

Patient Health Questionnaire PHQ-9

Over the last 2 weeks, how often have you been bothered with any of the following problems?

		<i>Not at all</i>	<i>Several days</i>	<i>More than half the days</i>	<i>Nearly every day</i>
1.	Little interest or pleasure in doing things.	0	1	2	3
2.	Feeling down, depressed, or hopeless.	0	1	2	3
3.	Trouble falling or staying asleep, or sleeping too much.	0	1	2	3
4.	Feeling tired or having little energy.	0	1	2	3
5.	Poor appetite or overeating.	0	1	2	3
6.	Feeling bad about yourself- or that you are a failure or have let yourself or your family down.	0	1	2	3
7.	Trouble concentrating on things, such as reading the newspaper or watching television.	0	1	2	3
8.	Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.	0	1	2	3
9.	Thoughts that you would be better off dead.	0	1	2	3
10.	I feel like I am unlikeable /or unworthy	0	1	2	3

TOTAL

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all <input type="checkbox"/>	Somewhat difficult <input type="checkbox"/>	Very difficult <input type="checkbox"/>	Extremely difficult <input type="checkbox"/>
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Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

Please contact PeopleSense (08) 9388 9000
A Healthcare Professional will be able to score and interpret your results with you.



Many of us feel sad, moody, or generally low from time to time. However, for some, these feelings persist for a long period of time (weeks, months or even years). Sometimes there is an identifiable trigger and sometimes there appears no apparent reason for the low mood.

Depression can affect any person at any stage of their lives. In any one year, around one million people in Australia experience depression. So it is common – and if it's you, you're not alone.

You might be asking yourself – “Am I depressed, or just feeling low?”

There are a few things to think about to assist you to work this out.

1: How intensely are your low feelings?

Life isn't always great. Sometimes we can feel stressed, lack enthusiasm, or generally not be enjoying things. This is not an illness – it's just life. But, if you feel sad, anxious, low or miserable most of the time and 'fun' activities don't seem to be able to jolt you out of it, and if you also experience the next two items, you may be depressed.

2: How long have these feelings lasted?

If you have felt persistently low, most days, every day, for longer than two weeks, without any real sense of improvement, and if you are unable to experience pleasure, you may be depressed.

3: How does it affect your daily life?

If you have lost interest in things you usually enjoy, find it hard to get going, increased your alcohol or drug intake, have stopped seeing friends, let go of hobbies or isolated yourself from others, in combination with the two items above, you may be depressed.

Key Symptoms of Depression

Thoughts

People who are depressed tend to think negatively about themselves, the world and their future. They also tend to negatively and dwell on how bad they feel. By continually reminding themselves how bad they feel, life can feel hopeless and filled with insurmountable difficulties. Thoughts such as “I’m a failure.” “It’s my fault.” “Nothing good ever happens to me.” “I’m worthless.” “I’m just waiting for the next bad thing to come along.” These thoughts can feel almost continuous as if on auto-loop. This makes it hard to experience anything positive and serves can undermine a person’s self-confidence.



Feelings



These negative thoughts can lead to feeling overwhelmed by life – even mundane tasks like dressing, shopping and housework can feel insurmountable. A depressed person often carries a heavy sense of guilt. Sometimes they blame themselves for events, even if they have no real influence over them. Sometimes they even feel guilty for being depressed. Generally, a depressed person will feel negative emotions such as sadness, loss, numb, disappointment or irritability.

Physical

Negative thoughts and feelings can significantly impact a person’s general physical functioning. A person with depression may feel tired or lacking in energy all, or most of the time. They may have changes in sleep patterns, such as, problems falling asleep, waking through the night, or constantly feeling that they need more sleep. They can experience changes in appetite and eating which can cause weight gain or weight loss. A person with depression may feel too lethargic to do the physical activity that could improve their condition, such as exercise, eat well and partake in fun activities.



Relationships



Because depression affects every areas of a person’s functioning, often they will experience problems with their relationships. This may include, partners, family, children, friends, work colleagues, etc. Sometimes it is the case that the relationship is causing the depression. Often people feel lonely and stuck, but may also be unwilling, or lack the confidence to reach out and ask for help. Sometimes the perception is that if they are honest about their feelings, they will be judged negatively by others (“Big men don’t cry.” “Only the weak get depressed.” “Just snap out of it!” etc.). Then they will have to face the social stigma in addition to their symptoms. This is often enough to force their feelings and thinking patterns even deeper inside.

Depression can be caused by multiple factors

The exact cause of depression for each individual is not known. For most it is likely to be an accumulation of experiences and situations. Some examples are below;

Genetics - There is evidence to suggest some types of depression have a strong genetic link, especially melancholic depression, psychotic depression and bipolar disorder. No single gene is likely to be responsible, but rather a combination of genes. The predisposition to develop depression can be inherited. A person is around 40% more likely to develop depression if they have a biological parent who has the diagnosis. 60% is therefore due to environmental factors such as difficult early life experiences or stressful life events.

Life Events - Negative life events including early childhood experiences can pre-dispose someone to depression. If someone has a vulnerability to depression, it can be triggered by factors such as; dysfunctional, or abusive relationships, unemployment, death of a loved one, isolation, and loneliness, ongoing stress and perceived lack of support for those stressors. Sometimes it can just seem that everything seems to go wrong at the same time. Adjustment to life events are a significant contributor to depression.

Physical - Serious medical conditions, such as chronic pain or terminal illness can contribute to depression, brought on by low mood, stress, worry or sense of hopelessness than can accompany such conditions. In addition, changes in hormones can contribute, for both genders at differing times of their life. Hormonal changes due to pregnancy, pre-menopause and menopause, or aging (e.g. changes in thyroid, or drop in testosterone) can contribute towards depression and inhibit the recovery process.

Personality - Some personality types are more susceptible to developing depression than others. These include; anxious people, who tend to internalise worry; shy people, who avoid contact/conflict and so become isolated; highly sensitive people; perfectionists and those who have a tendency to self-criticism and low self-worth and those who tend to see the worst in everything. Those who tend to be self-focused and self-conscious can also develop depression, especially if their beliefs about themselves are negative.

Biochemical - When a person becomes depressed the structure of their brains changes. The neurotransmitter function becomes disrupted which means chemicals do not move around the brain and are not absorbed as they should. When people are depressed, important mood-enhancing chemicals, like serotonin, noradrenaline and dopamine fail to work properly and blood flow moves away from problem solving part of the brain. This is partly why depression can feel so difficult to recover from.

Psychological - Thinking patterns are associated with depression. They can include; an over emphasis on negative events and failing to acknowledge the positives; feeling responsible for negative events, even if they are not your fault and; setting inflexible or standards in life then being unable to cope when things don't work out as hoped.

*Genetics may underlie depression for some people.
However, despite this there are all kinds of things you can do to either prevent depression or pull yourself out of it, if it gets hold of you.*

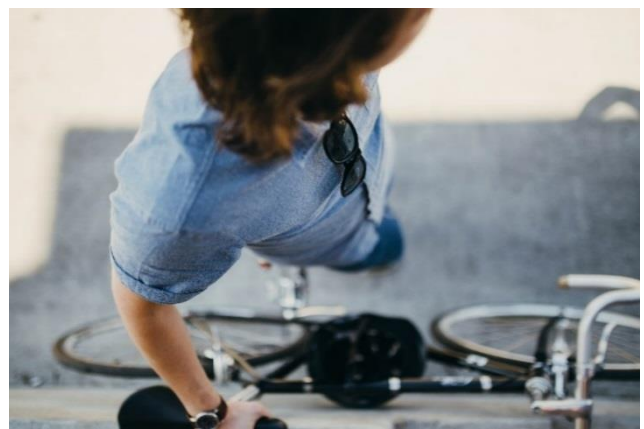
Beating Depression Action Plan (1)

1. DO SOMETHING

If you think you are at risk of developing depression, or already have it – do something about it. Depression rarely goes away on its own. Talk to your Doctor, Mental Health Practitioner or a PeopleSense EAP Psychologist about your experiences or let them offer you advice for treatment. Depression is very treatable so don't believe you have to battle it alone.

2. INCREASE YOUR ACTIVITY LEVEL

The symptoms discussed earlier often prevent people from doing the very things you need to do to feel better. Tiredness, lethargy, loss of interest, loss of motivation, brain fog and self-doubt means that you may have stopped undertaking tasks that need doing. Sometimes these are the basic everyday tasks like the washing and vacuuming, sometimes they are work based tasks that are important. Tasks don't disappear just because you don't feel like doing them, so they tend to build up and cause more stress. Coupled with this, a loss of motivation and interest with added guilt for not completing tasks can lead to cutting back on fun activities – yet, these are the very things that can improve your mood. This is the self-defeating cycle which often occurs for people with depression, or low mood and can add to a downward spiral of increasing symptoms.



Do something physical - If you are depressed, you may want to sit around, sleep and rest. The opposite is needed to treat this condition. Activity gives the mind and body something else to do, rather than to ruminate on negativity and think about how difficult your situation is. Also, you need the chemical release in the brain discussed above to put you in a positive mood. Exercise especially does this for you and in a natural way.

Start small - It's better to start with a small achievable level of activity than to set yourself up to fail by expecting too much, too soon. Be aware that your thoughts may act against you in the short term. Thoughts such as "It's too hard for me to exercise/clean up/meet friends," "Exercise means going to the gym and I hate gyms," "I can't go for a walk, it's too wet outside," "I can't do X, and I will fail. I fail at everything," may pop into your head and stop you from trying. How small you start will depend on how low you feel. If you find it hard to even get out of bed, set your target to be – get out of bed for 10 minutes and build gradually from there. If you haven't vacuumed the house in weeks, don't start trying to clean the whole house; vacuum one room, then gradually add another and another as you begin to feel better.

Exercise - There is a special place for exercise in the treatment of depression. When you exercise, you release chemicals and hormones. These chemicals and hormones work with the receptors in the brain to reduce the perception of pain and trigger positive feelings. They also act as a sedative, so after feeling high, you often feel tired and get better sleep. Regular exercise can reduce stress, boost self-esteem and prevent depression in the first place. If you have low mood, try incorporating exercise into your weekly regime. Again, start small – even just a minute if that works for you and gradually build up to 20-40 minutes of aerobic type exercise - every day if you can. Aerobic exercise means anything that increases your heart rate. Examples include walking, running, jumping up and down in front of the television, vigorous housework – basically anything that gets the heart pumping. It does not mean you have to join a gym.

3. CHECK YOUR THINKING



It can be confronting to know that no-one makes you feel the way you do. Often we blame other people or external situations for the way we feel e.g. "My Partner makes me so angry" or "I'm depressed because my boss expects too much from me".

What really makes us feel and behave the way we do is often not the situation, or the words used by others, but the way in which we perceive the situation. It's our thoughts and beliefs about a situation that affects our emotions and reactions. Consider the following possible responses to this activating event.

Activating Event	Belief (Thoughts)	Consequences
Your manager tells you that there will be an organisational restructure. The manager also tells you there will be some changes to your role.	"They are trying to muscle me out. They think I am useless and are trying to replace me with someone else. I will probably end up losing my job."	STRESSED
	"Change is never good. I wonder what the real agenda is here."	SUSPICIOUS/PARANOID
	"I need to roll up my sleeves and get busy and show the organisation I am a valued member of staff. I can't change the outcome if there is going to be a change to my role, but I can take control of what I do today."	LESS STRESSED
	"Great! This place needs a restructure. And my role definitely needs some changing. I can't wait."	EXCITED

In this example the individual may not even be aware what they are thinking and immediately feel the emotion. Often our thoughts occur so quickly we are not aware of them. We call these automatic thoughts. We have thousands of automatic thoughts every minute of every day. They are always there and they underpin the way we respond to everything.

Negative or unhelpful thoughts - If you are depressed or have low mood you may be experiencing automatic negative thoughts. These can be about the situation you are in, the world around you, your future, and who you are as a person. The key to overcoming depression is to 'catch' these thoughts and think up alternatives that are more helpful. To try and check out what your thoughts are, keep a register. Some common underlying thoughts are;

"I'm a failure."	"What if something terrible happens?"
"I'm unlovable."	"It's all my fault."
"Everyone knows x about me."	"I should be better than I am."
"I'm a loser- always have been; always will be."	"I need to win all arguments, no matter what the cost."
"Being right is everything."	"Life should be fairer."
"I'm ugly."	"My boss, friend, children, partner...etc., hate me."
"I am undeserving of success/love."	"I'm boring."
"There's no point in trying, they have ready made up their mind."	"I'm so stupid."

An important factor in recovering from depression is learning to dispute these thoughts and allow yourself to develop more helpful ways of thinking. For example, in the self-discussion below, the individual has worked out that they worry too much about the judgement of others.

Unhelpful thought	Challenges	More helpful thoughts
<p>"I'm useless and ugly and everyone knows it."</p> <p>"I worry so much about what people think of me."</p>	<p>I'm good at parts of my job. I have nice hair and my nose isn't too bad.</p> <p>I don't even know what people are really thinking – I'm not a mind reader.</p>	<p>I'm not so good at somethings, but not everything. I'm no supermodel, but I have some good features and I look better when I smile....maybe I could try smiling more.</p> <p>Other peoples' opinion are not important. It's my life and I can live it how I want to.</p>

Below are some examples of what we call distorted thinking. Look through them and see if you think you use any of them.

Mind reading: When we think we can read people's minds, we often jump to conclusions. We assume we know what other people are thinking and make predictions based on our own thoughts – sometimes with no evidence.

Overgeneralisation: This is where we take one behaviour and generalise for all e.g. "You always...." "I never...." "Everyone is always...."

Catastrophising: Catastrophising occurs when we blow things up, way out of proportion. It can be a minor item that becomes huge in a person's mind. e.g. "I didn't get the promotion I was after so I will probably never be promoted. In fact, they probably thought I was stupid for even applying and are laughing at me. I will never have enough money from my job to buy a house, so now I will have to rent for the rest of my life."

Personalisation: This is where you feel that everything is your fault, or you are somehow responsible. So, if a general email comes out at work that states '*quality for the whole company needs to improve.*' You will read it as a personal attack on the quality of your work. Or, a friend doesn't call for a while, so you assume you must have done something wrong to upset her/him.

Black or White thinking: Is a thinking style that uses extremes. "I didn't get the job – means they must hate me." "I'm depressed so I'm weak-minded."

Mental Filter: Means having tunnel vision and only being able to see the negatives in every situation. It's as if we 'filter' out all of the good stuff and only concentrate on the bad. This then clouds the whole picture or event, when the bad might actually only be minor.

Emotional Reasoning: Basing decisions on your feelings, rather than logic, or hard evidence. "I know something bad is going to happen, I can feel it."

Shoulds and Musts: Sometimes we set our standards too high which leaves us feeling like we're constantly failing. "I **must** always hide what I'm really thinking." "I **should** be better at this." "I **must** make sure everything is done by the end of the day." "I **should** be thinner/fatter/prettier/funnier/cleverer etc.

Magnify or Minimise: This is where you over magnify the qualities and attributes of others and minimise you own. This is not based on evidence or logic, but rather a sense that others are better than you in comparison.

Improve Mood Action Plan

1. Activity

General e.g. start ticking off the 'to do' list. Vacuum one room of the house.	Achieved yes/no	Impact on mood

Exercise e.g. walk for 10 mins x3 per week. Take the dog out every day.	Achieved yes/no	Impact on mood

2. Nutrition

e.g. Make sure I eat breakfast every day. Eat vegetables with every meal.	Achieved yes/no	Impact on mood

3. Thoughts

Unhelpful thought	Challenge	More helpful thoughts

If the information provided above resonates with you, it's time to do something about it. It's up to you to put in place a plan to start addressing and improving some of the symptoms you have identified. If you struggle with this, or your mood is too low to contemplate doing it on your own, contact PeopleSense (08) 9388 9000 or 'contact us' page www.peoplesense.com.au to discuss how a psychologist may be able to assist you to do this.

PeopleSense only use Psychologists for their counselling services and are skilled at assisting people to recover and put their lives back in order. There is no problem too small or too large that we cannot help with.