

Beware the Grim (or, how I manage my depression)

Created 1 Dec 2007 - 6:07pm

According to HIV Futures 5 a large portion of the HIV positive community in Australia either as living with depression, or to taking medication for the treatment of depression. The suggestion is that numbers are considerably higher in the positive population in proportion to the national figures for the whole population as discussed in the National Health Survey (ABS). If this is the case then the conversation about depression within the positive population is a conversation that we have to continually revisit.

Depression and Grief are very often confused as the same condition. A person dealing with the sense of loss, following a death, or some other emotional upheaval, is not necessarily depressed; grief may be a trigger for depression, but as the person moves through their grief their mental state changes to allow them to move forward. However, for a person suffering with Depression each step forward can seem to become harder and harder and more inescapable.

Not the most popular of conditions on the planet, mental illness is by far the condition that causes, even the bravest of hard nosed neoliths to wet their pants with fear. However, although highly stigmatised by all cultures, the insidious nature of mental illness makes it unavoidable to those susceptible; its effects crippling, even those that believed themselves immune. It's not something you can see, smell, feel or touch; for the most part its effects are gradual and unnoticeable.

In some the change is profound; their entire world and the worlds of their families, friends and peers are irreversibly changed. Left unchecked, undiagnosed and untreated these people fall through the cracks in society and form the ranks of the homeless and the desolate living along the fringe until they simply are no more; unremarkable; unremembered.

In a world that cannot tolerate imperfection; spends copious quantities of money to buy the newest and best physical upgrade; new hair; new breasts; new face; new organs, the vagaries of mental illness are unquantifiable; not containable; an unknown entity that has no quick fix and as a result is shunned; even though it is often a consequence of the perfectionism sought through these other insecurities.

However, with the numbers of those recorded as experiencing some form of mental illness in their lifetime growing it is time to stop and re-evaluate. The number of people, diagnosed with depression, in Australia alone, has increased in recent years to the degree that Statistics indicate that 1 in 5 Australians will experience depression at some stage in their life.

"Is Depression common? Very common! Around one million Australian adults and 100,000 young people live with depression each year. On average, one in five people will experience depression in their lifetime - one in four females and one in six males." ([Beyond Blue](#) [1])

It's time to change the way we deal with the subject of mental illness in society; time to break the taboo and fill the silence.

In my own experience, living with depression, one of the biggest hurdles I had to overcome was the sense of failure; the idea that I was unable to cope with 'Normal' day to day activities. Initially learning that I had depression led to more and more social isolation both through my lack of taking the opportunities that came my way; or my own sense of inadequacy making me withdraw; creating a sense of loneliness; even in a crowded room of people I knew.

It's interesting to note that in this situation you feel like the person no-one wants to know and at the same time you tend to create a persona that very few want to be around as each subject you do discuss is either negative, or conversely so over the top that people feel embarrassed; you become the ultimate actor having a different mask for

each situation.

For many, as with my own experience, depression is not intermittent, as I recently came to realize; it is a condition that I have had for most of my life, at least 35 years that I can directly recall. With this realisation has come the understanding that it is a condition that needs to be managed rather than allowed to run riot when it wants to in my life.

Please note that I say 'manage' rather than cure; this was a mistake I made when I was initially diagnosed, with depression, twelve years ago. However, after a number of personal emotional crashes, each of which I have survived, when I thought they would never end, I have started to learn better management. That's why I refer to "How I manage my depression," rather than putting it into the past tense; it's an ongoing adventure (not one I always enjoy.)

So, what strategies do I employ that I believe you may find beneficial if you identify with anything discussed so far? In no specific order:

1. Don't be afraid to ask for help

If you think you are losing your mind chances are that you're not, and there will be someone ready and willing to help you. The best person is probably your GP, or your specialist, if you have a good relationship with them. Or, find some other allied health professional you feel you can trust. But, please, ask for help.

2. Counselling is essential

You need to find a counselor that you can relate to. Someone your GP, or your HIV specialist recommends. You really don't want to have to spend your time educating someone about HIV or the intricacies of taking [HAART](#) [2] Highly Active AntiRetroviral Therapy ??? aggressive treatment of HIV infection using several different drugs together. unless you really have to. In developing this relationship you do need to give yourself and the counselor a reasonable period to establish the trust required; this will vary for everyone; but, ultimately, the level of honesty and trust you have in this relationship will determine the outcomes for you.

Money can be a serious consideration for most people in this area. But, community services in Australian Capital cities can and will put you in contact with services you can afford. Additionally, AIDS councils around the country are a great resource for information on counseling services.

3. Medication and taking that medication is a key for many

Depression can be controlled with appropriate medication; taking antidepressant medication is not a sign of failure, or weakness. As a friend of mine said to me, when I first started taking antidepressants, "if you had a broken leg wouldn't you put it in a cast? The only difference here is that you can't see the need on an Xray." I haven't had as much of a problem with having to take antidepressants since. As with all other 'ongoing' medications taking them is essential and don't stop suddenly.

I've had personal experience with not taking my medications (by accident) for a couple of days; I'd laid out all my pills (or I thought I had) in my dossett box. I got busy and forgot that I had run out while I was laying them out and didn't get the prescription filled; then later in the week I wondered why I was feeling like my emotions were all over the place and I wanted to cry for no 'apparent' reason; as far as I was concerned I'd taken my pills; 'WRONG!' A good look at my dossett resolved that issue; but it still took a few days to recover.

Like all other medications antidepressants can and do have their side effects. Additionally, your biochemistry can and inevitably does change; so what has worked for you for the last year, or two, may not be as effective as you need it to be. You should review your medication with your doctor, if for no other reason than to keep them up to date, at least annually, if you require medication on an ongoing basis.

4. Learning to be 'selfish' with your time

By this I mean learning that magic word 'NO', not in a nasty way. But you have to LEARN to be kind to yourself. If you are a generous person you will find it difficult not to volunteer to help when someone asks for a favour. Or, you really believe in the cause, so you just have to help raise those 'much needed' funds. The organisation is having a hard time finding people to help fill their board and you're one person they can always rely on. However, the reality is that if you don't take some time out for yourself there won't be any of you to go around, or the quality of your work or your personal enjoyment WILL begin to suffer.

5. Getting 'enough' rest and relaxation

They are not one and the same:

REST: Each and every person is different in relation to the amount of sleep their body needs to keep them healthy and alert. If sleep is not restful, or if you do not get sufficient amounts for your body and your level of activity you will build up a sleep deficit which will and does take its toll on your physical, mental and emotional capacity; Physically, your immune system will suffer, mentally, you will not be as alert as you may need to be, and emotionally, if you have a problem with depression, you will find it harder to continue to cope.

RELAXATION: This is rarely passive, and can be physical, mental and/or emotional, or a combination of these. The activity chosen will usually depend on how your busy time is employed; if you spend a lot of time that involves mental and visual stimulation such as working at a computer terminal it's highly unlikely that 3 or 4 hours playing couch potato watching TV is going to be all that relaxing. The key is ensuring you have some sense of replenishment at the end of the activity; be it bush-walking, sport, exercise, painting, drawing, reading, listening to your favorite music, or simply lying in a hammock in the garden; the key is that you feel recharged.

6. Diet

Why do so many people turn to chocolate (unless they're allergic to it) when they feel depressed?

The endorphins in chocolate are what the scientists tell us. Why is 'comfort food' called 'comfort food'? Because it makes us feel better (for a short while.) One of the big myths out there is that when people are depressed they start to eat. However, one of the conditions that can accompany depression is anxiety, and as a result of the two conditions, food may be the furthest thing from your thoughts. As a geek I refer back to my early computer days and remember GIGO: Garbage In, Garbage Out. True, eating healthy is not cheap. But, to blast away another myth, fast food isn't necessarily cheap either; it may be convenient, especially if you are not making enough time for yourself. Additionally, eating well can be done on a budget and can be just as convenient; sitting down with a good dietician can be a step worth taking.

7. Alcohol and other party drugs

My personal party drug of choice is wine, good wine, not cheap plonk; but selfmedication it is none-theless. For others the choice may be something not so 'legal'; but the intention behind the action is very often similar; the desire to block out, escape, forget for a while. However, it can really play havoc with whatever medication you're taking and it adds to the already complicated mix. Getting an impartial perspective on this subject is essential and one worth spending time discussing with your counselor.

8. Companionship

I'm lucky enough to have a wonderfully supportive husband – we got married in Toronto in 2004. I know that more-often-than-not, if he wasn't around I would be very tempted to shut myself away from the world at times; such is the nature of my depression. We are also lucky enough to have two dogs and a cat, the three of which provide additional support for both of us when either one of us is away from home; especially if we're traveling apart. Studies have indicated that pets, particularly social animals like cats and dogs have a positive effect in the lives of HIV positive people as well as those living with mental illness.

9. Ownership

It may seem strange to consider owning something as potentially devastating in your life as depression and mental illness; however, my own experience of accepting 'my depression' has helped me to understand that my experience of this illness is personal. But, I found that owning it was an important step in managing it.

10. When it doesn't feel like it's working hospital doesn't mean you've failed

The one thing I feared the most about accepting I have a mental illness was the possibility of losing control and 'having' to go into hospital. It was the fallacy that 'having' to go into hospital was the ultimate sign that I'd lost control; I needed help; I couldn't cope; I was finally being assigned to the social scrap heap. The truth is I hadn't lost control, I made the decision that I needed to go into hospital; I did need help; I wasn't coping and I wasn't being assigned to any scrap heap.

This is by no means a comprehensive list. I am not the latest guru on mental illness and depression; I am not sufficiently delusional to believe that I have 'The Secret' to solving the real stigma associated with depression and mental illness. I don't get it right all the time and I really do have my sad days. But I'm learning how to 'manage my depression'.

There are some great places to go to for resources, information and if need be assistance. If you're online then websites include:

- [BeyondBlue: the national depression initiative](#) [3]
- [The Mental Health Council of Australia](#) [4]
- [The MoodGYM Training Program](#) [5]
- [PAWS: Pets Are Wonderful Support](#) [6]
- [The GROW Program](#) [7]: A self-help 12 step program for and by people living with mental illness around Australia

Otherwise, for information call:

- BeyondBlue info line 1300 22 4636
- The Mental Health Council of Australia: (02) 6285 3100

Or, for counseling call:

- Lifeline: anywhere in Australia call on 13 11 14 24 hrs a day.

Also contact the relevant [PLWHA](#) [8] Person (or People) Living with HIV/AIDS. organisation or AIDS Council in your state or territory.

The Grim refers to Rowling, J.K, *Harry Potter and the Prisoner of Azkaban*, 1999, Bloomsbury Publishing PLC, London, England.

- [personal stories](#)
- [stress, depression, anxiety](#)

Links:

[1] http://www.napwa.org.au/www.beyondblue.org.au/index.aspx%3Flink_id%3D89.578

[2] <http://www.napwa.org.au/glossary/term/96>

[3] <http://www.beyondblue.org.au/index.aspx>

[4] <http://www.mhca.org.au/index.html>

[5] <http://www.moodgym.anu.edu.au/>

[6] <http://www.pawssf.org/index.shtml>

[7] <http://www.grow.net.au/index.html>

[8] <http://www.napwa.org.au/glossary/term/119>