



# **Depressed?**

**Azhee Ali**

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# Introduction

No one reads introduction so let's begin...

But if you actually do, I just want to clarify that I'm not a doctor or a psychiatrist, but I've actually experienced depression myself. So if you're looking for professional advice, you won't find it here. I'm just sharing my own personal experiences, so let's actually begin."

# Depressed?

**Azhee Ali**



# **Chapter 1**

## **Depression**

## **History of Depression**

While no single person can be credited with the discovery of depression, there are many great thinkers whose ideas contributed—and continue to contribute—to our growing knowledge of what this illness really is. In order to better understand how researchers, doctors, and psychologists think about this condition today, it can be helpful to take a look back at the history of depression.

### **When Was Depression Discovered?**

When was the first case of depression? The earliest written accounts of what is now known as depression appeared in the second millennium B.C.E. in Mesopotamia. In these writings, depression was discussed as a spiritual rather than a physical condition. Like other mental illnesses, it was believed to be caused by demonic possession. As such, it was dealt with by priests rather than physicians.

The idea of depression being caused by demons and evil spirits has existed in many cultures, including those of the ancient Greeks, Romans, Babylonians, Chinese, and Egyptians. Because of this belief, it was often treated with methods such as beatings, physical

restraint, and starvation in an attempt to drive the demons out.

While many believed that demons were the root cause of depression, there were a number of ancient Greek and Roman doctors who believed that depression was a biological and psychological illness.

Greek and Roman doctors used therapeutic methods such as gymnastics, massage, diet, music, baths, and a medication containing poppy extract and donkey's milk to treat their patients.

### **Ancient Greek and Roman Philosophy**

Hippocrates, a Greek physician, suggested that depression (initially called "melancholia") was caused by four imbalanced body fluids called humours: yellow bile, black bile, phlegm, and blood. Specifically, he thought that melancholia was caused by too much black bile in the spleen. Hippocrates' treatments of choice included bloodletting, baths, exercise, and diet.

A Roman philosopher and statesman named Cicero, in contrast, believed that melancholia had psychological causes such as rage, fear, and grief.

In the last years before the common era, in spite of some steps toward believing in more physical and mental causes of depression, it was still a very common belief among even educated Romans that depression and other mental illnesses were caused by demons and by the anger of the gods.

### **History of Depression in the Common Era**

During the common era, many barbaric and primitive treatments for depression continued to be the norm. Cornelius Celsus (25 BCE to 50 CE) reportedly recommended the very harsh treatments of starvation, shackles, and beating in cases of mental illness.

A Persian doctor named Rhazes (865–925 CE), however, did see mental illness as arising from the

brain. He recommended such treatments as baths and a very early form of behavior therapy which involved positive rewards for appropriate behavior.

During the Middle Ages, religion, especially Christianity, dominated European thinking on mental illness, with people again attributing it to the devil, demons, or witches. Exorcisms, drowning, and burning were popular treatments of the time. Many people were locked up in so-called "lunatic asylums."

While some doctors continued to seek physical causes for depression and other mental illnesses, they were in the minority.

During the Renaissance, which began in 14th century Italy and spread throughout Europe during the 16th and 17th centuries, witch hunts and executions of the mentally ill were still quite common; however, some doctors were revisiting the idea of mental illness having a natural rather than a supernatural cause.

In the year 1621, Robert Burton published "Anatomy of Melancholy," in which he outlined the social and

psychological causes of depression (such as poverty, fear, and loneliness). In this book, he made recommendations like diet, exercise, travel, purgatives (to clear toxins from the body), bloodletting, herbs, and music therapy in the treatment of depression.

### **History of Depression in the Age of Enlightenment**

During the 18th and 19th centuries, also called the Age of Enlightenment, depression came to be viewed as a weakness in temperament that was inherited and could not be changed. The result of these beliefs was that people with this condition should be shunned or locked up.

During the latter part of the Age of Enlightenment, doctors began to suggest the idea that aggression was at the root of the condition.

Treatments such as exercise, diet, music, and drugs were now advocated and doctors suggested that it was important to talk about your problems with your friends or a doctor.

Other doctors of the time spoke of depression as resulting from internal conflicts between what you

want and what you know is right. And yet others sought to identify the physical causes of this condition.

Treatments during this period included water immersion (staying underwater for long as possible without drowning) and using a spinning stool to put the brain contents back into their correct positions. Additional treatments included:

- Diet changes
- Enemas
- Horseback riding
- Vomiting

## **The Great Depression**

The Great Depression (1929–1939) was an economic shock that impacted most countries across the world. It was a period of economic depression that became evident after a major fall in stock prices in the United States. The economic contagion began around September and led to the Wall Street stock market crash of October 24 (Black Thursday). It was the longest, deepest, and most widespread depression of the 20th century.

wikipedia

Great Depression, worldwide economic downturn that began in 1929 and lasted until about 1939. It was the longest and most severe depression ever experienced by the industrialized Western world, sparking fundamental changes in economic institutions, macroeconomic policy, and economic theory. Although it originated in the United States, the Great Depression caused drastic declines in output, severe unemployment, and acute deflation in almost every country of the world. Its social and cultural effects were no less staggering, especially in the United States, where the Great Depression represented the harshest adversity faced by Americans since the Civil War.

### **Economic history**

The timing and severity of the Great Depression varied substantially across countries. The Depression was particularly long and severe in the United States and Europe; it was milder in Japan and much of Latin America. Perhaps not surprisingly, the worst depression ever experienced by the world economy stemmed from a multitude of causes. Declines in consumer demand, financial panics, and misguided government policies caused economic output to fall in the United States, while the gold standard, which linked nearly all the countries of the world in a



network of fixed currency exchange rates, played a key role in transmitting the American downturn to other countries. The recovery from the Great Depression was spurred largely by the abandonment of the gold standard and the ensuing monetary expansion. The economic impact of the Great Depression was enormous, including both extreme human suffering and profound changes in economic policy.

Britanica

## **What is Depression?**

Depression is a common but serious mood disorder that can affect how a person feels, thinks, and behaves. It can cause feelings of sadness, hopelessness, and a loss of interest in activities that were once enjoyed. Depression can also lead to a variety of emotional and physical problems and can interfere with a person's ability to carry out daily activities.

Everyone has spells of feeling down, but depression is more than just spending a few days feeling sad or unhappy. Depression can make you feel persistently sad and down for weeks or months at a time.

While some people believe that depression is trivial or not a genuine health problem, it's actually a real condition that affects around one in 10 people over the course of their lives. It impacts people of all genders and ages – including children.

Depression is different from regular mood changes and feelings about everyday life. It can affect all aspects of life, including relationships with family, friends and community. It can result from or lead to problems at school and at work.

Depression can happen to anyone. People who have lived through abuse, severe losses or other stressful events are more likely to develop depression. **Women are more likely to have depression than men.**

An estimated 3.8% of the population experience depression, including 5% of adults (4% among men and 6% among women), and 5.7% of adults older than 60 years. Approximately 280 million people in the world have depression (1). Depression is about 50% more common among women than among men. Worldwide, more than 10% of pregnant women and women who have just given birth experience depression (2). More than 700 000 people die due to

suicide every year. **Suicide is the fourth leading cause of death in 15–29-year-olds.**

Although there are known, effective treatments for mental disorders, more than 75% of people in low- and middle-income countries receive no treatment (3). Barriers to effective care include a lack of investment in mental health care, lack of trained health-care providers and social stigma associated with mental disorders.

<https://www.who.int/>

## **Symptomes**

1. Feeling sad or having a depressed mood
2. Loss of interest or pleasure in activities once enjoyed
3. Changes in appetite — weight loss or gain unrelated to dieting
4. Trouble sleeping or sleeping too much
5. Loss of energy or increased fatigue

6.Increase in purposeless physical activity (e.g., inability to sit still, pacing, handwringing) or slowed movements or speech (these actions must be severe enough to be observable by others)

7.Feeling worthless or guilty

8.Difficulty thinking, concentrating or making decisions

9.Thoughts of death or suicide

Scientists say that if you have at least six of them for 2 weeks or more, then you have depression.

### **Feeling sad or having a depressed mood**

feeling sad or having a depressed mood is a common symptom of depression. This can manifest as a persistent feeling of sadness, emptiness, hopelessness, or despair that lasts for weeks or longer. It may feel like a heavy weight that you can't shake off, or like a

constant state of unhappiness that affects your ability to enjoy life.

For example, you might feel like you are in a constant state of grief or sadness, even when nothing particularly upsetting has happened. You may lose interest in activities that used to bring you joy, and find it hard to get excited about anything. You might also experience physical symptoms such as fatigue, loss of appetite, or trouble sleeping.

It's important to remember that feeling sad or down from time to time is a normal part of life, but if these feelings persist and interfere with your daily functioning, it may be a sign of depression.

### **Loss of interest or pleasure in activities once enjoyed**

Loss of interest or pleasure in activities once enjoyed is another common symptom of depression. This can manifest as a lack of motivation or enthusiasm for things that used to bring you joy, such as hobbies,

socializing with friends or family, or even your work or career.

For example, you might find that activities you used to enjoy now feel like a chore or burden. You may have little or no desire to engage in social activities, and may feel like you're just going through the motions of everyday life. This can also lead to feelings of isolation or loneliness, which can further exacerbate symptoms of depression.

It's important to note that this symptom can be particularly difficult for people who are typically very engaged in their activities and have a strong sense of identity tied to those activities. Losing interest in them can lead to a sense of loss or confusion about **who you are** and **what you enjoy**.

### **Changes in appetite — weight loss or gain unrelated to dieting**

Changes in appetite, including weight loss or gain unrelated to dieting, is another common symptom of depression. This can manifest as a significant change

in eating habits, such as overeating or undereating, that result in noticeable weight gain or loss.

You might find yourself eating more than usual or having a strong craving for certain foods, particularly those that are high in sugar or fat. On the other hand, you may also experience a loss of appetite and have little or no desire to eat, which can result in significant weight loss.

It's important to note that these changes in appetite are often not related to dieting or an intentional effort to lose or gain weight. Instead, they are often a result of changes in brain chemistry and hormones that occur with depression.

### **Trouble sleeping or sleeping too much**

Trouble sleeping or sleeping too much is another common symptom of depression. This can manifest as difficulty falling asleep or staying asleep, waking up too early, or sleeping too much (i.e., hypersomnia).

For example, you may find it difficult to fall asleep or stay asleep, even if you feel tired. You may also wake up frequently during the night or wake up too early in the morning and find it difficult to get back to sleep. Conversely, you may find that you are sleeping more than usual and feel sluggish or fatigued during the day.

It's important to note that changes in sleep patterns can also affect your mood and overall functioning. Poor sleep quality can lead to increased irritability, difficulty concentrating, and a lack of energy or motivation.

## **Insomnia and Hypersomnia**

Insomnia and hypersomnia are two types of sleep disorders that can be symptoms of depression.

Insomnia is characterized by difficulty falling asleep, staying asleep, or waking up too early and being unable to fall back asleep. People with insomnia often feel tired during the day and may have trouble concentrating or remembering things. Insomnia can be acute, meaning it lasts for a short period of time (usually a few days to a few weeks), or chronic, meaning it lasts for more than three months.



Hypersomnia, on the other hand, is characterized by excessive daytime sleepiness or an increased need for sleep. People with hypersomnia may sleep for extended periods of time (10-12 hours or more) and still feel tired during the day. Hypersomnia can also lead to difficulty waking up in the morning and can cause people to fall asleep at inappropriate times, such as during work or while driving.

Both insomnia and hypersomnia can have a significant impact on a person's quality of life and overall functioning. They can also be symptoms of other mental health conditions, such as anxiety or bipolar disorder.

### **Loss of energy or increased fatigue**

Loss of energy or increased fatigue is another common symptom of depression. This can manifest as a persistent feeling of tiredness or lack of energy, even after getting enough sleep or rest.

For example, you may find yourself feeling exhausted even after minimal physical or mental activity, such as

getting out of bed or completing a simple task. You may also feel unmotivated or lack the energy to engage in activities that you used to enjoy.

It's important to note that this symptom can also affect your ability to concentrate and make decisions, and can contribute to feelings of hopelessness or helplessness.

## **Fatigue**

Fatigue in the context of depression can be described as feeling extremely tired or lacking energy, even when you have had enough sleep or rest. It can be so severe that it makes it difficult to complete even simple tasks, such as getting out of bed or taking a shower. This feeling of exhaustion can affect your mood, ability to concentrate, and overall quality of life.

## **Increase in purposeless physical activity**

Increase in purposeless physical activity is another symptom of depression that is sometimes referred to as psychomotor agitation. It's characterized by a significant increase in physical activity that appears purposeless and unrelated to any goal or task.

This can manifest in different ways for different people, but some common examples include fidgeting, pacing, or restlessness. In severe cases, it can also include more extreme behaviors, such as self-harm or suicidal behavior.

It's important to note that psychomotor agitation can be a symptom of other mental health conditions as well, such as anxiety or bipolar disorder. Additionally, it can be a side effect of certain medications or substance abuse.

## **Psychomotor agitation**

psychomotor agitation is a common symptom of depression and is characterized by an increase in physical activity that appears aimless and lacks

purpose. It can be a sign that a person is experiencing intense inner turmoil, anxiety, or distress. People with psychomotor agitation may appear restless or fidgety, pacing back and forth, tapping their feet or fingers, or engaging in other repetitive, purposeless movements.

In some cases, psychomotor agitation can be severe and can lead to behaviors that are harmful to oneself or others, such as self-harm, reckless driving, or suicide attempts. It can also interfere with a person's ability to carry out daily tasks or engage in social situations.

### **Feeling worthless or guilty**

Feeling worthless or guilty is a common symptom of depression that is characterized by persistent feelings of shame, inadequacy, and self-blame. People who experience this symptom may feel like they have failed in some way or that they are a burden to others. These feelings can be overwhelming and may lead to a sense of hopelessness and despair. It's important to seek help from a mental health professional if you are experiencing these feelings. They can help you identify the underlying causes and develop a treatment

plan that may include therapy and medication to help alleviate your symptoms.

### **Difficulty thinking, concentrating or making decisions**

Difficulty thinking, concentrating, or making decisions is another common symptom of depression. This can manifest as forgetfulness, indecisiveness, and a general feeling of mental fog. People with depression may find it hard to focus on tasks, complete work or school assignments, or make simple decisions. This symptom can make daily activities feel overwhelming and may lead to feelings of frustration and hopelessness. It's important to seek help from a mental health professional if you're experiencing these symptoms, as they can help you identify potential causes and develop a treatment plan that may include therapy and medication to help alleviate your symptoms.

## **Thoughts of death or suicide**

Thoughts of death or suicide are among the most serious symptoms of depression. People who experience these thoughts may feel overwhelmed by feelings of hopelessness and despair, and may feel that they have no other options.

## **Types**

There are several different types of depression, each with its own unique symptoms and characteristics. Some of the most common types of depression include:

1. Major Depressive Disorder (MDD).
2. Persistent Depressive Disorder (PDD), Also known as Dysthymia.

3. Bipolar Disorder.
4. Seasonal Affective Disorder (SAD).

These are just a few examples of the different types of depression that exist. It's important to note that everyone experiences depression differently and not everyone will fit neatly into one of these categories.

there are several other types of depression that are less common but still important to know about. These include:

5. Psychotic Depression.
6. Perinatal Depression.
7. Premenstrual Dysphoric Disorder (PMDD).

### **Major Depressive Disorder (MDD)**

MDD is a common but serious mood disorder that can affect how a person feels, thinks, and behaves. It can cause persistent feelings of sadness, hopelessness, and a loss of interest in activities that were once enjoyed, leading to emotional and physical problems and

interfering with a person's ability to carry out daily activities. To be diagnosed with MDD, symptoms must be present for at least two weeks.

Other symptoms of MDD can include feelings of guilt or worthlessness, irritability or frustration, changes in sleep patterns, changes in appetite or weight, and physical symptoms such as headaches or back pain. Additionally, MDD can lead to thoughts of death or suicide, which should always be taken seriously and require immediate attention.

To be diagnosed with MDD, symptoms must be present for at least two weeks.

### **Persistent Depressive Disorder (PDD), Also known as Dysthymia**

Persistent Depressive Disorder (PDD), also known as dysthymia, is a chronic form of depression that can last for years and cause feelings of sadness, hopelessness, and low self-esteem. People with PDD may also experience a loss of interest in daily activities, difficulty focusing and making decisions, and have



trouble getting things done. Unlike Major Depressive Disorder, the symptoms of PDD can come and go over a long period of time, but usually don't disappear for more than two months at a time.

## **Bipolar Disorder**

formerly known as manic depression, is a mental health condition that causes extreme mood swings that include emotional highs (mania or hypomania) and lows (depression). During a depressive episode, a person with bipolar disorder may feel sad or hopeless and lose interest or pleasure in most activities. When their mood shifts to mania or hypomania (less extreme than mania), they may feel euphoric, full of energy, or unusually irritable. These mood swings can affect sleep, energy, activity, judgment, behavior, and the ability to think clearly.

**Mania and hypomania** are two distinct types of episodes with the same symptoms. Mania is more severe than hypomania and causes more noticeable problems at work, school, and social activities, as well

as relationship difficulties. Mania may also trigger a break from reality (psychosis).

Symptoms of mania can include feeling very up or elated; having increased energy or activity levels; feeling jumpy or wired; having a decreased need for sleep; talking very fast about many different things; being agitated or irritable; having racing thoughts; being easily distracted; engaging in risky behaviors; and having an inflated sense of self-importance.

Bipolar disorder is a lifelong condition that usually requires lifelong treatment

### **Seasonal Affective Disorder (SAD)**

is a type of depression that is related to changes in seasons. SAD typically begins in the fall or winter and goes away in the spring or summer. Symptoms can include low energy, overeating, and social withdrawal<sup>1</sup>.

In most cases, SAD symptoms appear during late fall or early winter and go away during the sunnier days of spring and summer. Less commonly, people with the opposite pattern have symptoms that begin in spring or summer. In either case, symptoms may start out mild and become more severe as the season progresses<sup>1</sup>.

Signs and symptoms of SAD may include feeling listless, sad or down most of the day; losing interest in activities you once enjoyed; having low energy and feeling sluggish; having problems with sleeping too much; experiencing carbohydrate cravings, overeating and weight gain; having difficulty concentrating; feeling hopeless, worthless or guilty; having thoughts of not wanting to live.

## **Psychotic Depression**

also known as depressive psychosis, is a major depressive episode that is accompanied by psychotic symptoms. It can occur in the context of bipolar disorder or major depressive disorder.

Psychotic depression involves symptoms of psychosis during an episode of depression. Psychosis can include hallucinations (seeing or hearing things that aren't there), delusions (false beliefs), psychomotor impairment (a state of stupor), and a state of stupor.

Symptoms of severe depression can include fatigue (exhaustion), loss of pleasure in things, disturbed sleep, changes in appetite, feeling worthless and guilty, being unable to concentrate or being indecisive, and thoughts of death or suicide

Postpartum depression is a type of depression that can occur after childbirth. It is also known as perinatal depression. Symptoms can include extreme sadness, anxiety, and exhaustion. These symptoms can interfere with a person's ability to care for their baby and handle other daily tasks<sup>1</sup>.

### **Perinatal depression**

is a mood disorder that can affect women during pregnancy and after childbirth. The word "perinatal" refers to the time before and after the birth of a child. Perinatal depression includes depression that begins during pregnancy (called prenatal depression) and

depression that begins after the baby is born (called postpartum depression).

Mothers with perinatal depression experience feelings of extreme sadness, anxiety, and fatigue that may make it difficult for them to carry out daily tasks, including caring for themselves or others. Symptoms can range from mild to severe. In rare cases, the symptoms are severe enough that the health of the mother and baby may be at risk.

Perinatal depression is different from the “baby blues,” which commonly include mood swings, crying spells, anxiety, and difficulty sleeping. Baby blues usually begin within the first 2 to 3 days after delivery and may last for up to two weeks. Perinatal depression is a more severe, long-lasting form of depression that can start during pregnancy or after childbirth

### **Postpartum Depression**

Postpartum depression is different from the “baby blues,” which commonly include mood swings, crying spells, anxiety, and difficulty sleeping. Baby blues

usually begin within the first 2 to 3 days after delivery and may last for up to two weeks. Postpartum depression is a more severe, long-lasting form of depression that can start during pregnancy or after childbirth<sup>1</sup>.

Symptoms of postpartum depression may include depressed mood or severe mood swings; excessive crying; difficulty bonding with your baby; withdrawing from family and friends; loss of appetite or eating much more than usual; inability to sleep or sleeping too much; overwhelming tiredness or loss of energy; reduced interest and pleasure in activities you used to enjoy; intense irritability and anger; fear that you're not a good mother; hopelessness; feelings of worthlessness, shame, guilt or inadequacy; reduced ability to think clearly, concentrate or make decisions; restlessness; severe anxiety and panic attacks; thoughts of harming yourself or your baby.

Postpartum depression is not a character flaw or a weakness. It is simply a complication of giving birth. If you have postpartum depression, prompt treatment can help you manage your symptoms and help you bond with your baby<sup>1</sup>.

“baby blues” are a common experience for many new mothers. They usually begin within the first 2 to 3 days after delivery and may last for up to two weeks. Symptoms can include mood swings, crying spells, anxiety, and difficulty sleeping.

The “baby blues” are probably due to the sudden hormonal and chemical changes that take place in your body after childbirth. Symptoms can include feeling emotional and bursting into tears for no apparent reason; feeling irritable or touchy; low mood; anxiety and restlessness.

It’s important to note that the “baby blues” are different from postpartum depression. The “baby blues” are usually mild and go away on their own within a few days to a week or two after your baby is born. Postpartum depression is a more severe, long-lasting form of depression that can start during pregnancy or after childbirth.

## **Postpartum Psychosis**

Postpartum psychosis is a rare but serious mental health condition that can affect someone soon after having a baby. It usually develops within the first week after delivery and can cause symptoms such as confusion, delusions (false beliefs), hallucinations (seeing or hearing things that aren't there), and severe mood swings<sup>1</sup>.

Postpartum psychosis is a medical emergency and requires immediate treatment. It can get worse rapidly and can risk the safety of the mother and baby. Treatment usually happens in hospital, ideally with the baby in a specialist psychiatric unit called a mother and baby unit (MBU). Medication such as antipsychotics, mood stabilizers, and antidepressants may be prescribed to help manage symptoms<sup>1</sup>.

It's important to note that postpartum psychosis is different from postpartum depression or the "baby blues." Postpartum depression is a more severe, long-lasting form of depression that can start during pregnancy or after childbirth. The "baby blues" are a common experience for many new mothers and usually go away on their own within a few days to a week or two after your baby is born.



## **Premenstrual Dysphoric Disorder (PMDD)**

PMDD is a severe form of premenstrual syndrome (PMS). It causes physical and emotional symptoms every menstrual cycle in the week or two before your period. PMS causes bloating, headaches and breast tenderness. With PMDD, you might have PMS symptoms along with extreme irritability, anxiety or depression<sup>1</sup>.

PMDD is a chronic condition that requires attention and treatment. Lifestyle changes and sometimes medications can help manage symptoms.

Symptoms of PMDD can include difficulty concentrating, depression, anxiety, sadness, feeling of hopelessness, anger or irritability, lethargy, loss of interest in normal activities, food cravings, insomnia or hypersomnia.

## **Causes**

Depression is a complex and multifaceted condition that can be caused by a range of biological,

psychological, and social factors. While there is no single cause of depression, research has identified several risk factors that increase the likelihood of developing this condition. In this response, I will discuss some of the most common causes of depression and how they can contribute to the development of this disorder.

### **Biological Causes:**

**Genetics:** Studies have shown that there is a genetic component to depression, meaning that individuals with a family history of depression are more likely to develop this condition. Researchers have identified several genes that may be associated with depression, although the exact mechanisms by which these genes contribute to the development of depression are not yet fully understood.

**Neurochemical imbalances:** Depression is often associated with imbalances in certain neurotransmitters, including serotonin, dopamine, and norepinephrine. These chemicals play a critical role in regulating mood, appetite, and sleep, and disruptions in their levels can contribute to the development of depression.

**Hormonal imbalances:** Changes in hormonal levels, particularly in women during pregnancy and menopause, can contribute to the development of depression. Other hormonal conditions, such as thyroid dysfunction and adrenal disorders, have also been linked to depression.

### **Psychological Causes:**

**Trauma:** Traumatic events such as physical, sexual, or emotional abuse, neglect, or the sudden loss of a loved one can trigger the onset of depression. Trauma can also cause changes in brain chemistry that contribute to depression.

**Low self-esteem:** People with low self-esteem are more vulnerable to developing depression. Low self-esteem can result from negative experiences or messages from others, past failures, and personal beliefs about oneself.

**Learned Helplessness:** When an individual is exposed to a situation where they feel helpless, they can

develop a sense of learned helplessness, which can contribute to the development of depression.

### **Social Causes:**

**Life Stressors:** Life events such as financial difficulties, divorce, or job loss can trigger the onset of depression. The stress of these events can cause changes in brain chemistry, hormonal imbalances, and other biological changes that contribute to depression.

**Social Isolation:** Social isolation, loneliness, and lack of social support can contribute to the development of depression. This is especially true for older adults who may experience social isolation as they age.

**Cultural Factors:** Cultural factors such as discrimination, stigma, and negative attitudes toward mental illness can contribute to depression. Cultural factors can also influence the way individuals experience and express depression, and the way it is treated.

It is important to note that depression is a complex and multifaceted condition, and many different factors can

contribute to its development. While the causes of depression are not yet fully understood, research has identified several risk factors that increase the likelihood of developing this condition. By understanding the causes of depression, we can better understand how to prevent and treat this disorder, and help individuals to live healthier and happier lives.

## **Anxiety**

Anxiety is a common human emotion that can be experienced by anyone at any point in their life. It is a feeling of unease or nervousness that can range from mild to severe and can be triggered by a variety of situations or circumstances. Anxiety can be characterized by physical, emotional, and cognitive symptoms that can impact an individual's daily life and overall well-being.

Physical symptoms of anxiety can include sweating, shaking, rapid heartbeat, chest tightness, shortness of breath, and gastrointestinal discomfort. Emotional symptoms can include feelings of fear, worry, irritability, restlessness, and a sense of impending doom. Cognitive symptoms of anxiety can include racing thoughts, difficulty concentrating, and an inability to relax or control one's thoughts.

Anxiety can be caused by a variety of factors, including genetics, brain chemistry, and life experiences. Some people may be more prone to anxiety due to their biological makeup, while others may develop anxiety as a result of traumatic events or stressful life experiences. Anxiety can also be triggered by certain situations or circumstances, such as social events, public speaking, or job interviews.

There are several different types of anxiety disorders, including generalized anxiety disorder (GAD), panic disorder, social anxiety disorder, specific phobias, and post-traumatic stress disorder (PTSD). Each type of anxiety disorder is characterized by its own unique symptoms and may require different types of treatment.

## **Anxiety and Depression**

Anxiety and depression are often intertwined, and people who experience one condition are more likely to experience the other. It is estimated that around half of people with depression also have an anxiety disorder, and vice versa. The relationship between the two conditions can be complex and challenging, as treating one condition alone may not be sufficient to alleviate all symptoms.

Anxiety and depression can coexist in several ways. In some cases, anxiety can be a symptom of depression. People with depression may experience anxiety symptoms such as worry, restlessness, and irritability. Anxiety can also manifest as physical symptoms, such as muscle tension and insomnia. This type of anxiety is often referred to as "anxious depression" and can be particularly challenging to treat, as both depression and anxiety symptoms need to be addressed.

In other cases, depression can develop as a consequence of anxiety. This is especially true for

individuals who experience chronic anxiety or panic attacks. The constant fear and worry associated with anxiety can be exhausting and can lead to feelings of hopelessness and despair, which are characteristic of depression. In this case, treating the anxiety may alleviate the depression symptoms as well.

The coexistence of anxiety and depression can make treatment challenging, as both conditions need to be addressed simultaneously. In fact, treating one condition without addressing the other may actually worsen symptoms. For example, treating depression with antidepressant medication alone may worsen anxiety symptoms, as some antidepressants can increase anxiety in some individuals. Similarly, treating anxiety with anti-anxiety medication alone may not be effective in treating depression symptoms.

In conclusion, anxiety and depression are often interconnected, and both conditions need to be addressed simultaneously for effective treatment. With the right treatment and support, most people with comorbid anxiety and depression are able to manage their symptoms and improve their quality of life.



# Grief

Grief is a complex emotional response that is typically experienced in response to a significant loss, such as the death of a loved one, the end of a relationship, or a major life transition. It is a universal human experience that can manifest in a variety of ways, depending on the individual, the circumstances of the loss, and cultural norms and expectations.

The experience of grief is often described as a rollercoaster of emotions, with individuals experiencing a range of feelings, including sadness, anger, guilt, confusion, and even numbness or detachment. These emotions can be overwhelming and unpredictable, and may come in waves, triggered by reminders of the loss or unexpected events.

Grief is a highly individualized experience, with each person processing their loss in their own unique way. Some people may experience intense emotional reactions immediately following a loss, while others may feel numb or detached at first and then experience delayed reactions. The length and intensity of the grieving process can also vary widely, with some individuals experiencing intense grief for months or

even years, while others may move through the process more quickly.

While grief is a natural and normal response to loss, it can also have a profound impact on an individual's physical, emotional, and social well-being. Physically, grief can manifest in a variety of symptoms, including fatigue, insomnia, loss of appetite, and physical aches and pains. Emotionally, grief can affect mood, leading to feelings of sadness, anxiety, irritability, or even depression. Socially, grief can impact relationships, leading to feelings of isolation, disconnection, or difficulty engaging with others.

Cultural norms and expectations can also play a role in the grieving process, influencing the way individuals express and process their grief. Some cultures may encourage expressions of grief, such as public mourning rituals or the wearing of mourning clothing, while others may expect individuals to grieve privately or quickly move on from their loss.

It is important to note that there is no "right" or "wrong" way to grieve, and individuals should be allowed to process their loss in a way that feels authentic and meaningful to them. While there are various models of the grieving process, such as the

Kubler-Ross model or the dual-process model, these models are not prescriptive and do not apply to everyone. It is essential for individuals to find their own path through grief, guided by their own values, beliefs, and coping strategies.

In conclusion, grief is a complex and individualized emotional response to loss that can impact an individual's physical, emotional, and social well-being. While grief is a natural and normal response to loss, it can be challenging and overwhelming. It is important for individuals to have access to support and resources as they navigate the grieving process, and to find their own path through grief in a way that is authentic and meaningful to them.

## **Types of Grief**

1. Normal Grief: This is the natural response to a loss, and is characterized by a range of emotions such as sadness, anger, and disbelief. Normal grief is typically time-limited and resolves over a period of weeks or months.

2. Anticipatory Grief: This is the grief that occurs when an individual anticipates a future loss, such as when a

loved one is diagnosed with a terminal illness. Anticipatory grief can be experienced as a range of emotions, including sadness, anxiety, and fear.

3. Complicated Grief: This is a type of grief that persists for an extended period of time and is associated with intense and prolonged feelings of sadness, guilt, or anger. Complicated grief can make it difficult for individuals to function in their daily life and may require professional support and intervention.

4. Disenfranchised Grief: This is the grief that occurs when an individual experiences a loss that is not recognized or validated by others, such as the loss of a pet, a job, or a relationship that was not acknowledged by others.

5. Collective Grief: This is the grief that is experienced by a group or community in response to a shared loss, such as a natural disaster, a terrorist attack, or the death of a public figure.

6. Cumulative Grief: This is the grief that occurs when an individual experiences multiple losses over a short

period of time, such as when a person loses multiple family members or friends within a short period of time.

7.Secondary Grief: This is the grief that is experienced by individuals who are indirectly impacted by a loss, such as the friends or family members of the primary griever. Secondary grief can be experienced as a range of emotions, including sadness, guilt, and anxiety.

It is important to note that these types of grief are not mutually exclusive and individuals may experience multiple types of grief simultaneously or over time. Additionally, it is important to acknowledge that grief is a highly individual experience, and individuals may experience and express their grief in a variety of ways.

## **Grief and Depression**

While both grief and depression can involve intense feelings of sadness, they are different experiences that require different approaches to management and care. Grief is a normal and natural response to loss, while

depression is a mental health disorder that can occur independently of any specific loss.

One key difference between grief and depression is that grief is typically triggered by a specific event, such as the death of a loved one, the end of a relationship, or a major life transition. In contrast, depression may not have an obvious trigger and may persist even in the absence of a specific loss. While grief may involve a range of intense emotions, including sadness, anger, and guilt, these feelings are often tied to the specific circumstances of the loss. Depression, on the other hand, may involve feelings of hopelessness, worthlessness, and despair that are not tied to any specific event.

Another important difference between grief and depression is the duration and intensity of the emotional experience. Grief is typically experienced as a series of emotional "waves," with individuals moving through a range of feelings over time. While grief can be intense and overwhelming, it typically begins to lessen over weeks or months, as the individual begins to process their loss and adapt to life without their loved one. In contrast, depression can be a persistent and long-lasting experience, with individuals

experiencing intense feelings of sadness, hopelessness, and despair for weeks, months, or even years.

One of the key indicators that an individual may be experiencing depression, rather than grief, is the persistence and severity of their symptoms. While grief can impact an individual's physical, emotional, and social well-being, depression is a mental health disorder that can significantly impact an individual's ability to function in their daily life. Symptoms of depression may include changes in appetite or sleep patterns, loss of interest in activities, feelings of worthlessness or hopelessness, and difficulty concentrating or making decisions.

It is important to note that grief and depression can occur together, particularly in situations where the individual is struggling to come to terms with a significant loss. This can make it difficult to differentiate between the two experiences, and it may be important to seek professional support in order to properly assess and manage the individual's needs.

In conclusion, while grief and depression can involve similar feelings of sadness and emotional intensity,

they are different experiences that require different approaches to management and care. Grief is a normal and natural response to loss that is typically tied to a specific event, while depression is a mental health disorder that may not have an obvious trigger and can persist for an extended period of time. While both experiences can be challenging and overwhelming, it is important to properly differentiate between them in order to provide the appropriate support and care for individuals who are struggling with these experiences.

## **Anxiety, Grief and Depression**

One key difference between anxiety and grief is that anxiety is typically future-oriented, while grief is past-oriented. Individuals with anxiety may worry about potential future events or outcomes, while those experiencing grief may focus on memories of the past or feelings of regret about what could have been. Depression may involve a sense of hopelessness or despair about the present or future.

While anxiety, grief, and depression are all psychological states that can cause significant distress,



they have distinct causes, symptoms, and treatment approaches.

Sure, here are some differences between anxiety, grief, and depression:

Anxiety is a feeling of unease, worry, or fear about something uncertain or future-oriented. Grief, on the other hand, is a natural response to loss, typically involving feelings of sadness, despair, and longing. Depression is characterized by persistent feelings of sadness, hopelessness, and disinterest in activities that one previously enjoyed.

Anxiety is often associated with physical symptoms such as sweating, trembling, or a rapid heartbeat, while grief is often associated with feelings of emptiness, numbness, or disconnection from others. Depression may also involve physical symptoms such as fatigue, changes in appetite or sleep patterns, and difficulty concentrating.

Anxiety is typically a response to a specific stressor or situation, while grief can be a response to a variety of losses, including the death of a loved one, the end of a relationship, or a significant life change. Depression

may not be linked to a specific trigger, but may instead be a result of a combination of genetic, biological, and environmental factors.

One key difference between anxiety and grief is that anxiety is typically future-oriented, while grief is past-oriented. Individuals with anxiety may worry about potential future events or outcomes, while those experiencing grief may focus on memories of the past or feelings of regret about what could have been. Depression may involve a sense of hopelessness or despair about the present or future.

While anxiety, grief, and depression are all psychological states that can cause significant distress, they have distinct causes, symptoms, and treatment approaches. It is important to seek support from mental health professionals or other support networks when experiencing these symptoms, as they can provide coping strategies and support to manage these complex emotions.

In summary, anxiety, grief, and depression are distinct psychological states with different causes and symptoms. While anxiety is future-oriented and

typically associated with physical symptoms, grief is past-oriented and often involves feelings of emptiness and disconnection. Depression, on the other hand, involves persistent feelings of sadness, hopelessness, and disinterest in activities that one previously enjoyed.

## **Chapter 2**

### **The Reality of Depression**

In this chapter we will talk about the stories that happened to people with different ages, genders, situations and experiences, but we changed their names due to their security.

## **Anxiety**

I thought I was dying” – Billie describes what a panic attack feels like

In her own words, Billie explains what it was like when she had her first panic attack and how she dealt with it.

Billie Johnston grew up in New Zealand. It had always been her dream to live abroad and in her mid-20s she landed a job at a big financial firm in London.

Unfortunately, this all happened at the beginning of the Global Financial Crisis, and Billie’s job offer was soon retracted. Unemployed and living in a city on the other side of the world, stress and anxiety started to take hold.

It took Billie several months to find a new job, and while it was a relief, she still felt very anxious.

One day, Billie was walking through the office foyer on her way out to lunch when she suddenly froze.

She didn't know it at the time but she was about to experience her first panic attack. In her own words, Billie recalls exactly what it felt like and explains how it prompted her to seek support for her mental health.

“All of a sudden, I froze”

I couldn't move.

I've described it before as having jelly legs but it was more than that. I felt like I didn't have legs at all. As though if I tried to take a step forward, my legs wouldn't be there to support me.

I could feel myself starting to sweat. It wasn't just that I couldn't move – I was so self-conscious that someone from work would see me like that.

Tears welled in my eyes. My heart raced.

I thought I was about to faint.

I thought I was having a medical emergency.

I thought I was dying.

The great irony was that to anyone just walking past, all they would have seen was a girl standing in a foyer.

It felt like I was standing there for an eternity, but in reality, it was probably only 30 seconds.

I was terrified. I eventually managed to call my boyfriend and he came and got me.

It was after this incident that I realised I couldn't hide my struggles any longer.

### **A build-up of symptoms**

On reflection, that first panic attack shouldn't have been a surprise. Nor the many that followed. Ever since I moved to London, I'd experienced symptoms of anxiety. They didn't hit me all at once – they built gradually over six months. The longer I was away from home, the more symptoms I developed.

I'd get pins and needles and start trembling. I'd clench my jaw. I'd struggle to breathe, as though a tight band was wrapped around my ribs.

I became consumed by my symptoms. The more regular they become, the more fatigued I would feel.

I started thinking that there must be something sinister causing them. That I had some terrible physical problem or hidden disease.

I visited my GP. A lot. I just wanted to know what was wrong with me.

### **Finding an answer**

I know you're not meant to use Google to diagnose yourself but that's what I ended up doing.

I typed in a bunch of my symptoms and a website about anxiety popped up. It seemed like I had experienced every symptom listed at some point.

I went back to my GP and opened up about my mental health. I was diagnosed with generalized anxiety disorder and panic disorder. I'd spent so long thinking I had some horrible physical illness that I actually felt relieved.



Simply knowing what was wrong with me was like a huge weight being lifted, and almost immediately my physical symptoms started to ease.

### **Putting the effort into recovery**

I was referred to a therapist and though I didn't fully commit to it while in London, I now live in Australia and regularly see a psychologist. Therapy isn't for everyone but for me it's invaluable, especially when you find someone you have a rapport with.

I also make sure I exercise regularly, lean on my support networks and pay close attention to my triggers. These all contributed to the easing of my physical symptoms.

My recovery journey has been a rollercoaster. There were times I lost hope of ever being happy again.

But I think those lows have helped me appreciate the highs even more. And today, those highs far outweigh the lows.

Over time, the panic attacks became less and less frequent. I don't get them at all now.

## **Anxiety and Depression**

Trauma and losing my coping strategy – Nancy’s story

After suffering an injury while dancing, Nancy struggled to deal with the impact of losing her greatest outlet.

For Nancy, dancing was both her happy place and her coping mechanism.

When she danced, she felt free yet completely in control.

When she danced, Nancy could escape her mental health issues.

When she ruptured her hamstring, Nancy’s dreams of dancing professionally were over and her coping mechanism was gone.

Without it, Nancy’s mental health began to spiral.

## **Childhood trauma, a lasting effect**

As a child, Nancy was loud and bubbly. Her dad described her as ‘a little ray of sunshine’. But when she was 14, Nancy experienced something that impacted her heavily.

“I was put into a position where a very familiar and comforting environment was no longer safe. It was something I had to endure alone for some time,” she says.

“I internalised so much of the trauma that there was no way for those around me to really understand why I was moody or feeling anxious.”

“I started to exhibit OCD tendencies, because I really needed a way to control my environment. This included pulling my hair out. I was diagnosed with trichotillomania, which is a compulsive disorder. Similar to someone biting their nails, my brain was basically hardwired to do this repetitive habit to make me feel like I had control.”

As a result, Nancy had bald patches on her head and wore a headband to school to hide the damage. Nicole

can still recall the moment she was presented on stage at her end-of-Year 12 assembly when the principal tried to remove her headband because it wasn't part of school uniform.

“Even though I don't think anyone else would have picked up on it at the time, it was a pretty traumatic experience for me.”

After high school, Nancy took off overseas, working at a summer holiday camp in America. It was the circuit breaker she needed before pursuing her goal of studying dancing.

### **Following her passion for dance**

“I always wanted to grow up to become a dancer.”

At first, dancing was simply something that Nancy loved, something she dreamed of doing for the rest of her life. But after what she went through, dancing became more than just her passion.

It became an outlet, a sanctuary. A means of coping with her trauma. She still loved it, but it felt different. There was a reliance she hadn't felt before.

It didn't change her path. She powered on towards her goal, graduating from a prestigious dance academy in Melbourne.

### **A career-ending injury**

In the lead up to her injury, Nancy was dancing eight hours a day, five days a week, as well as teaching classes. She kicked her leg out while demonstrating in front of a class and straight away knew something was wrong.

“I called my boyfriend to come grab me and by the time he got there, I was in tears standing in front my car, because I couldn't even sit down,” says Nicole.

“We went to the hospital and they had to cut my pants off me to do an x-ray. Two days later, I was in emergency surgery because I'd done such a good job of ripping my hamstring off the bone.”

Nancy's recovery was tough. There was the physical aspect of spending two months in a leg brace and

undergoing multiple surgeries. Then there was the obvious impact the injury would have on her career and her dreams.

Nancy dancing solemnly

### **The impact on her mental health**

After rehabbing her hamstring for nearly a year, Nancy tried to get back into dancing. It became clear she wouldn't be able to.

“I loved dancing. It was this one outlet that allowed me to digest my emotions and I had to give it up,” says Nancy.

“I never really understood how much it was helping me mentally, because I could just exhaust all of my feelings into my dance. I could take everything that was frustrating me or making me sad and just put it into dance.”

Nancy had lost her dream job and her coping mechanism. Her mental health started to deteriorate.

She lost routine. Nancy pushed her partner and those closest to her away, began to withdraw socially, and

would get anxious and irritable easily. Before long, it became clear she needed help.

### **Diagnosis, a sense of relief**

Nancy's turning point came when her boyfriend casually mentioned she might need to speak to someone.

"It was terrifying. I remember going to a GP and explaining that I just wasn't okay."

Her biggest learning from the session was how the GP spoke about Nicole's experience.

"They didn't ask why I felt that way, they just said they understood and gave me some options to explore," says Nancy.

"I think that was the switch, that it wasn't something to be judged, it was something to figure out how to be managed."

Nancy was diagnosed with anxiety, depression and post-traumatic stress disorder. Being able to put a

name to what she was going through allowed Nancy to speak honestly to those closest to her.

### Opening up, managing her emotions

Nicole had hidden the trauma she had experienced as a teenager for years, even from some of her best friends. After her diagnoses, she felt comfortable talking to them about it.

“I realised that those closest to me would be able to understand me and support me better if I explained what had happened to me.”

Nancy still has her bad days but she’s no longer reliant on one single coping mechanism like she was with dancing. She spreads the load by exercising, volunteering and reaching out to close friends when she needs support.

Nancy accepts herself, including all of the experiences, good and bad, that made her the person she is today.

“I’m OK that people know certain things about me, like that I still have bald spots.”



“I’m not ashamed anymore. These experiences have ultimately made me the strong and resilient person I am today.”

**Trichotillomania** is a condition that compels people to pull out their hair. It is a psychiatric disorder that usually starts in childhood or adolescence. Trichotillomania can last for several months or many years, and may be worse at some times than others.

## **Depression after losing someone**

"Maria' death is part of my life" - Grief, purpose and a lasting love story

When Noah Braun lost his wife of 42 years to suicide, all colour in his life seemed to evaporate. But in the midst of despair, he has found purpose.

Noah will never forget the first time he saw Maria.

It was at the Heidelberg Town Hall in Melbourne's north. The year was 1958. And the band had just started up a Foxtrot.

"I saw this tall, dark-haired girl on the opposite side of the hall," he said. "And I noticed she was knocking back the boys."

Eventually, Noah summoned his courage.

"Would you care to have this dance?"

She hesitated for a moment, and then agreed.

As they swayed to the music, Noah made the conversation. He told her he was 26, studying psychology at the University of Melbourne. Maria was 21 and had just commenced her midwifery certificate. She was from a tiny country town near the Victoria / New South Wales border and this was her first night in the big smoke.

"I noticed you were knocking back some of the boys," Noah said.

“I was waiting for the fellow who had taken me out for a drink at the milk bar to return from moving his car, but by the time you arrived, I decided I’d been stood up,” she replied.

Right place, right time, Noah thought as they danced away for the rest of the night.

A few months later, Noah asked Maria to be his wife.

This time she didn’t hesitate before saying yes.

Despite a few complications with pregnancies, married life was everything Noah had hoped for. After all, he had Maria.

Together they raised four children. Noah often found himself in awe of Maria’ selflessness in all aspects of her life.

“She was very compassionate, very caring,” he said.

“She felt with the heart.”

The family were active members of the local church and community. Noah and Maria would go along to as

many Sydney Swans games as they could, dissecting the team's performance on the train ride home.

In his later years, Noah volunteered on the phones with Lifeline, a crisis support service.

At home, Maria was beginning to experience her own mental health issues. Depression would come in waves and Noah found himself wondering if he would ever have to use the techniques he'd developed at Lifeline with his wife.

2004 was a particularly bad year for Maris.

"It (her depression) was getting worse," Noah said. "The periods would expand over the years. One time it was two or three weeks, but then it got longer. And in the middle of the year, she decided she should see a psychiatrist."

The mornings were particularly bad. Noah felt a sense of helplessness as Maria would stare blankly at the ceiling, too distressed to get out of bed. The love of his life was gripped by a despair that she couldn't explain.

On the morning of October 30, 2004, Maria was more distressed than usual. Eventually she got out of bed and told Noah she was meeting up with a friend to exchange some books. As Noah saw the car leave the driveway, a feeling of dread took over.

In 42 years of marriage, he says it is the first time that she ever lied to him.

What followed was the longest morning of Noah's life. Eventually a car did come back into the driveway, but it wasn't Maria's. It was a police car. They asked Noah to come to the hospital.

She had taken her own life.

In a blur of grief, anger and guilt, Noah had never felt more alone.

"I realised that night would be the first on my own," he said. "Maria would never share the bed with me again. I stood in the doorway staring at the bed. Despite her anguish that morning, she had made it neatly as she did every morning. It looked so ordinary."

Life in the years that followed would be anything but ordinary. Noah found grief to be a constant companion.

“As soon I came back home, back to the empty house... Bang, there was the grief just waiting.”

Her passing left such a hole in his life that Noah considered joining her.

“I visited Maria’ grave daily,” he said. “I would say, ‘There’s space for me in the grave, I’ll join you.’ But I could hear her saying, ‘Not yet.’”

Eventually, Noah made a decision. If he couldn’t live out his days with Maris, he would live out his days in honour of her. He had always admired her selflessness and ability to put others first.

“And I think I sort of made this decision,” he said. “Instead of just thinking, how’s it going to affect me all the time, which I think I tended to do, I’m going to try and reach out to others in the same way that Maria would reach out.”

Noah began facilitating groups for people bereaved by suicide.

“I had great admiration for these people,” he said. “Most had lost a child to suicide. And the group itself was great support for each other. And I used to feel I was making a contribution because not only was I on the same journey as them, I had the training which enabled them to come together and get the support.”

He has also found a passion in undertaking pilgrimages such as the famous Camino de Santiago, a series of walking routes throughout Europe that wind their way to the Cathedral of St James in Galicia, Spain.

Despite reaching an age where many would consider putting their feet up, Noah continues to open doors to new challenges and experiences.

“Admittedly they might be different doors to what you would open when you were younger,” he said. “But there are still doors to be opened for you to undertake

new challenges, to constantly be prepared to accept risk and to take challenges."

Noah still talks to Maria.

He will often light a candle and feel her presence.

He still wears his wedding ring.

And he still misses her dearly.

"I can't say that I will ever stop grieving for Maria. I have just got used to the idea of her not being around," he said.

"Maria' death is part of my life and I have arrived at a more or less peaceful acceptance."

On the eve of his 88th birthday, he is still driven by a purpose he found in her passing. To talk openly about his experiences. To ensure depression and suicide are not met with silence. And to live a life in her honour.

It's a love story that started in 1958 at the Heidelberg Town Hall and continues to this day.



“I think that's my purpose - as a model,” he said. “And to give hope to people. I don't expect I'll solve their problems in any way, but just by my contact and perhaps by my example, if that gives them a little bit of encouragement to keep pressing on.”

“Just after she died, I saw nothing positive. But now 15 years later I can look back and see, Maria' dying opened up many, many opportunities which I would never have thought about or considered.”

## Feeling Empty

"I just felt so empty" - The break from AFL football  
Lin Jong knew he needed

Western Bulldogs footballer Lin Jong on the AFL's  
COVID-affected season and his mental health journey.

It's a Tuesday morning in early September and Lin  
Jong is packing his bags for a return flight to Victoria.

The 27-year-old has spent the last three months in the  
Bulldogs' Queensland hub, recovering from an ankle  
injury sustained just before the team relocated.

Lin hurt his ankle against North Melbourne in July.  
The next day, he scrambled into an Airbnb in South  
Melbourne, after his home suburb was classified as a  
COVID hotspot and locked down. Just days later, he  
was flying north for what he thought would be a few  
weeks.

It's been a whirlwind experience, albeit one soured by  
the injury. Reflecting, Lin is frank.

“It’s been bloody tough. I’ve gone through my fair share of rehab but this has been the toughest,” he says.

“To put it in context, I haven’t trained with the group once, so I’ve felt a bit disconnected from the team. I feel like I lost a bit of a sense of purpose and started questioning why I was even up here.”

Setbacks aren’t a new thing for Lin; he’s had his fair share over a nine-year career in the AFL system. One of the more significant challenges has been his experience of depression.

## **Time out**

Last year, Lin took time away from football to focus on his mental health.

The break helped. He returned to the club in a better place and earlier this season, played his first game in almost two years. However, he knows his mental health is an ongoing consideration.

"The day you get diagnosed doesn’t necessarily make it the day that it starts. It’s always underlying, and sometimes you’re not educated enough to understand it," says Lin.

“I think I was in denial for a long time. I used to have this mindset that no matter how upset or sad I was, that things could always be worse. But by thinking this way, I actually wasn't taking into account how I was truly feeling.”

Lin spent a lot of time rationalising; convincing himself to keep things in perspective. It was his buffer, a shield against his own feelings.

“I wouldn't let myself be upset at stuff that, in the scheme of things, didn't seem like the biggest deal. Looking back, it ate me up inside. There were times when I was in high school when I vividly remember coming home from footy and I'd sit in the car for an hour, just miserable. Then I'd front up to my family and make sure everything seemed okay to them.”

Eventually, it came to a head. Lin was diagnosed with depression. Professionals suggested he stop playing football, at least for a while. It wasn't the reason for how Lin was feeling, but they considered it a factor in heightening his symptoms.

At first, Lin resisted the advice.

“I put it off. I saw it as a selfish thing to do, given the team-first setting and culture I was in.”

Lin recalls the moment that proved the catalyst for his decision to speak out.

“I was struggling with injuries, and I ended up finally playing a really good game in the VFL. I was driving home and realised I wasn’t even happy about it,” he says.

**“I just felt so empty inside.”**

“That was an eye-opener. Afterwards, I had some more conversations and conjured up the courage to talk to the club. I told them, if I keep going I’ll do myself more damage than good. It was bloody nerve-racking, but it was life-changing.”

At the time, Lin wasn’t sure how it would be received by the broader group.

“The ones closest to me sort of knew but I was nervous about what everyone else would think,” he says.

He needn't have worried. The decision was well-received, not only by the club but the community at large. Lin was lauded for his courage in prioritising his mental health.

“The support I got was unbelievable,” says Lin.

“I couldn't thank the club enough.”

### **The COVID-19 shutdown**

When it was announced that the AFL season was to be shut down at the end of round one this year, there was a sense of disbelief among Bulldogs players and staff.

“I think everyone was in shock originally, because for a long time, everyone was pretty blasé about the whole situation. I remember driving home from the club and thinking, I don't know the next time I'll come back or if there'll even be a next time.”

Even though players were unsure about when – or if – the season would recommence, they still needed to train. It was an unsettling experience, with facilities and resources stripped right back, and group sessions

limited to just two players. Often, these took place at a public oval.

“We had already been through this gruelling pre-season. To then go back to an off-season program again, it was hard trying to find the motivation when we didn't know how long we'd have to be training,” says Lin.

From a mental health perspective, professional athletes are in a unique position. Many common strategies for maintaining wellbeing such as staying active, eating well and getting enough sleep, are the norm.

For Lin, finding different coping strategies was difficult.

“It’s hard to separate the job of being the best footy player you can be from enjoying your exercise. I didn’t even know what my coping mechanisms would be because as far as I was concerned, I had exhausted all of my options. I was already doing a lot of those things,” he says.

“A big part of it for me was actually talking to people about it, accepting it for what it was and accepting

myself for who I was. Another coping mechanism was just being more self-aware, understanding my emotions a bit more and being able to openly talk about them and be vulnerable.”

Lin is in a good space at the moment, but he’s not naïve. Taking care of himself is an ongoing process.

“It’s important people understand that these didn’t cure my depression – they have been things that help me cope with it.”

### **Dealing with anti-social media**

There’s been plenty of commentary around professional footballers and social media in 2020. From negative comments to straight-up abuse and even death threats.

“It’s pretty awful at the best of times, but especially at the moment. I don’t get how people can find joy in tearing others down like that. People might think ‘they’re footy players, they get this all the time, they’d be used to it’ but that’s completely unfair,” says Lin.



"We're just normal people and even though it might be some random sending these messages, words still hurt, regardless of where they come from."

For Lin, the first Australian of East Timorese and Taiwanese descent to play AFL, some of the abuse is racially charged.

When asked about whether he sees himself as a role model in calling out racism, he hesitates, then offers a considered response.

"I guess I do at times but for me, it seems like a lot of the time I'm just trying to fight my own battle. And if others follow suit, then so be it. I'm not standing up against racism to impress anyone – it's because I think it's the right thing to do," he says.

"If that's something that encourages others to do the same, it's a bonus."

There's been a clear shift in approach, with players increasingly speaking out about the mental health implications of online abuse.

“People often say ‘just ignore it, they’re trolls and they want a reaction’ but I don’t think ignoring it ever does anything,” he says.

“No one deserves to be abused online for playing an average game of footy.”

### **Taking stock**

While the last few months have been far from ideal, Lin has taken some learnings from the pandemic.

“I think people should have the capacity to open up and talk about their feelings, even if it’s just to vent. You don’t have to feel guilty about being upset.”

“It’s really good to keep perspective, but it’s about finding balance.”

“Your situation is your situation, and you don’t have to compare it to others.”

## **Depressed during Fatherhood**

Aiming for the impossible – Connor's experience of depression and parenting

Connor always had certain expectations of what it meant to be a man. When he became a father, his perspective changed.

From a young age, Connor Killian believed that he would one day have to become 'the impossible man'.

To Connor, this was the idea of the type of person he had to be. The type of man he had to be.

Someone who was masculine and strong. Someone who worked hard and earned lots of money. Someone who kept their problems to themselves.

The idea was daunting. Because to Connor, being that person seemed... impossible.

For years, he pushed the idea to the back of his mind. But when Connor found out he was going to be a

father, it soon occupied his every thought. And so he tried to do the impossible. Be the impossible.

The pressure mounted, both at work and at home, and his mental health plummeted.

### **Growing up tough**

Connor and his two brothers were brought up in a country town in New South Wales by their Filipino mother and Australian father, a horse trainer.

“I was raised in that old-school tradition of ‘boys don’t cry’, and these standards were even more ingrained when I was with my brothers,” remembers Connor.

“There wasn’t much time for weakness.”

But this didn’t mean he disliked his father. On the contrary.

“My dad was the most amazing man I knew. He taught me so much about love and family, and he did his best with what he was taught as a kid.”

When Connor got to high school, the pressure to ‘be a man’ intensified.

“I never really fit in at school. They would talk about girls and fights and sport. I was never good at any of it, but the pressure was always there,” says Connor.

### **Mental health concerns surface**

After Connor finished high school, he was still often confronted by unrealistic and sometimes toxic male standards.

He found himself overthinking a lot, critiquing every little decision he made.

He was having regular arguments with himself in his head, often about trivial things.

He started to feel stressed all the time, which led to feeling tired. But sleeping proved difficult too, as Connor couldn't calm his thoughts and was constantly restless.

This cycle continued for years. Yet Connor never felt he could talk to anyone about how he was feeling.

When he was 25, Craig's dad died. In the same week, Craig was evicted from the house he was renting. He had his mobile phone cut off. And he found out his then-partner had cheated on him.

Still, Connor dealt with all of this himself.

Because that was how he thought the impossible man should handle it.

### **Dealing with fatherhood**

Two years later, Connor moved to Newcastle. By this stage, the notion of the impossible man had faded. Not long after the move, Connor met Brooklyn, who would later become his wife. They hit it off straight away and it wasn't long before they were engaged.

Then came the news that excited and terrified Connor at the same time. They were going to be parents.

“The thought of being a dad never scared me. It excited me. But when my wife told me she was pregnant, I imagined the impossible man waking after years of slumber,” says Connor.

“I suddenly needed to take my career more seriously. I needed to act and sound more professional, and less like the goofball I usually was.”

Connor started putting in longer hours at work. He was promoted to a high-level manager position with his own office and budgets to manage. Connor’s wife noticed the changes. They worried her.

“It took a lot of energy out of me trying to be someone I wasn’t, and this hurt my wife. I was not the man she fell in love with.”

When Connor’s son was born, he was overjoyed. But he was so busy at work, he was barely home to spend any time with his family.

And when he did get home, he was so drained all we wanted to do was be left alone, or to sleep.

## **Losing control**

By this stage, Connor was drinking five coffees a day, sleeping poorly and had lost a lot of weight. His performance at work was declining. And he was still struggling to be present at home.

One day, Connor was sitting in his car, having just pulled up at the office. Suddenly, it was like he didn't have control of his own body.

“I could feel everything, yet I felt numb at the same time. Like someone had stripped my skin down to the bare nerves. I started to sweat, I couldn't move. I genuinely thought I was having a heart attack,” says Connor.

“I just didn't know what was happening to me.”

As it turned out, this was Connor's first panic attack. It was the catalyst to book an appointment with his GP.



Seeking support after his panic attack

Talking with his GP, Connor was finally able to open up about how he was feeling. How he felt like he was constantly losing a battle to be the impossible man.

Connor's GP referred him to a psychologist, who diagnosed him with anxiety and depression. He was hesitant at first but slowly, Connor began to heal.

He cut back at work, limited his coffee intake and worked on improving his sleep. He was more present with his wife and son.

And he found an unexpected outlet that helped calm his mind – Brazilian jujitsu.

“I could focus all my attention on one thing – my opponent.”

Coming to terms with the impossible man

These days, Connor is extremely conscious of the expectations he places on his son. It's not about being the best, or the strongest. And he wants his son to know that too.

“I want him to be kind and emotionally intelligent. I want him to be happy.”

Connor no longer feels the pressure to become an impossible man. He sets his own standards now.

## **Depression and Alcohol**

When depression and alcohol meet – Robert’s story

Robert's alcohol addiction and battle with depression took a massive toll. After battling for years, he took action to turn his life around.

Robert West doesn’t know what came first – his depression or his drinking.

He used to think it was his depression that led him to drink. At times, he was sure it was the other way around. These days, it doesn’t matter to Robert how it started.

For a long time, the combination took a toll on Richard. It was only when he reached breaking point that Robert was able to confront what he was doing to himself and take action to get back on track.

## **Medicating with alcohol**

Robert started drinking when he was around 15 years old. For a keen athlete (he played soccer), it wasn't uncommon to hit the pub after a game on a Saturday. Or a Sunday. Even after training on a weeknight. It was just what you did.

Growing up in the UK, Richard always aspired to get a job that would allow him to travel the world.

At 18, he landed a job at a major bank. Over the next two decades he met his wife, started a family and worked his way up to a vice-president position.

His dreams of travel were realised – he was in transit often, and lived at different times in Italy, Greece and Saudi Arabia – where he lived alone for six months during the first Gulf War.

Yet with the added responsibility came extra pressure. To cope, Robert drank more. He started drinking before work. Sometimes, he would drink on the job.

## **Impact on work and struggling to sleep**

Gradually his performance at work began to suffer.

“I made bad judgements, was forgetful, missed deadlines and lost drive and energy,” says Robert.

"Even still, no one wanted to talk about it."

Soon, it became clear. Robert was an alcoholic.

One of the major casualties of his drinking was his first marriage.

“I felt shame. Shame at my addiction. Shame that I had let everybody down as a husband, a father, a friend, an employee.”

Then there was Robert's inability to sleep. Every night, he would find himself staring at the ceiling, unable to drift off.

So he would turn to the bottle.

"It did the trick initially. It would knock me out for a couple of hours. Then around 2am, I would wake up with heart palpitations, drenched in sweat," says Robert.

### **Diagnosed with depression**

Robert's workplace had a mandatory health check for all employees over 40 with a company doctor. It came at the perfect time.

"I remember the doctor saying that as soon as I sat down in front of him, he knew I was a sick man," says Robert.

The doctor asked about Robert's lifestyle.

"When he asked how much I drank, I lied, but it was still enough to scare him," says Robert.

"He recommended a psychologist, who called me the next night and within two days I was sitting in their office."

Robert opened up about his difficulty sleeping. His work struggles. His addiction. And he felt like a huge burden had been lifted from his shoulders.

### **Trying different treatments**

Diagnosed with depression, Robert started to wonder whether his drinking was the cause or a coping strategy. Not long after the diagnosis, Robert was admitted to a rehabilitation clinic.

“Strangely enough, I found rehab to be heaven. Once I had overcome withdrawal, I felt that I was cocooned from the world and all its stresses and problems,” he says.

“I could see that others were exactly like me. I was not alone. This was a revelation. I was not unique in my illness. Depression and alcoholism were no longer dirty, spiteful, words. It was a disease and willpower alone would not solve it.”

Robert finished his six-week stint at rehab. When he left, he was convinced he was ‘fixed’. But it didn’t keep. Before long, Robert was drinking again.

## **Relapsing and returning to alcohol**

Over the next decade, Robert remarried, left the bank where he'd spent his entire career and moved to Australia. It was meant to be a fresh start.

But less than two years in, tragedy struck.

“I received the most horrific phone call of my life. My first wife and my 20-year-old son had died in a car crash. My daughter miraculously survived and was physically unharmed,” says Robert.

“I was unable to effectively look after my daughter or console my older son. I was functioning, but barely. Once again, alcohol became my comfort.”

But this time it was even worse.

After trying everything she could to help, Robert's second wife left him. He felt he was of no value to himself and a burden to everyone close to him.



“Since I had no purpose, I decided suicide would be best for everyone.”

Robert tried to take his own life. He sustained serious injuries but he was found and taken to hospital in Brisbane before it was too late.

### **Working towards recovery**

For a time, the doctors worried Robert wouldn't get better, yet he defied the odds. He made a full recovery from his injuries and was discharged. He reconnected with his wife.

“It was a miracle. I had a second chance and I wasn't going to waste it. I needed to replace the darkness and despair with positive passions.”

He did. Robert trialed different types of medication and sleeping aids. He attended regular counselling, group therapy and Alcoholics Anonymous.

He picked up new hobbies, developing a passion for photography and writing and completed a degree in journalism and a masters in creative writing.. He also began to put time back into the community through volunteering. In 2016, he embarked on a solo motorbike ride around Australia, covering 16,000km in 46 days.

### **A new mindset for mental health**

The way Robert sees it, he was, is and always will be an alcoholic. It's this mindset that allows him to recognise when he is feeling down, stressed or anxious, and to reach out to his support network when this happens.

“Help is anywhere and everywhere. You just have to see it. And if you need it – take it,” says Robert.

Whether it was the depression or the drinking that came first no longer matters to Robert. Now, the most important thing is knowing how to manage both.

## **Anger and Depression**

A kid with a fuse – Roman’ experience of anger and depression

Roman spent a long time bottling up his feelings and eventually, this started to take a toll on his mental health.

“I always had this sort of short fuse that would kind of just go off.”

Roman Read grew up in the 80s on his family’s dairy farm in central Victoria. Even as a kid, Ross put in long days helping with the cattle. He was used to being

frustrated, shouting or swearing when something wasn't going right.

"My brother would just walk the other way. Mum or Dad would probably just absorb it. They just thought I was angry because the cow was doing something wrong," says Roman.

"I just thought that was who I was."

While he didn't recognise it at the time, Roman was bottling up something that had happened to him years earlier. As much as he tried to bury these feelings, they started to seriously affect his mental health.

### **Taking over the farm, dealing with drought**

In the mid-90s, Roman and his brother took over the farm and expanded, taking on more land and more cattle. Then came one of the worst droughts on record in Australia's south.

Having experienced drought in the past, Roman and his brother assumed this one wouldn't last more than a couple of years. So they just knuckled down.

But by the late 2000s, the drought still hadn't lifted. The strain of life on the farm, coupled with Roman's anger, started to take a toll on his relationships. With his brother. With his wife and two young children. And with himself.

"I was going off; I had no control. It was just me venting... letting out everything that I could at that point. So, whatever I was frustrated at – that cow, or that tractor, or whatever else I was angry at – that just took the whole brunt," says Roman.

"I felt like I didn't have control of the situation, that I was a failure and I started hating being a dairy farmer. My stress levels were off the chart, my mental health was terrible, but if you asked was I okay, I would have smiled and said, 'I'm fine'."

## **Reaching a crossroads, asking for help**

All of this came to a head one day in 2008 when Ross was driving home from a trip to Adelaide. Alone with his thoughts, Roman began questioning whether his life on the farm was a life he wanted.

“I was driving and I remember the sign in front of me was an arrow to Sydney and the arrow to the right was directing me back home. And I sat at that intersection for half an hour or so, just deciding which way.”

For Roman, the turn to Sydney not only represented escape, it meant giving his family some relief Roman had convinced himself that his wife and two young boys would be better off without him.

After some time, Rosman chose to go right. Back to his farm. To his family. And to face his anger.

That’s when he booked an appointment with his GP.

Man in blue collared shirt sitting on park bench

Uncovering trauma, understanding the impact

At that appointment, somewhat unexpectedly, Roman opened about something he had buried for a long time: the abuse he had experienced as a child.

“It started when I was about five. I didn’t recognise it as abuse. I knew it didn’t feel right. It was just what happened,” says Roman.

“I couldn’t tell anyone. Mum and dad never knew. It was kind of this wall that I put up.”

By not talking about the abuse, Roman had hoped it would just go away.

"That’s what I did. For years.”

This visit to the GP became a turning point.

“I felt a sense of relief, that I didn’t need to hide the truth. This was the first time I spoke about living with the guilt and shame of being abused and how I blamed myself for what had happened,” says Roman.

“It was no turning back. It couldn’t be stuffed back away.”

The GP walked Ross through a mental health treatment plan and referred him to a psychologist.

“My first few sessions were an emotional roller-coaster. I don’t think I have cried as much as I did in those first few visits, but it was like a weight had been lifted off my shoulders.”

### **Coping strategies**

It’s well over a decade on and Roman has been seeing his psychologist ever since those first sessions.

Cognitive behaviour therapy has empowered Roman to work through the feelings of hurt and humiliation stemming from his abuse.

“[My psychologist] was able to explain how traumatic events that happen in your life that are no fault of your own. They can develop into a serious mental illness if not diagnosed and treated properly,” says Roman.



Therapy has also helped Roman to understand his anger and why he reacts as he does when he feels like he's not in control. He's learnt that he needs to take a breath, think about who or what is causing him to feel angry and why that might be happening.

### **Making peace with himself**

Roman has come to realise that despite the strain of trying to run the farm through drought, the property holds a special place in his heart.

“I really think for those early years, the farm did save me. Yes, it was a means of hiding, but it allowed me time to grow, allowed me time to build some confidence,” Roman explains.

“It's just that sort of safe space.”

The farm continues to play a vital role in Roman's healing. It, along with his family, his GP and his psychologist, is a critical part of the management plan Roman follows to maintain his wellbeing.

“With mental illness it’s not something that you can treat once, and it just goes away,” he notes.

Roman is proud of having stuck at it. But mostly, he is grateful for the life he’s built. And for taking the right turn at that intersection so many years ago.

## **Grief and Depression**

“A black tunnel with no way out” – Easton’s story of grief and depression

Easton was barely out of school when his father died and left him the family farm to run. Unable to grieve, the pressure mounted on Easton and his mental health deteriorated.

Farming was always in Easton Sloan’s blood. It’s how his father made a living and, like most kids who grew up on a farm, Easton helped out from the time he could walk.

His family kept to themselves most of his childhood. Not necessarily by choice – their property was located 15 minutes outside a small town in Western Australia.

Easton’s dad worked all the time. His mum would sometimes leave for days, even weeks at a time. She was staying with her sister, Easton would be told.

It was only when Easton was older that he learned his mother was actually going to hospital to deal with depression.

When Easton was 17, his father was diagnosed with cancer. Less than two years later, he passed away.

Suddenly, Easton was not only without a father but responsible for the entire property. The pressure quickly mounted. His mental health deteriorated.

### **Unable to grieve**

While Easton had always helped on the farm, managing it himself was another matter entirely.

He worked long hours and his only respite was to disappear up to one of the back paddocks, where he would lie beneath a tree and sleep. It was quiet there, if only for a while.

“I think I learned that coping strategy from my mother. She would hide her depression by going away, and I did the same down in the back paddock,” says Easton.

Easton never took the time to grieve his father. And nobody ever asked. That wasn't how things went in the country. The focus was on the practical. Even after meeting his wife and having children, the property continued to come first.

"It took me over 12 months to even cry about Dad passing away," says Easton.

Farming was difficult enough for Easton when everything was going well. Throw in a drought and it became harder still. Eddie endured as best he could. But when a recession hit, he began to consider the unthinkable. Selling the farm.

In the end, that was the only option. And as much as he knew he had to do it, Easton felt sick.

"I promised Dad I would stay and look after mum on the farm... I didn't do that and, in my mind, that was a failure. And I started to really hate myself. I just thought I'd failed."

After selling the farm, Easton stayed living locally, working on a neighbouring farm.

He started to feel low all the time. He stopped socialising. His thoughts became dark. He began having moments when he considered taking his own life.

Silhouette of man in wide brim hat in paddock during sunset

### **Asking for help**

The first conversation Easton ever had about his mental health was with a friend who said they'd noticed the changes. They advised him to see a doctor.

At 33 years old, Easton drove 150 kilometres to see a GP. Out of town, away from people that knew him, Eddie let it all out.

“I told him what I was experiencing – the anger, fatigue, numbness, withdrawing from important aspects of my life, that at times I felt that I was looking down a black tunnel with no way out.”

The doctor listened and eventually made a diagnosis – depression. It didn’t come as a great shock for Easton. In fact, it was more of a relief. At least he knew what he was dealing with.

The doctor also prescribed medication. Easton agreed, but he was also worried about the potential side effects. So he didn’t take them all the time.

### **Depression takes hold**

Several years after he was diagnosed, Easton moved his wife and children across the country to Kingaroy, a town in Queensland. He liked it there but the transition

wasn't easy. He had been a farmer for so long, and now he was working inside all day.

Easton felt like he had lost his identity.

"I started repeating the same mistakes. Not taking the medication properly. Then going back to the doctor and saying it didn't work properly."

Easton also started to isolate himself again.

"I was at the lowest I'd ever been. I had pretty much given up on myself and life," he says.

It reached the point that his wife felt compelled to call an ambulance, which took him to the acute mental health ward at Toowoomba Hospital. It was only meant to be a short stay but Easton wound up there for several weeks. They adjusted his medication and sent him home.



Barely a year later, his mental health deteriorated again. He thought about his family and how he needed to get better for them. He became determined to try anything.

Easton admitted himself back into hospital voluntarily.

Man sitting next to man with beard

### **Taking steps to get well**

It didn't happen straight away, but slowly, Easton began to mend. He underwent different styles of therapy, took his medication consistently and starting regularly seeing a psychologist

His wife continued to support him and he cut no corners when it came to working on his day-to-day wellbeing. He cut back on caffeine, started taking his diet more seriously and prioritised exercise.

There were still times when the dark feelings returned. But Easton was better equipped to handle them.

## Reflections on mental health journey

Sometimes, Easton reflects on his lowest point, like the day he nearly walked away from his family. He thinks of all the things in his life that he has done since, moments he would have missed out on.

“I wouldn't have met my grandkids. I wouldn't have renewed my wedding vows. I wouldn't have walked my daughter down the aisle,” he says.

He still thinks about his dad too. And how his passing had such an impact on Easton.

“Grief is something that we all experience in life where we just need to be taught the skills to get through it. Because if you don't do something about it, it can come back and bite you down the track.”

These days, one of Easton's main coping strategies is going camping on his own.

But unlike his trips to the back paddock, this alone time isn't to escape – it's to recharge. So he can spend more time with his family, rather than avoiding them.

Beyond Blue

## Teenage Depression

Here are some stories of people who experienced depression during their teenage years. However, we have chosen to omit their names because we understand that teenage years can be a tough and sensitive time. We believe that it is the best thing to do, especially since some individuals are still experiencing depression. We hope that they get better.

1. "Having no friends there brought me into an endless cycle of sadness."

My freshman year of college I was at a very large school and felt swallowed up by it. I'm pretty introverted and had a hard time meeting new people. Having no friends brought me into an endless cycle of sadness. I didn't really feel anything, which led me to not caring enough to get up and go to classes. This caused failing grades, which only caused me to sink further into the depression. I finished the year there, but after that I went to a community college while getting therapy so that I could be closer to my family; before, they were six hours away and I never got to see them. For my junior year, I decided to go to a small

college about a half hour away from home. It was such a good choice; the smaller environment made it easier to make friends — I made some that will last a lifetime. My advice to high schoolers searching for colleges is to seriously think about what environments you thrive in.

—Anonymous

2. "You have to take control and get help if you are struggling."

My depression was accompanied by an eating disorder, which I slowly developed during my second semester at Cornell University. I was struggling to balance school, my parents' divorce, and a long-distance boyfriend who was not treating me well. I took it all out on myself and began to compulsively exercise, and eventually restricted my food intake. I didn't realize what was wrong with me; I just knew I was always tired, cold, and extremely unhappy. I felt like I was a transparent entity floating around campus,

and I never went out with friends no matter how hard they tried to convince me to. During that summer, when I was living alone and interning as a research assistant, things got worse because no one was around to see how I was wasting away. Eventually I reached out to my parents because I was so, so tired of being inside my head all the time. I took the following year off of school and went to a treatment center to get my life back in control. Now, I have been back on campus for almost two years, have an internship lined up in the summer, and am getting through each day better than the last. Taking control and getting help is the hardest thing to do when you're struggling, but it could save your life.

—Anonymous

3. "I'm not OK, but I think I will be."

People always told me these would be the best years of my life, which is why I think depression in college hurts so much more. I came in expecting a blur of laughter, like a scene out of some college movie, but really it's full of sleepless nights from homework;

professors that make me want to change majors or even schools; botched interviews that made me feel worthless and unqualified for life in general; tuition increases that make me doubt my future; failed assignments I spend weeks perfecting; some of the worst people I've ever met. I went into college expecting so much that, even if I wasn't depressed, nothing could live up to my expectations. I'm the odd girl out who listens to her iPod everywhere on campus because I can't stand my own thoughts. I study in my room because I don't want to sit alone at the library. I binge-watch Netflix because I don't sleep at night. I haven't been able to overcome my depression. I'm still fighting it, but I've made my first mental health clinic appointment. I'm not OK, but I think I will be.

—Anonymous

4. "The lowest points involved me crying for hours and not going to class."

I failed out of three different schools because of my depression. I would start the semester strong and then never show up to class. I'd cry for hours and then not go to class because I was too exhausted from crying to

drag myself out of bed. I ended up going to a local community college, where I held it together for a semester, then failed out again once my parents stopped keeping an eye on me. I decided to try going to beauty school instead, which I also failed out of. I wasn't able to turn things around until I went to a psych ward and was diagnosed as manic depressive with an eating disorder. Since then, I started back at school, and I am now about to graduate with an associate's degree.

—Anonymous

5. "I worry the depression is going to come back."

I became depressed last year when I transferred to my current college. I felt invisible at my school because the school considered me a junior, but the dance program considered me a sophomore and put me in all-



freshmen classes. My school is also predominantly white, so I felt overlooked for that reason as well. I also have OCD, which contributed to my depression. At the beginning of this year, I started taking Paxil, which allowed me to pay attention in class but made me pretty numb; I've switched to Prozac but it doesn't really work the way Paxil did. I worry the depression is going to come back.

—Anonymous

6. "It's so hard to find the courage and motivation to get the help I need."

I am lucky that my professors have been understanding, and I have been able to work closely with a psychiatric nurse, a counselor, my adviser, my dean, and the head of academic support services to

make accommodations. As hard as it is to struggle when I want to succeed, it is good to have a team of people on my side who care about me. I have told a few friends and they are supportive as well. It's so hard to find the courage and motivation to get the help I need, but it's so rewarding when I can get support. I most value the friends that treat me like all their other friends, who can just watch TV or talk with me about anything without me worrying about what they think of me or worrying that I might upset them.

— Anonymous

7. "I was completely unable to get out of bed most days."

I had my associate's degree and was starting at a state university. In the middle of that first fall semester, depression hit. Not only was I taking classes that I was not prepared for, but I was also completely unable to get out of bed most days. My college had free

counseling sessions and I went to both private and group meetings for a while, until I couldn't even make it out of my house for those. I was skipping classes regularly, skipping counseling, not talking to people, and I felt completely lost among the hordes of students that were surrounding me when I was able to make it to campus. It was a dark hole, and I made the decision to take some time off from school to focus on getting better. I am now a student at a completely different university studying something that I am passionate about, and though my depression still leaks in I'm trying not to skip class. So far, it's worked.

—Anonymous

#### 8. "Depression makes every day a challenge."

Moving to campus when I was 18 triggered me severely and made me have multiple panic attacks a day. I was diagnosed with depression when I was 15, so I knew I had to seek out the resources available to me. I started by visiting the health services center and

meeting with a counselor, but it didn't really help. I got a referral from my therapist at home and sought a therapist off campus. Three years later, I still see her every week. Most of the time I'm able to make myself get up and go to class and do some work, but it's exhausting. I'm often afraid to tell people about my depression because of the stigma around it, but my close friends are aware that I struggle with it. They try to check in with me when they can, which means a lot. My school has not been nearly as understanding or accommodating. I was kicked off campus my sophomore year after a bad depressive episode which, unsurprisingly, made my depression worse. Luckily that depressive state came in the form of anger that allowed me to finish up the semester with straight A's as a way to "stick it to the man." I'm in my last semester of college and my depression, which had been under control for about seven months, is slowly creeping back in. I'm trucking along as best I can, but depression makes every day a challenge.

— Anonymous

9. "I thought people wouldn't treat me the same."

After I was raped during my third semester of college by a guy I considered my friend, I fell into a depression. I didn't attend classes because I had no motivation. I had been part of a sorority for a year, but after I was diagnosed with depression by the school psychiatrist, I didn't want to leave my room. All I wanted to do was sleep and eat; it just seemed like a way of coping without having to tell people. There's such a negative stigma around depression and mental illness that I thought people wouldn't treat me the same. I finally broke down and talked to my women's studies professor, and he strongly urged me to see a counselor. I've been going to a counselor now for about two months and I release my pent-up anger and frustration and fear at the gym. I want to tell the people that are also going through what I'm going through that it gets better. Go to a counselor; it really does help. Don't be scared because you'll be OK.

—Anonymous

10. "What got me through the hard times abroad was the wonderful people I met."

I thought that by studying abroad I would be able to run away from my depression, that I'd be so busy having adventures and traveling around the world I wouldn't even have time to be depressed. It turns out that your problems just travel with you. I was in a foreign country speaking a foreign language and was consistently surrounded by strangers. The only time I could connect with friends and family from home was through the internet, which was pretty inconsistent there. Not only did I feel completely isolated in my depression, but I felt extremely guilty; I was supposed to be having the time of my life. What got me through the hard times abroad were the wonderful people I met. The family I lived with abroad are all wonderful people, and when they weren't seeking me out, I was

going out of my way to spend time with them. Eventually I made some wonderful friends who were also having rough semesters, and we were able to help each other not just survive the semester, but eventually thrive. You can't run away from your depression, I had to learn that the hard way, but no matter where you are in the world, you can prevail over your depression. Depression doesn't have to ruin your semester abroad, your "best years" at college, or your life. There are many different resources available that can help. It just might take time.

— Anonymous

11. "No one knows how you feel until you tell them."

For how much depression sucks, I actually had a semi-positive experience in college. I was officially diagnosed my last semester of school, as senioritis took over and I physically could not make myself do any work. I had been a star student up until that point,

so this was frightening to think that if I didn't get it together, I would not graduate. I sought help from my school's health center, and a psychiatrist really listened to my issues and prescribed me fluoxetine. I also attended my college's counseling center, which provides inexpensive sessions. Although I can't say exactly what helped, I know a lot of it was my understanding and accommodating professors. I went to a small, private school, and had a core group of teachers that had gotten to know me and seen me grow over my four years there, so they knew this was not just a case of laziness. They continually asked how I was doing, offered to help in whatever way they could, and gave me more time on assignments. I ended up graduating with honors, and I give all the credit to my professors and my parents for carrying me across the finish line. If I have one thing to say to someone who might be struggling with depression, it is to tell people: No one knows how you feel until you tell them, and they can't help you until they know.

—Anonymous



12. "I'm so grateful for the support I got from my loved ones."

I was really scared about going into college with depression. College was so different compared to high school: The workload was higher, as was the pressure to do well. I started off as a biology major, one of the hardest majors, and I struggled. I would have days where I didn't want to go to class, do homework, or get out of bed. I used to sleep all the time, choosing sleep over homework, and my grades suffered. I wanted to drop out, but I didn't. I found a class I loved, and I had friends to eat with. I felt happier. But I still struggled with episodes of depression, and it wasn't until my boyfriend convinced me to go to the therapist on campus that I had someone to talk to who understood my difficulties. When I started taking antidepressants on my therapist's recommendation, I felt my mind was finally stable; I could focus on my school work and wasn't as anxious. I changed my major to philosophy and was much happier. With the help of my boyfriend and friends, I was happy again. I was hopeful for the future, and felt like I could do anything. I'm so grateful for the support I got from my loved ones and the therapy center in my school. Now as a sophomore in my spring semester of college, I am

happier than ever. My depression and anxiety aren't totally gone; I still go to therapy and take my pills. Depression isn't a quick fix, it takes time and effort in order to heal and to get better. But it does get better.

— Anonymous

13. "If I was OK, it was because they cared."

I've struggled with depression for just over nine years. College has been rough because I'm five hours from home. I want to hide my struggles from the people I know, which makes me distant and cold. But inside, I'm dying for connection. Lately I've been pretty OK, but last week was rough. I ended up missing two days of classes because I couldn't get out of bed. The second day, I dragged myself out of bed and missed my first class because I spent so much time just staring blankly in the mirror. I honestly don't remember what I was thinking or even doing. I ended up crawling back into bed and sleeping for the rest of the day. I opened up to a few close friends that I've learned to really trust, and

honestly, they're the reason I'm on the upward slope. They would text to make sure I was showering and feeding myself and encourage me to call home, come to their dorm, or go to the school counselor. If I wasn't OK, they were there. If I was OK, it was because they cared.

—Anonymous

Buzzfeed

## **Chapter 3**

### **Treatment**

In this final chapter, we will discuss the most important aspect of the book. It is closely related to the other chapters, so if you have just come to read this chapter, it would be beneficial for you to read some of the other sections as well. I must say that every word in this chapter was written with my whole heart, so every word is precious to me.

## Treat the shit

### Depression, A Prison or a WAR?

Recognizing depression and its impact on one's life is crucial to overcoming it. It is important to acknowledge that **when you have depression, you are in a prison.** Depression can make you feel trapped and hopeless, as though you are confined to a small, dark space with no escape. It is a mental state that can be debilitating, and it can prevent you from living your life to the fullest.

Moreover, it is equally important to understand that **when you are depressed, you are having a war.** This war is not with someone else, but with yourself. Depression can make you feel like you are battling your own mind and emotions, and it can be exhausting. However, recognizing this war can help you seek the necessary support to help you win the battle.

## **Depression is not a shame!**

Unfortunately, many individuals still feel ashamed or embarrassed to talk about their struggles with depression. It's important to recognize that depression is not a personal failing or weakness, and seeking help for this condition is a sign of strength and courage.

One of the reasons why depression is still stigmatized is due to the myths and misconceptions that surround it. Some people believe that depression is a choice, or that it's simply a matter of "snapping out of it." Others may view depression as a weakness or a character flaw, rather than a legitimate medical condition. These attitudes can prevent individuals from seeking help and can make them feel isolated and misunderstood.

Depression is not a shame. It's a common and treatable condition that can affect anyone. It's important to recognize the signs of depression, seek help, and understand that it's not a personal failing or weakness. With the right treatment and support, it's possible to overcome depression and live a fulfilling life.

## **It's not OK to stay WEAK!**

Weakness is not acceptable for either gender, and is considered a form of sickness. The idea of being born weak or not wanting to improve is sickness. If you are a Man or a Woman it's not OK to be WEAK, I must say that WEAKNESS IS SICKNESS, I might be a little mean about this one but it's a fact, not wanting to get better and believing that you are just like that or Born as a weak then you are sick.

## **Artificial and Natural treatments**

Artificial treatments for depression often involve medications and other interventions that are designed to manage the symptoms of depression. These treatments can be effective in reducing the severity of depression symptoms, but they often come with side effects and may not address the root cause of the condition.

On the other hand, natural treatments for depression can be a safer and more sustainable option for managing depression symptoms. Natural treatments

for depression include exercise, a healthy diet, and therapy. These interventions may take longer to work than artificial treatments, but they can have fewer side effects and can address the underlying causes of the depression.

In conclusion, there are various ways to treat depression, including artificial and natural treatments. While artificial treatments can be effective in reducing the severity of depression symptoms, they often come with side effects and may not address the underlying causes of the condition. Natural treatments, on the other hand, may take longer to work but can be more sustainable and have fewer side effects. Ultimately, the best treatment approach for depression will depend on the individual and their specific needs and circumstances.

## **Artificial Treatments**

My way of treatment was not artificial so I'm not so very good at it, but here are some types of treatments for depression that could be considered artificial or pharmaceutical:



1. **Antidepressant Medications:** These are drugs that are designed to help manage depression symptoms by altering brain chemistry. There are several different classes of antidepressant medications, such as selective serotonin reuptake inhibitors (SSRIs), serotonin-norepinephrine reuptake inhibitors (SNRIs), and tricyclic antidepressants (TCAs). These medications can be effective in reducing the severity of depression symptoms, but they can also have side effects and may not address the underlying causes of the condition.
2. **Electroconvulsive Therapy (ECT):** ECT is a medical treatment for severe depression that involves applying electric currents to the brain. This treatment is usually reserved for individuals who have not responded to other forms of treatment, such as medications or therapy. While ECT can be effective in managing severe depression symptoms, it can also have side effects such as memory loss.
3. **Transcranial Magnetic Stimulation (TMS):** TMS is a non-invasive medical treatment for depression that uses magnetic fields to stimulate nerve cells in the brain. This treatment is

usually reserved for individuals who have not responded to other forms of treatment, such as medications or therapy. TMS can be effective in managing depression symptoms, but it may require multiple sessions to see results.

4. Ketamine: Ketamine is an anesthetic drug that has been found to have rapid antidepressant effects when used in low doses. This treatment is usually reserved for individuals who have not responded to other forms of treatment, such as medications or therapy. Ketamine can be effective in managing depression symptoms, but it may have side effects and can be addictive.

## **Natural Treatment**

Regarding treatment, I prefer natural methods and do not believe in artificial treatments. While there are natural treatments such as a healthy diet and exercise, But my principle for treatment is based on these natural steps:

## **1. Put God first.**

When you're struggling with depression, it's easy to feel lost, alone, and hopeless. But there's one thing that can provide you with a sense of comfort, strength, and purpose: putting God first.

When you put God first in your life, you acknowledge that there's a higher power that's watching over you, guiding you, and helping you through the tough times. You're not alone in your struggles, and you can take comfort in the fact that God has a plan for you, even if it's not immediately clear to you.

Putting God first also means surrendering control to Him. It means letting go of your worries and fears, and trusting that He will provide you with the strength and courage to overcome your challenges. It means believing that God loves you unconditionally, and that His love will never fade or falter, no matter what you're going through.

So if you're feeling depressed and overwhelmed, take a moment to pause, pray, and put God first. Remember that you are loved, you are valued, and you have a purpose in this world. With God by your side, you can overcome anything, and find hope, healing, and happiness again, you may not believe but it takes %50 of the Process.

## **2. Realizing that you have Depression**

Realizing that you have depression can be a difficult and overwhelming experience. It can feel like you're lost in a dark and endless tunnel, with no hope of ever finding your way out.

But the truth is, realizing that you have depression is the first step towards healing. It means that you're acknowledging that something isn't right, and that you need help and support to get better.

You are not alone in your struggle. Millions of people around the world have experienced depression, and many have found hope, healing, and happiness again.

The road to recovery won't be easy, but it's worth it. It starts with seeking professional help,

and being honest with yourself and others about how you're feeling. It means being kind to yourself, and giving yourself permission to rest, to seek support, and to prioritize your mental health.

Realizing that you have depression doesn't define you or your worth. It's simply a part of your journey, and it's a journey that you can overcome. With the right support, resources, and mindset, you can emerge from the darkness of depression, and into a brighter and happier future.

Remember that you are strong, you are loved, and you have the power to overcome depression. You are not alone, and you will get through this.

### **3. Having the Hope to heal**

Having the hope to heal is a crucial aspect of overcoming any challenge, including depression. It's what gives us the strength and motivation to keep going, even when the road ahead seems long and difficult.

The hope to heal means believing that things can get better, even if they seem hopeless right

now. It means having faith that there is a light at the end of the tunnel, and that you have the strength and resilience to reach it.

Sometimes, it can be hard to hold onto hope when you're struggling with depression. It can feel like you're stuck in a never-ending cycle of sadness, pain, and despair. But remember that depression is treatable, and that there are many people who have overcome it and found happiness again.

Having the hope to heal also means being patient with you, and trusting the process of recovery. Healing takes time, and there will be ups and downs along the way. But with each step forward, you'll come closer to a life free from depression.

So if you're struggling with depression, hold onto the hope to heal. Believe that things can and will get better. Seek out the support and resources you need to heal, and don't give up on yourself. Remember that you are strong, you are loved, and you have the power to overcome depression and find happiness again, Step two and three takes %25.

## **4. Exercise and Therapy**

Exercise and therapy are two powerful tools that can help you overcome depression and find happiness again. While it may seem daunting to start exercising or going to therapy, know that they can be incredibly effective in improving your mental health and overall wellbeing.

Exercise has been shown to release endorphins, which are natural chemicals in your body that can help to reduce stress, anxiety, and depression. By incorporating exercise into your routine, you'll not only be improving your physical health, but also your mental health.

Therapy is also a powerful tool in treating depression. It provides a safe and supportive environment where you can work through your feelings, develop coping strategies, and learn new skills to help you manage your symptoms. A therapist can help you understand the root causes of your depression, and guide you towards a path of healing and recovery.

By combining exercise and therapy, you'll be tackling depression from both a physical and mental perspective. You'll be building strength and resilience in your body, while also developing the tools and strategies you need to manage your emotions and thoughts.

Remember that exercise and therapy are not quick fixes, and they may not work for everyone. But if you're willing to commit to the process, and put in the effort and dedication required, you can overcome depression and find happiness again. Believe in yourself, seek out the support and resources you need, and know that you have the power to heal and thrive.

## **5. Believe in the Process**

Believing in the process is a key component in overcoming depression and finding joy and fulfillment in your life. It means trusting that the steps you're taking, whether they are therapy, medication, exercise, or other forms of self-care, will lead you towards healing and recovery.

Sometimes, it can be easy to lose faith in the process, especially when progress seems slow or setbacks occur. But remember that healing is



not a linear journey, and it's normal to experience ups and downs along the way. The important thing is to keep moving forward, even if it feels difficult or uncomfortable.

Believing in the process also means being patient with you, and acknowledging that change takes time. Don't be discouraged if you don't see immediate results, or if you find yourself struggling with old patterns or negative thoughts. With dedication and perseverance, you can break free from these patterns and create a happier, healthier life for yourself.

Remember to celebrate your victories, no matter how small they may seem. Each step you take towards healing and recovery is a step in the right direction. Trust in yourself, trust in the process, and know that you have the strength and resilience to overcome depression and live a fulfilling life.

So if you're struggling with depression, believe in the process. Trust that the steps you're taking will lead you towards healing and recovery. Seek out the support and resources you need, and never give up on yourself. With patience, dedication, and a belief in yourself, you can

overcome depression and find happiness once again. Step 4 and 5 takes %24 overall.

## Treatment Diagram



## About the diagram

The success rate for treating depression is 99%, which is the sum of 50%, 25%, and 24%. One might question why the success rate is not 100%. However, depression treatment may not completely restore a person to their pre-depression state ( you won't be the same ), and you might say that “ Oh, This book was supposed to be a motivational book and it would have made you %120 treated”. This reality may seem to contradict the motivational and hopeful message of the treatment, but it is important to accept it. But the quote "if a bullet didn't kill you, it will make you stronger" can help to reframe this situation.

## Other Ways

### 1. Pets

Pets can positively impact mental health by providing companionship, unconditional affection, and encouraging physical activity. Pets don't judge and can be there for you when you're not feeling great. They can also help

establish routines that are supportive for managing conditions like depression and anxiety.

## 2. Finding a GP that can help with mental health issues

When dealing with mental health issues, the first point of call is usually the local GP. This is because they often have a good understanding of your background, can undertake a holistic assessment of your physical and mental health, and can refer you to suitable mental health professionals. However, GPs can be overworked and a busy practice may not be the best environment to discuss mental health concerns. To ensure a productive visit, it's important to find the right GP for you, consider the cost of the consultation, book a double appointment, write down notes in advance, be upfront about your concerns, follow up with the same GP, ask about their mental health training, and consider a second opinion if not progressing well. It's also worth noting that some GPs have additional mental health training, which can qualify them to provide more in-depth mental health advice.

Beyondblue

## **Tell your Story**

Telling your story can be a powerful tool for both healing and inspiring others. After going through the difficult journey of depression and coming out the other side, you have a unique perspective and experience that can help others who are still struggling.

Sharing your story can help break down the stigma surrounding mental health issues and show others that they are not alone. By being open and honest about your struggles, you can inspire others to seek help and support, and show them that recovery is possible.

Your story is a testament to your strength and resilience, and can serve as a beacon of hope for others who are struggling. By sharing your experience, you can help others see that there is light at the end of the tunnel, and that they too can overcome the challenges they face.

So, tell your story. Share your journey. And know that in doing so, you are making a positive impact on the world. You have the power to inspire and uplift others, and that is something truly special. Keep shining your light and sharing your story, and know that you are making a difference.

So here's my Story:

When I got depression I was a 13-14 years old teenager, it was the quarantine time when i got cursed with it, the main reasons was the internet, films, and social media, it was the winter of 2021 and i was hopeless of living, I was in a prison and I was in War, i even took a picture of myself when i had depression and when i got treated, you will be shocked of how bad i was depressed, i was a social phobic person when I was young I didn't communicate too much with people, I got the "Dysthymia" type which is the second most severe type after "severe depression" but fortunately i got treated, i didn't tell anyone when i got cursed and when i got treated, You may ask how the people around you like your family didn't notice you? I was a good actor of pretending well even when i wasn't, But one day my mom Realized, And she told my father about it in front of me, I was very ashamed of that and,

I cried after that in the Bathroom.

, In summer i got Treated and took the vitamins with exercise and getting back into the social world, after 3 months i presented a presentation in my school about depression causes and treatments, During the presentation I started with the story of a Depressed boy (It was me) but I didn't said his name, At the end the teacher asked me about the depressed boy who I talked about, Believe me I did not expect that question, and he said " What happened to the boy? ", and I said " He's on the stage and presenting a presentation." Everyone was surprised and they clapped; now I'm writing a book about Depression,

And now with the war finally over.... I'm free

Azhee Ali

14/4/2023 – 4:53 PM, Sulaimaniyagh, In the kitchen

