

Depression

A Thrive Worldwide Resource

All of us have times in our lives when we feel low. Feeling sad or drained is a normal part of life.

Depression, like most mental health conditions falls along a spectrum, but is different than normal grief or sadness. How can we recognise when we've tipped into a more damaging type of depression requiring adjustment and support? Fortunately, depression is treatable.

WHAT IS DEPRESSION?

Depression is a common mental health disorder (approximately

one in six people will experience depression in their lifetime) where people experience low mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy and poor concentration. (1)

Depression is the leading cause of ill health and disability worldwide. According to the latest estimates from WHO, more than 300 million people are now living with depression, an increase of more than 18% between 2005 and 2015. Lack of support for people with mental disorders, coupled with a fear of stigma, prevent many from accessing the treatment they need to live healthy and productive lives.

Even in the most developed countries, about half of people suffering from depression are not diagnosed or treated, and this rises up to 90% in less developed countries.

There are several causes and risk factors for Depression including: genetics, previous trauma, abusive relationship, grief, chronic illness among others. However, research has shown (2) that humanitarian aid and development workers experience role and location specific risks including: vicarious stress and trauma, isolation and lack of familiar social supports, substance abuse, exposure to death and suffering, frequent transitions, and feelings of helplessness. Working with people in devastating contexts has an element of “emotional labour” on top of the frequently reported strained team dynamics in the sector.

Despite some overlap between normal grief and sadness, depression is different. Sometimes it takes the help of a professional to help you determine the difference.

Depression can sometimes show up as a consequence of life events, sometimes without an obvious external cause.

COMMON SYMPTOMS

- Depressed mood, sadness, or an “empty” feeling, or appearing sad or tearful to others
- Loss of interest or pleasure in activities that were once enjoyed
- Difficulty thinking or concentrating, or indecisiveness
- Inability to sleep or excessive sleeping
- Significant weight loss when not dieting, or weight gain (e.g. more than 5% of body weight in a month)
- Restlessness or feelings of “dragging”
- Irritability
- Fatigue or loss of energy
- Feelings of worthlessness, or excessive or inappropriate guilt
- Recurrent thoughts of death or suicide

WHEN TO GET HELP

If you have five or more of these symptoms for most of the day, nearly every day, for at least two weeks, and the symptoms are severe enough to interfere with your daily activities, you may be experiencing clinical depression and should consider getting support.

DEPRESSION IN THE WORKPLACE

If you have management responsibilities, it's important you can recognise and signpost staff who may be struggling with depression. Research shows that treatment results in a 40-60% decrease in absenteeism and presenteeism. The graphic below is helpful in understanding how depression is felt versus how it appears in the workplace.

WHAT DEPRESSION FEELS LIKE	WHAT IT LOOKS LIKE TO WORKERS
Deep feelings of sadness	Withdraws from team
Loss of interest in work or social activities	Indifference
Difficulty concentrating Slowed thoughts	Putting things off, missed deadlines, accidents
Forgetfulness	Seems scattered or absent minded
Trouble making decisions	Procrastination, indecisiveness, slowed productivity
Trouble sleeping / sleeping too much	Late to work, afternoon fatigue, accidents
Feelings of worthlessness / inappropriate guilt	Unsure of abilities, lack of confidence
Energy loss / more fatigue	Low motivation, detached
Irritability, anger, tearfulness	Inappropriate reactions, strained relationships
Appetite changes	Change in appearance

(Graphic from 'Partnership for Workplace Mental Health Right Direction')

PREVENTION (3)

There's no sure way to prevent depression. However, these strategies may help:

- Take steps to control stress to increase resilience and boost self-esteem. Speak with a manager or colleague about managing workload and type of work.
- Reach out to family and friends, especially in times of crisis. Social connection is the most effective protective mechanism in maintaining wellbeing.
- Prioritise your self-care: Maintain a health routine including: regular sleep habits, healthy diet with enough water, exercise, take regular breaks, get outside and into the sunlight.
- Avoid drinking too much alcohol
- Get treatment at the earliest sign of a problem to help prevent depression from worsening.
- Consider getting long-term maintenance treatment to help prevent a relapse of symptoms.

- Train managers in the workplace to recognise and addressing and support staff with early signs of depression.



Depression is the leading cause of disability and ill health worldwide

TREATMENT

There are a number of effective treatments for clinical depression. Treatment may look different depending on the severity and what is available. Common treatments include:

- Talk therapies and/or medication. Cognitive Behavioral Therapy (CBT) is the most common talk therapy, and this may be combined with medication prescribed by your doctor if the depression is considered severe. CBT generally

requires between 6 and 12 sessions. Other evidenced therapies include:
Acceptance and Commitment Therapy;
Compassion Focused Therapy and Interpersonal Therapy.

Treatment may not require professional help. Consider trying some of the following if your depression is mild:

- Self-help books (see resources below)
- Exercise
- Apps or online courses (see resources below)
- Mindfulness classes
- Support groups or talking with friends

It can be difficult to figure out how or where to start. Thrive Worldwide could be a helpful entry point in providing advice and/or treatment. Visit our website for more information on booking a consultation.

RESOURCES

Online resources and websites:

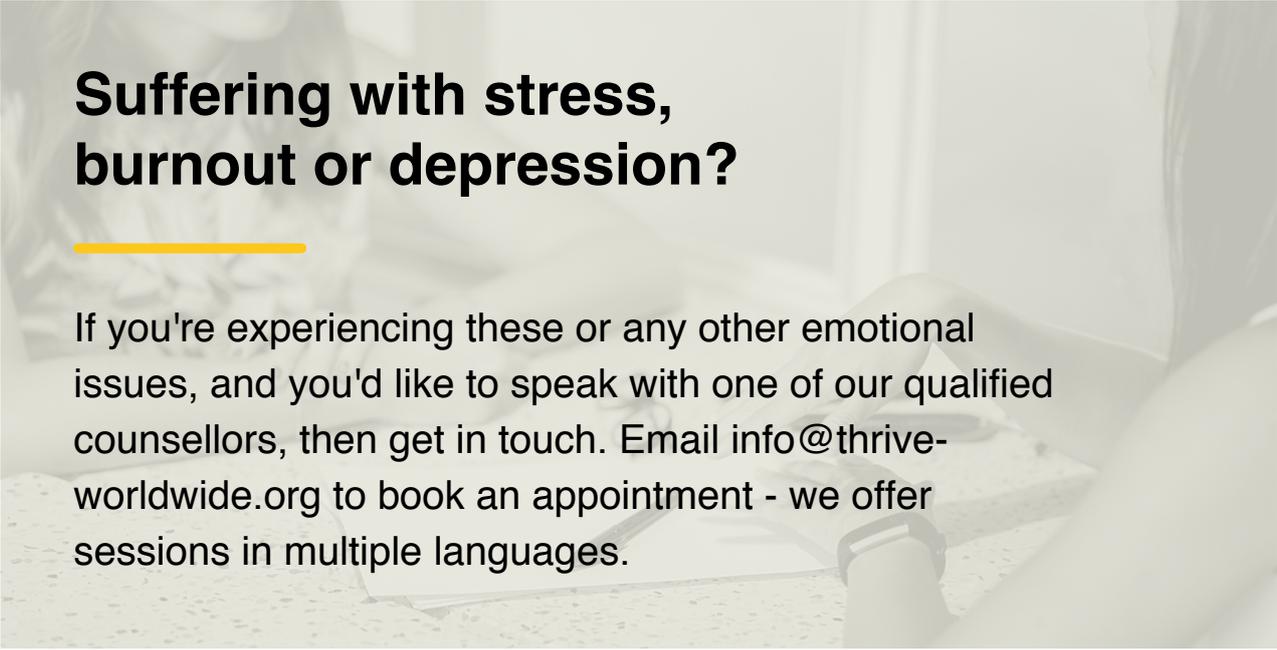
- The UK's National Health Service provides a list of self-help resources for stress, anxiety and depression [here](#)
- Royal College of Psychiatry on Depression [here](#)
- Best Apps for depression, 2020, Healthline, [here](#)
- WHO video on 'Depression: The Black Dog' [here](#)

BOOKS

- **Overcoming Depression**
Paul Gilbert (2009)
- **Managing Your Mind: The Mental Fitness Guide**
Butler, Grey, Hope (2018)
[Covers a range of psycho-social issues - look for a free PDF version online]
- **Reasons to Stay Alive**
Matt Haig (2015)
- **Idealist Survival Kit: 75 Simple Ways To Avoid Burnout**
Pigni (2016)
[Addresses some of the common mindsets and stressors specific to the humanitarian aid sector]

SUICIDE HOTLINES

In the UK, the Samaritans can be contacted on 116 123. In the US, the National Suicide Prevention Hotline is 1-800-273-8255. In Australia, the crisis support service Lifeline is on 13 11 14. Hotlines in other countries can be found [here](#).



Suffering with stress, burnout or depression?

If you're experiencing these or any other emotional issues, and you'd like to speak with one of our qualified counsellors, then get in touch. Email info@thrive-worldwide.org to book an appointment - we offer sessions in multiple languages.

Thank you for accessing this resource.
For more resources and dedicated support:
visit www.thrive-worldwide.org
email info@thrive-worldwide.org

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Footnotes

(1) This resource primarily presents Western and clinical notions of depression. We recognise the variety of manifestations around the world that don't always conform to this construction. (2) Cardozo, B., Crawford, C., Eriksson, C., Zhu, J., Sabin, M., et al (2012). Psycho-logical Distress, Depression, Anxiety, and Burnout among International Humanitarian Aid Workers: A Longitudinal Study. Plos One, 7 (9), 1-13. 3. Connorton, E., Perry, M., Hemenway, D & Miller, M. (2012). Humanitarian Relief Workers and Trauma-related Mental Illness. Epidemiologic Review, 34, 145-155. (3) Courtesy of Mayo Clinic

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