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Introduction



According to the World Health Organization, depression is the leading cause of disability worldwide.

If you haven't experienced this common mental disorder, it's likely that someone you know has, though they may not have told you. An estimated 350 million people of all ages suffer from depression, causing them to function poorly at work, at school and in the family.

Today, significant headway has been made in understanding depression and its causes, how depression can be recognized and how to treat it.

What may work for some may not work for others. That said, for most people, treatments for depression are effective.

Researchers at UCalgary are working to sharpen knowledge about depression and mental health.



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Keith Dobson, head of the Department of Psychology at UCalgary and an expert on depression, helped to develop The Canadian Psychological Association's "Psychology Works" Fact Sheet on Depression and other guides. It provides an excellent, easily understandable overview of the disorder.

"Depression is a complex problem," says Dobson, whose research on depression, particularly supporting the use of cognitive behavioural therapy (CBT) as a treatment, has had international impacts for the past 30 years or so.

CBT is a form of psychotherapy that teaches clients skills to modify dysfunctional thinking and behavior, and is used worldwide as the first recommended treatment.

What follows are edited highlights of the CPA's fact sheet.



What is depression?



Almost everyone feels sad or "depressed" at certain times. Clinical depression (also called Major Depressive Disorder or MDD) is confirmed by the presence of at least five symptoms for at least a two-week period (see page 7).

Depression is a disabling and potentially chronic disorder. There are a number of successful treatments, which include psychosocial and biological treatments. Unfortunately, there is no clear way to know in advance to which treatment any one person with depression will respond.

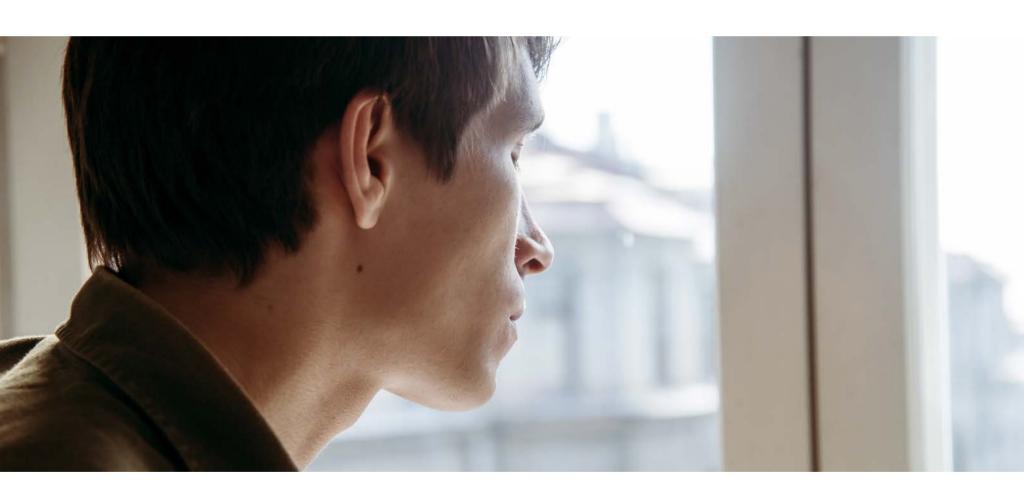
Clinical depression may vary in its severity and in its extreme forms can be life threatening and may require hospitalization. Whereas clinical depression is a more severe form of depression, which can be fairly time-limited, Dysthymic Disorder (also called Dysthymia) is a less-severe, but more chronic type of depression.



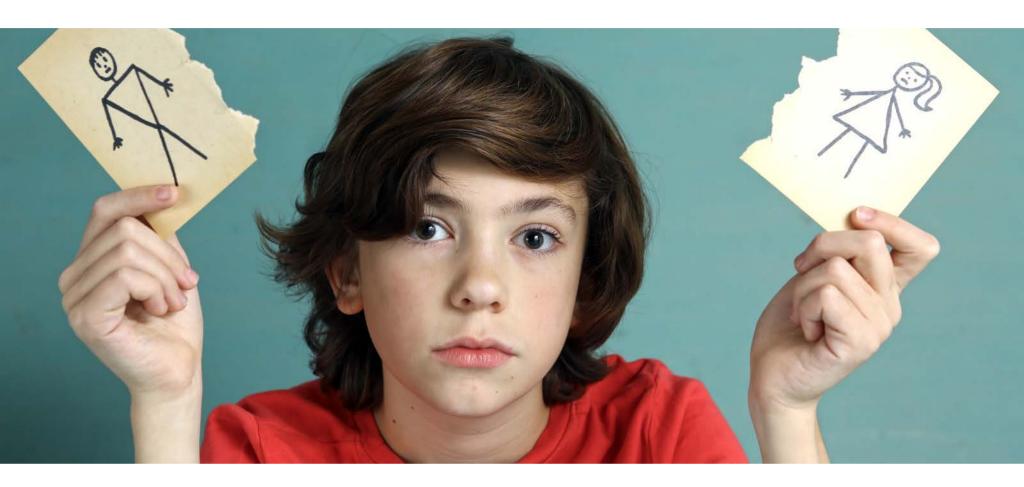
Approximately one per cent of Canadian men and two per cent of Canadian women are clinically depressed at any point in time and about five per cent of men and 10 per cent of women will experience clinical depression at some point in their lives. These rates of depression are fairly consistent in various countries around the world.

Depression is often a recurring condition, as a person who has had one episode of clinical depression is at high risk for repeated experiences, and this risk of recurrence increases with each subsequent episode. Prevention, early assessment and intervention are thus recognized as critical aspects of health care.

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What causes depression?



Although the causes of clinical depression are complex and vary from individual to individual, it is now clear that a variety of factors increase the risk of a person experiencing clinical depression. Women may face an increased time of risk after childbirth.

Other risk factors include having a parent who has been clinically depressed, physical illness or ongoing disability, the death or separation of parents, major negative life events (in particular, events related to interpersonal loss or failure), pervasive negative thinking, physical or emotional deprivation, and previous episodes of depression.

What are the symptoms of depression?



The possible symptoms of clinical depression include sadness, loss of interest in usual activities, changes in appetite, changes in sleep, changes in sexual desire, difficulties in concentration, a decrease in activities or social withdrawal, increased self-criticism or reproach, and thoughts of, or actual plans related to suicide.

What psychological approaches are used to treat depression?



Here are glimpses of just a few of the therapies that are more fully explained in the Canadian Psychological Association <u>Fact Sheet</u>.

Psychological treatments are effective and safe alternatives to drug therapy for depression when provided by a qualified professional psychologist. Although the evidence is somewhat inconsistent at present, it does not appear that combining drug and psychological treatments significantly enhances the success of either of these treatments alone.

However, because some of the drug therapies may lead to a quick response they may be effectively combined with psychological treatments, which provide for longer-term change. Further research on the costs and benefits of combined treatments is clearly warranted.

Cognitive therapy

Involves the recognition of negative thinking patterns in depression and correcting these patterns though various "cognitive restructuring" exercises. Cognitive therapy also uses behaviour change strategies. Dobson and Dobson have a new book entitled Evidence-Based Practice of Cognitive-Behavioral Therapy.

Behaviour therapy

Helps patients increase pleasant activities and overcome avoidance and withdrawal through efforts to become more engaged in the world.

Interpersonal therapy

Based on the idea that interpersonal stresses and dysfunctional patterns are the major problems experienced in depression.

How can you prevent relapse?

The Canadian Mental Health Association (CMHA) has created brochures that address depression-related topics.

The full guide is available at the association.

Here are some tips from the CMHA for supporting someone you love:

Learn more about the illness and listen to your loved one so you have a better understanding of their experiences.		
Someone who experiences an episode of depression may want to spend time alone or act out in frustration, and this can hurt other people's feelings. These are just symptoms.		
Ask your loved one how you can help. Think about practical help with day-to-day tasks, too.		
Recovery takes time and effort. It means a lot when you recognize your loved one's work towards wellness, regardless of the outcome.		
Make your own boundaries, and talk about behaviour you aren't willing to deal with.		
Seek support for yourself and think about joining a support group for loved ones. If family members are affected by a loved one's illness, consider family counseling.		

What counseling and support is available?



You can find a wealth of resources, including clinical and other services, organizations and relevant websites listed on the University of Calgary Depression Research Lab.

The University of Calgary Depression Research
Lab conducts research on the cognitive processes
that contribute to depression and its recurrence.
Headed by Dobson, it is one of the many research
laboratories in the Department of Psychology and the
location for studies that investigate depression from a
psychosocial perspective.

The focus is on cognitive processes in depression, as well as cognitive-behavioral treatments of mood disorders. Studies include comparisons between clinically depressed participants and other groups. They aim to identify factors associated with depression. Studies also focus on the continuing vulnerability of people who have recovered from depression for relapse into future episodes.



Jennifer Prentice, a third-year PhD candidate in UCalgary's combined MSc/PhD program in Clinical Psychology (Masters of Science in Clinical Psychology), is examining the effectiveness of an anti-stigma intervention for UCalgary students.

The result will be an "increase in students' knowledge of mental health issues, a more positive campus environment and higher quality of life for students," she says.

Additional resources

The Public Health Agency of Canada provides an excellent primer on depression and other mood disorder causes and symptoms, along with guides such as *Screening* for Depression and What Can I Do to Help Myself If I Feel Depressed.