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Mental health and substance use
information you can trust



Canadian Mental
Health Association
British Columbia
Mental health for all

learn about depression

info sheets 2013 www.heretohelp.bc.ca



People can't just snap out of depression. It's a real illness, and the leading cause of suicide.

After years of working hard at your job each day, you've just been laid off. You feel sad, tired and emotionally drained. The last thing you feel like doing is getting out of bed in the morning. This sadness is a natural part of being human and feeling this way for a few days is normal. In fact, many people hear people say "I'm depressed" in their day-to-day life when they are talking about that low feeling that we can all have from time to time. But if these sad feelings last for more than a couple of weeks and you start noticing that it's affecting your life in a big way, you may be suffering from an illness called depression.

What is it?

Depression, also known as clinical or major depression, is a mood disorder that will affect one in eight Canadians at some point in their lives. It changes the way people feel, leaving them with mental and physical symptoms for long periods of time. It can look quite different from person to person. Depression can be triggered by a life event such as the loss of a job, the end of a relationship or the loss of a loved one, or other life stresses like a major deadline, moving to a new city

or having a baby. Sometimes it seems not to be triggered by anything at all. One of the most important things to remember about depression is that people who have it can't just "snap out of it" or make it go away. It's a real illness, and the leading cause of suicide.

Who does it affect?

Depression can affect anybody; young or old, rich or poor, man or woman. While depression can affect anyone, at anytime, it does seem to strike most

depression

could I have depression?

- I feel worthless, helpless or hopeless
- I sleep more or less than usual
- I'm eating more or less than usual
- I'm having difficulty concentrating or making decisions
- I've lost interest in activities I used to enjoy
- I have less desire for sex
- I avoid other people
- I have overwhelming feelings of sadness or grief
- I'm feeling unreasonably guilty
- I have a lot of unexplained stomachaches and headaches
- I feel very tired and/or restless
- I have thoughts of death or suicide
- I'm feeling more tearful or irritable than usual

If you agree with five or more of these statements and have been experiencing them for more than two weeks you should talk to your doctor.

often when a person is going through changes. Changes can be negative life changes such as the loss of a loved one or a job, regular life changes such as starting university or a big move, or physical changes such as hormonal changes or the onset of an illness. Because depression can be linked to change, certain groups of people are at risk more often than others:

- **Youth:** More than a quarter of a million Canadian youth—6.5% of people between 15 and 24—experience major depression each year. Depression can be hard to recognize in youth because parents and caregivers often mistake a teen's mood swings and irritability for normal adolescence, rather than depression. Studies have shown that gay, lesbian, bisexual or transgendered youth have higher rates of major depression.
- **Older adults:** Around 7% of seniors have some symptoms of depression. This can be brought on by the loss of a spouse, a shrinking circle of friends or the onset of an illness. It's also much more common among seniors living in care homes or who have dementia. Depression in people 65 and over appears to be less common than in younger groups, but researchers aren't sure if this is a real difference or an issue with the research questions. It's likely that depression is at least somewhat under-recognized in seniors. Some symptoms like changes in sleep or activity levels may be mistaken as signs of aging instead of depression.
- **Women:** Depression is diagnosed twice as much in women as it is in men. Some reasons for this difference include life-cycle changes, hormonal changes, higher rates of childhood abuse or relationship violence, and social pressures. Women are usually more comfortable seeking help for their problems than men which likely means that depression in men may be highly under-reported. Men generally feel emotionally numb or angry when they are depressed whereas women usually feel more emotional.
- **People with chronic illness:** About one third of people with a prolonged physical illness like diabetes, heart disease or a mental illness other than depression, experience depression. This can be because a long term illness can lower your quality of life, leading to depression.
- **People with substance use problems:** There is a direct link between depression and problem substance use. Many people who are experiencing depression turn to drugs or alcohol for comfort. Overuse of substances can actually add to depression in some people. This is because some substances like alcohol, heroin and prescription sleeping pills lower brain activity, making you feel more depressed. Even drugs that stimulate your brain like cocaine and speed can make you more depressed after other effects wear off. Other factors, like family history, trauma or other life circumstances may make a person vulnerable to both alcohol/drug problems and depression.

depression

- **People from different cultures:** Depending on your cultural background, you may have certain beliefs about depression that can affect the way you deal with it. For example, people from some cultures notice more of the physical symptoms of depression and only think of the emotional ones when a professional asks them. Attitudes from our cultures can also affect who we may ask for help. For example, in one BC study Chinese youth were twice as reluctant to talk to their parents about depression as their non-Chinese counterparts. Aboriginal people, on and off-reserve, may also have higher rates of depression, from 12–16% in a year, or about double the Canadian average.

What can I do about it?

Depression is very treatable. In fact, with the right treatment, 80% of people with depression feel better or no longer experience symptoms at all. Some common treatments, used on their own or in combination are:

- **Counseling:** There are two types of counseling that work best for people with depression.
- **Cognitive-behavioural therapy (CBT):** A health professional who uses this approach can teach you skills to help change your view of the world around you. They do this by coaching you to break the negative patterns of depression including the thoughts and actions that can keep the depression going.

- **Interpersonal therapy (IPT):** Often when you are depressed your relationships with other people suffer. A health professional who uses IPT can teach you skills to improve how you interact with other people.

Medication: There are many different types of effective medication for depression, and different kinds work in different ways. Talk to your doctor to find out if medication is right for you, and if so, how to take it properly.

Light therapy: This treatment has been proven effective for people with seasonal affective disorder. It involves sitting near a special kind of light for about half an hour a day. Light therapy should not be done without first consulting your doctor because there are side effects to this treatment. It is being researched for use in other kinds of depression as well.

Electroconvulsive therapy (ECT): This is a safe and effective treatment for people with severe depression or who can't take medications or who haven't responded to other treatments. ECT is a treatment done in hospital that sends electrical currents through the brain.

Self-help: For mild depression, or when moderate or severe depression begins to improve with other treatments, there are some things you can do on your own to help keep you feeling better. Regular exercise, eating well, managing stress, spending time with friends and family, spirituality,

and monitoring your use of alcohol and other drugs can help keep depression from getting worse or coming back. Talking to your doctor, asking questions, and feeling in charge of your own health are also very important. Always talk to your doctor about what you're doing on your own.

Some people find that herbal remedies, such as St. John's Wort, help with their depression symptoms. Remember that even herbal remedies can have side effects and may interfere with other medications. Dosages can also vary depending on the brand you use. Talk about the risks and benefits of herbal or other alternative treatments with your health care provider and make sure they know all the different treatments you're trying.



depression

where do I go from here?

Your Local Crisis Line

Crisis lines aren't only for people in crisis. You can call for information on local services or if you just need someone to talk to. If you are in distress, call 1 866 APPELLE or 1 866 277-3553, 24 hours a day to connect to a QC crisis line, without a wait or busy signal. The crisis lines linked in through this number have received advanced training in mental health issues and services.

Suicide Prevention Resources

For suicide prevention centers in Quebec visit <https://suicideprevention.ca/quebec-suicide-prevention-centres>

HealthLink QC

Call 811 or visit <https://amiquebec.org> to access free, non-emergency health information for anyone in your family, including mental health information. Through 811, you can also speak to a registered nurse about symptoms you're worried about, or talk to a pharmacist about medication questions.

The integrated health and social services centre (CISSS) and the integrated university health and social services centre (CIUSSS):

To find contact information for your family medicine clinic, your CISSS or your CIUSSS, go to [Finding a Resource](#).

<http://sante.gouv.qc.ca/en/problemes-de-sante/sante-mentale/>

Ami Quebec

Visit <https://amiquebec.org> or call (514) - 486- 1448 for information and resources regarding mental health or any kind of mental health disorders.

The Ordre des psychologues du Québec

To find a psychologists or a psychotherapists who speak different languages, visit [the Ordre des psychologues du Québec](http://le.Ordre.des.psychologues.du.Quebec) website.

ACCÉSSS

ACCÉSSS (<https://accesss.net/>) is a provincial group of community organizations whose goal is to represent the interests of ethnocultural communities in health and social services decision-making bodies. It is a non-profit organization (NPO). ACCÉSSS is a meeting place for the community, the health network and the university community. Due to the management philosophy of ACCÉSSS which is to work in consultation with its various partners, as well as the nature of the files treated, ACCÉSSS is more and more involved in the networks of consultation.

Telephone: 1-866-774-1106 (toll-free) and (514)-287-1106

Fax: (514)-287-7443

email: accesss@accesss.net

The Multicultural Mental Health Resource Centre (MMHRC)

For information regarding the availability of mental health services in Quebec or other provinces of Canada visit <http://www.multiculturalmentalhealth.ca/> to access information in different languages such as Farsi. This website is working under the supervision of Division of Social and Transcultural Psychiatry of McGill University.

More resources available for getting help or further information on mental health:

- <http://www.ementalhealth.ca/Montreal/Postpartum-Depression/index.php?m=article&ID=8901>
- [Canadian Mental Health Association](#)
- [Mouvement Santé mentale Québec](#) (in French only)
- [Association des groupes d'intervention en défense des droits en santé mentale du Québec](#) (in French only)
- [Regroupement des ressources alternatives en santé mentale du Québec](#) (in French only)
- [Les porte-voix du rétablissement – L'association québécoise des personnes vivant \(ou ayant vécu\) un trouble mental](#) (in French only)
- [Association des médecins psychiatres du Québec](#)

This fact sheet was written by the Canadian Mental Health Association's BC Division. The references for this fact sheet come from reputable government or academic sources and research studies. Please contact us if you would like the footnotes for this fact sheet. Fact sheets have been vetted by clinicians where appropriate.



HeretoHelp is a project of the BC Partners for Mental Health and Addictions Information. The BC Partners are a group of nonprofit agencies working together to help individuals and families manage mental health and substance use problems, with the help of good quality information. We represent Anxiety Disorders Association of BC, BC Schizophrenia Society, Canadian Mental Health Association's BC Division, Centre for Addictions Research of BC, FORCE Society for Kids' Mental Health, Jessie's Legacy Program at Family Services of the North Shore, and Mood Disorders Association of BC. The BC Partners are funded by BC Mental Health and Addiction Services, an agency of the Provincial Health Services Authority.