

A t some point in life, everyone experiences periods of sadness, self-blame or irritability. These feelings are usually normal and short-lived. Clinical depression occurs when these feelings, along with additional symptoms, become intense, persist for several weeks (more days than not), and interfere with academic, social, family, or occupational functioning.

American Psychiatric Association. (1994). Diagnostic and Statistical Manual of Mental Disorders (4th ed.). Washington, DC: Author.

Leahy, R. & Holland, S. (2000). Treatment Plans and Interventions for Depression and Anxiety Disorders. New York: Guilford Press.

Segal, Z., Williams, J. & Teasdale, J. (2002). Mindfulness-Based Cognitive Therapy for Depression: A New Approach to Preventing Relapse. New York: Guilford Press.

Yapko, M. (1997). Breaking the Patterns of Depression. New York: Doubleday.

Depression

WHAT IS DEPRESSION?

It is estimated that one in four women and one in ten men will experience depression during the course of their lifetime (Yapko, 1997). Depression may occur at any age, but appears to be a disorder of relatively early onset, with particular risk in early adulthood (Yapko, 1997).

The symptoms of depression usually develop over the course of days or weeks. Its duration is variable, with the average untreated episode lasting six months or more (American Psychiatric Association, 1994). For some people, there is a seasonal pattern to their depression, with the onset and remission of symptoms occurring at particular times of the year (usually autumn and spring respectively). While people who have clinical depression can experience a complete remission of their symptoms, relapses and recurrences are common (Segal, Williams & Teasdale, 2002).

Depression frequently coexists with difficulties such as anxiety disorders, substance abuse and serious physical illness.

WHAT CAUSES DEPRESSION?

While an imbalance of certain brain chemicals (neurotransmitters) is implicated in the development of depression, a biochemical imbalance is unlikely to be the sole cause of depression (Yapko, 1997). In addition, there is also evidence of a genetic component to depression. If someone in your immediate family has problems with depression, you may be at increased risk. However, in the majority of cases, depression is not caused by genetics alone (Yapko, 1997).

For many people, depression is linked to stressful life events, such as interpersonal difficulties (e.g., ongoing conflict in a relationship), losses (e.g., moving away from home for the first time), repeated experiences of failure (e.g., academic problems), and struggles with new responsibilities (e.g., parenting a young child). For others, problems with unemployment, poverty, prejudice and victimization (e.g., date rape, family violence) may leave them vulnerable to depression.

Further, some suggest that certain styles of thinking (e.g., expectations of negative outcomes) and specific personality styles (e.g., passivity, dependency) may be related to depression (Yapko, 1997). Chronic medical conditions and substance dependence can also contribute to the onset or exacerbation of depression (Leahy and Holland, 2000).

One of the strongest predictors of depression is past depression. Those who have experienced depression in the past are at higher risk to experience it again (Segal, Williams & Teasdale, 2002).

WHAT ARE THE SYMPTOMS OF DEPRESSION?

Clinically significant depression is more than the emotional experience of sadness. Mood symptoms are accompanied by cognitive, behavioural and physical symptoms (and, for some, can result in significant disability). Depressed individuals typically experience some combination of the following symptoms:

Mood

- Sad
- Irritable
- Hopeless
- Helpless
- Pessimistic
- Guilty
- Discouraged
- Confused
- Anxious

Cognitive

- Thoughts of worthlessness
- Negative interpretations
- Thoughts of death or suicide
- Memory problems
- Difficulty making decisions
- Difficulty concentrating

Behaviour

- Brooding
- Restless
- Lack of motivation
- Social withdrawal
- Frequent tearfulness
- Loss of interest in activities

Physical

- Change in appetite
- Diminished sexual desire
- Lack of energy/lethargy
- Aches and pains
- Weight loss or gain
- Disturbed sleep

WHERE CAN I GET HELP?

Student Counselling Services (966-4920)

Student Health Services (966-5768)

WHAT SHOULD I DO IF I'M STRUGGLING WITH DEPRESSION?

- Seek help as soon as possible. Typically, depression is responsive to treatment (Yapko, 1997). Acting quickly may prevent needless suffering.
- Speak to your family doctor (or a physician at the Student Health Centre, 966-5768) in order to rule out a medical cause for your symptoms. Some medications (e.g., contraceptives) can cause depressive symptoms (Canadian Pharmacists Association, 2002). In addition, hormonal imbalances (e.g., hypothyroidism), infections (e.g., influenza), or other medical conditions can produce mood symptoms (Leahy and Holland, 2000).
- If you are experiencing a seasonal pattern to your depression, speak to your doctor about the use of light therapy to help you overcome your symptoms.
- Ask your doctor about the use of antidepressant medication if you are experiencing intense, persistent symptoms that are interfering with your life. Not everyone who is depressed requires such medication. For problems with moderate to severe depression, though, this treatment can be helpful.
- Contact a mental health professional who has experience in treating problems with depression. Therapy can help address current symptoms and, as studies suggest, it can help reduce the chances that depression will recur (Segal, Williams & Teasdale, 2002). At Student Counselling Services, some common areas of focus for students working to overcome depression include the following:
 - self-awareness
 - problem solving
 - stress management
 - self-esteem
 - relationship skills
 - assertiveness

- addressing feelings about painful past experiences
- understanding and dealing with depressive symptoms
- changing negative self-talk
- Learn about depression. Check your local bookstore or the public library for self-help information about overcoming depression. See our list of self help books for suggestions.
- Seek and accept support. Allow trusted family or friends, whom you know are good listeners, to provide needed comfort and assistance. Some individuals also find it helpful to join a support group for those struggling with depression.
- Be patient. Depression is not something you can simply "snap out of."
- Seek help with substance abuse. Problems with drugs and alcohol exacerbate mood symptoms and make it difficult to overcome depression.
- Take care of your physical health by eating nutritious meals, reducing your caffeine intake, and getting some exercise.
- Pay attention to the ways you do manage. Give yourself credit.
- If you are so distressed that you cannot think of any solution except suicide it is extremely important that you seek assistance as soon as possible. If you don't have a counsellor who can provide immediate help, contact your family doctor or the Student Health Centre (966-5768), the Mobile Crisis Line at 933-6200 or go to the Emergency Department of a hospital (e.g., Royal University Hospital Emergency Department 655-1362).