



What To Do When a Friend is Depressed

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).

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). While people can experience 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 for 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).



At 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.

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

- Sadness
- Irritability
- Hopelessness
- Helplessness
- Pessimism
- Guilt
- Anxiety

COGNITIVE

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

BEHAVIOUR

- Brooding
- Restlessness
- 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 A FRIEND IS STRUGGLING WITH DEPRESSION?

- One important way of supporting your friend is to learn more about depression.
- Don't assume someone else is encouraging your friend to get help. Timely treatment may help to reduce his/her suffering and prevent future episodes of depression. Talk with a counselor, physician or someone you trust about how to help your friend access the assistance s/he needs.
- Let your friend know that you care and are concerned. S/he may not be receptive to talking about depression. However, if your friend knows that you are supportive and nonjudgmental s/he may come to you in the future.
- Listen. People experiencing depressed mood can feel anxious and confused. The support of others is important. Bear in mind that you are not responsible for solving your friend's problems. Professional assistance could be necessary.
- Encourage your friend to speak to his/her family doctor or go to the Student Health Centre (966-5768). A physician can rule out a medical cause for the depressive symptoms.
- Encourage your friend to see a mental health professional who is experienced in assessing and treating problems with depression. Therapy can help address current symptoms and, as studies suggest, help reduce the chances that depression will recur (Segal, Williams & Teasdale, 2002). At Student Counselling Services (966-4920), some common areas of focus for students working to overcome depression include the following:
 - self-awareness
 - stress management
 - relationship skills
 - understanding and dealing with depressive symptoms
 - problem solving
 - challenging negative self-talk
 - assertiveness
 - addressing painful feelings from the past
- Let your friend know that some individuals who experience depression find it helpful to join a support or self-help group. A counsellor or doctor should be able to provide information about groups available in your community.
- Remember that it is ultimately up to your friend if s/he will choose to seek help. Whether or not your friend works to overcome depression is beyond your control.
- Take your friend seriously if s/he talks about suicide. Your friend needs to see a counsellor or doctor if s/he has thoughts of ending her/his life. Get help IMMEDIATELY if your friend is so distressed that s/he cannot think of any other solution except suicide, fears s/he will harm her/himself, secures a means to self-harm (e.g. finds pills or a gun) or tells you about a plan to attempt suicide. Never agree to keep plans for suicide a secret, even if your friend becomes angry and claims you will be betraying trust if you tell others. Take action when your friend most needs assistance. Call an ambulance or 911, take your friend to the emergency room at the hospital or to his/her doctor, or call the Suicide Crisis Line number in the front of the phone book (in Saskatoon: 933-6200).
- Accept support for yourself. Some people believe they need to be "strong" for their friend and neglect their own need for comfort and assistance. Allow trusted family or friends to support you.
- Be patient. Depression is NOT something anyone can simply "snap out of."