had 'highs', where your mood was more 'up' than usual, or where you felt more 'wired' and 'hyper'.

If both depression and 'highs' have been experienced, then the next thing to consider is whether you also experienced any of the six key features of mania and hypomania outlined below.

## Key features of mania & hypomania

While it can be difficult to identify what separates normal 'happiness' from the euphoria or elevation that is seen in mania and hypomania, researchers at the Black Dog Institute have identified the following distinguishing features:

- **High energy levels** – feeling 'wired' and 'hyper', extremely energetic, talking more and talking over people, making decisions in a flash, constantly on the go and feeling less need for sleep.
- **Positive mood** – feeling confident and capable, optimistic that one can succeed in everything, more creative, happier and feeling 'high as a kite'.
- **Irritability** – irritable mood and impatient and angry behaviours.

- **Inappropriate behaviour** – becoming over involved in other peoples' activities, engaging in increased risk taking (i.e. by over indulging in alcohol and drugs and gambling excessively) saying and doing outrageous things, spending more money, having increased libido; dressing more colourfully and with disinhibition.
- **Heightened creativity** – 'seeing things in a new light', seeing things vividly and with crystal clarity, senses are heightened and feeling quite capable of writing the 'great Australian novel'.
- **Mystical experiences** – believing that there are special connections between events, that there is a higher rate of coincidence between things happening, feeling at one with nature and appreciating the beauty and the world around, and believing that things have special significance.

More extreme expressions of mania (but not hypomania) may have the added features of delusions and hallucinations.

A number of other symptoms can indicate whether there is a likely diagnosis of bipolar disorder, particularly for those under the age of 40. These include:

- racing thoughts (for example, feeling like you are watching a number of different TV channels at the same time, but not being able to focus on any)
- sleeping a lot more than usual
- feeling agitated, restless and/or incredibly frustrated.

## When to seek help for bipolar disorder

If you have experienced an episode of mania or hypomania, or have scored 22 or more on the Bipolar Disorder Self-Test, it is advisable to seek professional assessment by a mental health practitioner.



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The first step is to arrange a consultation with your GP. They will provide an assessment and, where necessary, refer you to a psychiatrist for further treatment. Bipolar disorder which is left untreated, will likely involve further episodes of mania or hypomania. Bipolar disorder is not an illness which goes away of its own accord, but one which often needs long-term treatment. Accurately diagnosing bipolar disorder is a task for the mental health professional.

Some people with bipolar disorder can become suicidal. It is very important that talk of suicide be taken seriously and for such people to be treated immediately. In an emergency you can go straight to your local hospital's emergency department for help.

## Key points to remember

- Bipolar disorder is an illness involving exaggerated swings of mood and energy from one extreme to the other, usually involving alternating periods of depression and mania or hypomania.
- The pattern of mood swings for each individual is quite unique.
- The six features of mania and hypomania are:
  1. High energy levels
  2. Positive mood
  3. Irritability
  4. Inappropriate behaviour
  5. Heightened creativity
  6. Mystical experiences.

- For people under the age of 40, other symptoms of bipolar disorder may include sleeping a lot more than usual, feeling agitated, restless and/or incredibly frustrated.
- Accurately diagnosing bipolar disorder is a task for a skilled mental health practitioner.
- If symptoms of bipolar disorder are suspected it's best to first see a GP, who will likely refer you to a psychiatrist.
- People with bipolar disorder can become suicidal. Talk of suicide should be taken seriously and immediate help should be sought from a GP or other mental health professional.

## Where to get more information

A **Daily Mood Graph** and other relevant fact sheets can be downloaded from our website at: [www.blackdoginstitute.org.au/factsheets](http://www.blackdoginstitute.org.au/factsheets).

**Mastering Bipolar Disorder: an insider's guide to managing mood swings and finding balance**, Kerrie Eyers & Gordon Parker (2008) Allen & Unwin.

**1800 011 511 Mental Health Line** is a NSW Government phone service operating 24 hours a day, seven days a week and will provide a telephone triage assessment and referral service staffed by mental health clinicians.

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# HELPING SOMEONE WHO HAS A MOOD DISORDER – FOR FAMILY AND FRIENDS

- taking them to the appointment on the day
- accompanying them during the assessment interview if appropriate

This may be particularly appropriate if the person has a severe mood disorder such as psychotic depression or mania.

Young people, particularly adolescents are vulnerable to mental health problems. If you are concerned that your teenage son or daughter is showing signs of depression or bipolar disorder, you could try approaching them in the following ways:

1. Gently let the young person know that you have noticed changes in their usual behaviours and explain why you are concerned
2. Find a good time to talk to the young person when there are no pressures or interruptions
3. Listen and take things at their pace
4. Respect their point of view
5. Validate what they are experiencing but don't offer reassurance too quickly
6. Let them know that there is help available that will make them feel better
7. Encourage them to talk to their family GP, a school counsellor, or a friend or relative with whom they feel comfortable

There are a range of services (e.g. telephone counselling and websites) that are specifically designed for young people.

## **How to behave with someone who is depressed**

Patience, care and encouragement from others are vital to a person who is experiencing depression. Clear and effective communication within the household or family is also important. Partners or families might find it helpful to see a psychologist during this time for their own support. An episode of depression can provide an opportunity for family members to re-evaluate the important things in life and resolve issues such as grief or relationship difficulties.

## **Some Tips:**

- Avoid suggesting to the person that they 'pull their socks up', this is unhelpful as it is likely to reinforce their feelings of failure or guilt
- If a person is suicidal, good support systems are necessary to reduce risk
- Another important part of caring is to help the treatment process - if medication has been prescribed, encourage the person to persist with treatment and to discuss any side effects with their prescribing doctor



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# Fact Sheet

## HELPING SOMEONE WHO HAS A MOOD DISORDER – FOR FAMILY AND FRIENDS

- During a depressive illness, counselling or psychotherapy often results in the person 'thinking over' their life and relationships; while this can be difficult for all concerned, friends and family should not try to steer the person away from these issues

### **What to do if someone is suicidal**

If someone close to you is suicidal or unsafe, talk to them about it and encourage them to seek help. Help the person to develop an action plan involving trusted close friends or family members that can keep the person safe in times of emergency. Remove risks (e.g. take away guns or other dangerous weapons, or car keys if that person is angry or out of control and threatening to disappear).

### **Self care for carers**

Carers are also likely to experience stress. Depression and hopelessness have a way of affecting the people around them. Therapy can release difficult thoughts and emotions in carers too. So part of caring is for carers to look after themselves to prevent becoming physically run down and to deal with their internal thoughts and emotions. Treatment has a positive time as well - when the person starts to re-engage with the good things in life and carers can have their needs met as well.

### **Key points to remember**

- If you are worried that someone is depressed or has bipolar disorder, try talking to them about it in a supportive manner and suggest that they see a mental health professional
- If they don't want to seek help, explain the reasons for concern and perhaps provide them with some relevant information
- Young people are particularly vulnerable to depression
- Patience, care and encouragement from others are all vital to the person who is depressed
- If a loved one talks of suicide, encourage them to seek help immediately from a mental health professional
- Depression can take a toll on carers and close family members – it is important for these people to take care of themselves as well

### **Where to get more information and support**

- **Association of Relatives and Friends of the Mentally Ill (ARAFMI):** Provides support groups and a telephone help line. [www.arafmi.org](http://www.arafmi.org)
- **Carers Australia:** [www.carersaustralia.com.au](http://www.carersaustralia.com.au)
- **Carers' NSW:** Provides carer support kits, telephone assistance, support groups and other resources [www.carersnsw.asn.au](http://www.carersnsw.asn.au)

## HELPING SOMEONE WHO HAS A MOOD DISORDER – FOR FAMILY AND FRIENDS

- **Journeys with the Black Dog: Inspirational stories of bringing depression to heel**, Tessa Wigney, Kerrie Eyers & Gordon Parker (2007), Allen & Unwin
- **1800 011 511 Mental Health Line** is a NSW Government phone service operating 24 hours a day, seven days a week and will provide a telephone triage assessment and referral service staffed by mental health clinicians. The Mental Health Line is not an emergency service. People in a life-threatening situation must still call 000 to receive immediate help
- **Navigating Teenage Depression: a guide for parents and professionals** by Gordon Parker and Kerrie Eyers (2009), Allen & Unwin

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# DEPRESSION SELF-TEST

## What this fact sheet covers:

- Self-test (results and scoring)
- Where to get more information

This self-test is a self-assessment tool for identifying possible symptoms of clinical depression. Please note that while great care is taken with the development of this self-assessment tool, it is not intended to be a substitute for professional clinical advice. While the results of the self-assessment tool may be of assistance, users should always seek the advice of a qualified health provider with any questions they have regarding their health.

## Self-test

Please consider the following questions and rate how true each one is in relation to how you have been **feeling lately** (i.e, in the last two to three days) compared to how you **usually or normally feel**.

	Not true	A bit true	Fairly true	Very true
Are you stewing over things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel more vulnerable than usual?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you being self-critical & hard on yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you feeling guilty about things in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you find that nothing seems to be able to cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel as if you have lost your core and essence?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you feeling depressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel less worthwhile?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel hopeless or helpless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel more distant from other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**NB:** This self-assessment test may also be done online: [www.blackdoginstitute.org.au](http://www.blackdoginstitute.org.au) (Fact Sheets).

**Scoring:** 0 – for ‘Not true’, 1 – for ‘A bit true’, 2 – for ‘Fairly true’, 3 – for ‘Very true’



# DEPRESSION SELF-TEST

## Results

### Nine or more

If these feelings persist for more than two weeks there is a good chance that you are clinically depressed. It is worth you speaking to a GP to clarify this possibility. You may like to read our other fact sheets on the topic, including the Fact Sheet **Sub-types of depression**.

### Less than nine

Your results suggest you are unlikely to be clinically depressed. However, it might be helpful to see a GP as your symptoms might be linked to a physical cause.

## Where to get more information

- The self-test used in this Fact Sheet is the DMI-10 and the main reference is: Parker G, Hilton T, Bains J, Hadzi-Pavlovic D. (2002). **Cognitive-based measures screening for depression in the medically ill: the DMI-10 and the DMI-18.** *Acta Psychiatr Scand* 105: 419–426. Blackwell Munksgaard 2002

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# FINDING A MENTAL HEALTH FRIENDLY DOCTOR

## **What this fact sheet covers:**

- Introduction
- Doctor's interest in mental health
- Mental health training
- Where to look for a doctor who might suit you
- What you can expect of a GP who is helping you with your mental health
- Characteristics of a good mental health assessment

## **Introduction**

Mental illnesses and psychological distress are difficult things to talk about. It is important for sufferers to find a general practitioner (GP) who is knowledgeable, skilled and helpful and with whom they feel comfortable to share private details about their health. Here are some clues to help people find the right GP.

## **Ask the GP if they are interested in mental health**

Traditionally GPs have dealt with all sorts of problems relating to their patients. Naturally, individual GPs have certain areas of health that interest them. Some GPs are more interested and comfortable with physical health matters and don't have a special interest in mental health. They might prefer not to manage mental health issues but have to for various reasons including feeling that they can't say no.

However, there are many GPs who do have a special interest in mental health. It's okay to ask your GP if they feel comfortable dealing with your psychological and mental health issues. Give them a chance to say "no". If they do say no, ask them if they can recommend anyone who does have an interest or skills in mental health. Most will be happy to refer you on. If they don't want to refer you on, you are entitled to find another GP.

## **Look for clues – certain factors in GP clinics can tell you about the quality of mental health care they provide:**

- Friendly reception staff
- Long consultations where necessary
- Urgent appointments can be accommodated
- Arrangements can be made for after hours and emergency care (not necessarily by the practice itself)
- Follow-up arrangements are made
- Contact arrangements are clear and well defined
- Bulk billing is available if necessary

# FINDING A MENTAL HEALTH FRIENDLY DOCTOR

## **Find out if the GP has had any mental health training**

In Australia, doctors don't need any special training in mental health to practice as GPs. There are some special Medicare item numbers related to mental health which all GPs can use and another set which are only available to GPs who have undertaken a certain amount of extra training. GPs are required to have 20 hours of specific training about a mental health issue to be accredited by Medicare and to claim Mental Health item numbers. However, some GPs complete significantly more training in mental health.

Some GPs have a Masters degree in Mental Health, some have Diplomas and some have a collection of training that they have completed out of interest rather than for financial gain. Looking after patients with mental health problems takes more time and traditionally GPs make less money if they spend more time with patients. Some GPs without extra formal training will have gained their skill working in environments or communities with a high incidence of mental health problems so their experience will be as valuable as formal qualifications. It is perfectly reasonable to talk to your GP about their experience and qualifications.

## **Where to look for a GP who might suit you**

Friends, relatives and neighbours can be useful in helping to find a good GP. However, they may not understand that you need someone with a mental health focus and they may have loyalties that have nothing to do with the GP's skill as a practitioner!

Your local **community mental health centre** and the local Division of General Practice will know about the GPs in your area and who is good at mental health care. GP Divisions are support organisations for GPs and they provide education for the GPs in your area. Some Divisions will have lists of GPs with an interest in mental health and so may be able to help you. You can get more information about Divisions of General Practice from [www.gp.org.au](http://www.gp.org.au)

## **Do you like this person and feel you can talk to them openly?**

Qualifications, training and experience all help to make a therapeutic relationship work but the relationship you have with your GP as a person is important too. You shouldn't expect to have a personal relationship with your GP but you are entitled to expect a respectful relationship. If you do not feel comfortable talking to your GP then it is unlikely that they will be able to help you with your mental health problems.

# FINDING A MENTAL HEALTH FRIENDLY DOCTOR

## **What you can expect of a GP who is helping you with your mental health**

- Support
- Availability for ongoing care
- Knowledge about the medication you are taking
- Knowledge about the health professionals to whom you may need referrals and the kind of work they do
- A thorough assessment of your situation and comprehensive documentation of you and your illness

## **Characteristics of a good mental health assessment**

It is not possible to do a thorough mental health assessment quickly. A GP who already knows you may be able to assess your situation in twenty minutes but a GP who is unfamiliar with you, your life circumstances and your general health will need to take a lot longer to do a thorough job and get a clear idea of the nature of your illness and the appropriate treatment for you.

A mental health assessment involves questions about:

- Recent and past psychological and emotional experience
- Physical health (which may have an influence on your mental health)
- Lifestyle (drugs, alcohol, exercise habits, sleeping patterns and diet all play a part in your mental wellbeing)
- Family history of physical and mental illness
- Cultural background and spiritual beliefs
- Social environment (do you live alone, have supportive family and/or friends, have a social life? – these things are all important to your recovery and may impact on treatment planning)
- Any past treatment you have had
- Work and financial situation (which may impact both on your mental health and your treatment options)
- Any important experiences in your childhood that may have contributed to your vulnerability to mental illness (this may influence the type of therapy that is appropriate for you)
- Preferences about what kind of treatment you have

At the end of the assessment there should be:

- A provisional (most likely) diagnosis
- A differential diagnosis (i.e. a list of other possibilities)
- A draft management plan
- Some information or educational material about the diagnosis and management plan

# FINDING A MENTAL HEALTH FRIENDLY DOCTOR

## **Confidentiality goes without saying...**

You are allowed to ask a GP about the conditions under which they would reveal personal information to another party. Most GPs will only reveal information if your life is at risk or the safety of others is of concern but they may also ask your permission to involve someone like a friend or family member in your care at other times. They should stick to your decision. Information needs to be shared between professionals if they are part of a professional team caring for you. You may however request that some information is not shared if you wish.

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Institute

# Fact Sheet

## HELPING SOMEONE WHO HAS A MOOD DISORDER – FOR FAMILY AND FRIENDS

### **What this fact sheet covers:**

- How to tell if someone has a mood disorder
- What to do if you are concerned about a family member or close friend
- How to behave with someone who is depressed
- What to do if someone is suicidal
- Self care for carers
- Key points to remember
- Where to get more information and support

### **Introduction**

Someone with a mood disorder is like anyone with an illness – they need care and support. Family and friends can provide better care if they are informed about the illness, understand the type of treatment and are aware of the expected recovery time.

### **How to tell if someone has a mood disorder**

Even if you know someone well, you will not always notice when they have changed. You are more likely to notice big or sudden changes but gradual changes can be easy to miss. Also, people will not always reveal all their thoughts and feelings to their close friends and family.

Family and friends cannot expect to always know when someone has a depressive illness and should not feel guilty that they 'did not know'. The best approach is to acknowledge that mood disorders are not uncommon, learn how to recognise the signs and how to offer help.

### **What to do if you are concerned about a family member or close friend**

If you are worried that a family member or close friend has a mood disorder, try talking to them about it in a supportive manner and either suggest that they consult their general practitioner (GP) or another mental health professional. You could perhaps offer to take them to see one.

Sometimes a person suffering from a mood disorder may not want to seek help. In this case, it is helpful to explain why you're concerned and provide specific examples of their actions or behaviour that have caused concern. Providing them with some information such as a book, Fact Sheets or helpful pamphlets from various organisations might also help.

You could offer to assist them in seeking professional help such as:

- finding someone that they feel comfortable talking to
- making an appointment for them on their behalf