

What I wish I knew about depression

MARTY WILSON

The opinions expressed in the book are those of the interviewee and not necessarily endorsed by the author or the Black Dog Institute.

Anyone requiring medical or other health care should consult a medical or healthcare professional. Any actions based on the information provided are entirely the responsibility of the user and of any medical or other healthcare professionals who are involved in such actions.

Some names have been changed to protect patient and professional confidentiality.

First published in 2015, Copyright © Marty Wilson 2015

All rights reserved. No part of this book may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording or by any information storage and retrieval system, without prior permission in writing from the publisher. The Australian Copyright Act 1968 (the Act) allows a maximum of one chapter or 10 per cent of this book, whichever is the greater, to be photocopied by any educational institution for its educational purposes, provided that the educational institution (or body that administers it) has given a remuneration notice to Copyright Agency Limited (CAL) under the Act.

Marty Wilson PO Box 120 Bondi NSW 2026 Australia

Phone: +61 434 048952

Email: marty@whatiwishiknew.com Web: www.whatiwishiknew.com

Author: Wilson, Marty.

Title: What I Wish I Knew About Depression / Marty Wilson.

ISBN: 978-0-9923314-7-4

Design by Michelle Cutler / Printed in China

Introduction

I can clearly remember the night I decided to write this book, because it was the night my wife tearfully blurted out to me that she was thinking about taking her own life. Allie had a history of anxiety and depression, but when it combined with the exhaustion of breastfeeding our third child, she'd tipped over the edge and calmly explained she believed we would all be far better off if she "stopped dragging us all down".

After a few tearful hugs and much soul searching, Allie committed to doing whatever it took to explore the inner workings of her mind and get as mentally strong as possible – an ongoing journey that still has it's ups and downs. And I decided I would write What I Wish I Knew about Depression. I felt I had to do something, no matter how small, to help people like Allie see they weren't alone.

So, if you're reading this book, please understand that struggling with depression is incredibly common, and there are many wonderful people and organisations willing and able to help whenever you are ready.

_All the best





When Gillian Wilson was having treatment for Non-Hodgkins Lymphoma her oncologist said he couldn't believe how well she was coping. She remembers saying to him, "It's not pleasant having your head down the toilet throwing up because of all the chemo, but you can still enjoy life to a certain extent. You can sit on the couch and watch a movie or you can maybe read a book. You can laugh at a comedy. But with depression you can't do any of that."

When I had cancer I begged to live. When I had depression I begged to die.
That's how bad depression can be.

My diagnosis came as a huge relief and I wasn't surprised at all. Because within myself, I always knew that something was wrong. From that point on I knew I could make the changes I needed to.

Now I have focus, clarity, even temperament, and plenty of motivation.
It really feels like I have finally begun looking at life through a new pair of glasses and the old ones I'd had were the wrong prescription for me.



So don't be afraid to ask for help. No one thinks any less of you. In fact, it's quite the opposite – most people admire the strength of character it takes to admit a problem and are more than willing to offer assistance.

Andrew Burton works in the mining industry, and says the most surprising person he talked with about his illness was a Mining Health and Safety Manager. Andrew says, "I was telling him about my depression and he opened up and said he takes the same medication I do. That was a pleasant surprise and very encouraging for me, because here was a man who was very calm and obviously in control of his mental health."



Speak up. Nothing gets resolved in the darkness.

So much is made of the good feelings associated with the birth of a child, so that's what I expected. I was completely disgusted with myself that I didn't feel this way, but kept all those negative feelings hidden from everyone.

Jeanette Williams once read an article that said depression was an illness affecting those of us who care, perhaps too much, about life and the people around us. "This rang true for me," she says, "and while it might be better to not care and therefore not get depressed about things, the occasional bout of depression is the price I have to pay for caring, and so I choose to care."

Being sad is quite easy. Happiness is really, really hard work.

It's like being overweight is easy, buy you have to work at being fit.

I realise this is easy for me to say now because I'm in a very strong place, but I do believe that either you control your mind or your mind controls you.

Andrew Roberts went spiralling into depression when his business was failing and he had massive debts. He turned things around financially by working on fixing his mind first. He says, "Every morning I start with some exercise and drink a healthy freshly-squeezed juice. After that I write three page in my journal exploring my thinking and how I'm feeling right now. The I spend some time visualising my life the way I want it to be and reading m 'desire statement', which is a paragraph of what I want out of my life." After 45 minutes I'm feeling really good. But I know from experience if I stop exercising and start eating poorly, I put weight on, and if I stop doing morning ritual" as I call it, I go dark and the negative downward spiral begins



There is no shame in it! Be proud of yourself for asking for help.

While she was going through medical school, Amy found her anxiety and depression overwhelmed her. She has since sought help and is in a much better place. She is determined not to let the stigma of mental health issues get in the way, so she still gets her medication at her local pharmacy.

Life is so much better since I had my depression treated. I never realised this was how many people feel.

Because I spent my whole life at an incredibly heightened level of anxiety, I didn't realise that you can decide NOT to worry about someone who has annoyed you or was mean or even just didn't say "Hi" as they walked past. You really CAN just shrug it off and go about your day.



Amy remembers the thing that got her to talk about her anxiety and depression was when a friend at university told her he'd started taking an antidepressant. She says, "This guys was just fantastic. He was clever, funny, and the nicest person you have ever met. And one day he turned around to me and said, 'I started taking antidepressants about a month ago. I was really struggling and I feel so much better now.' I really respected this guy, and when I realised that it didn't change my opinion of him one little bit, I opened up and told him about my own history. And it turned out we were on the same medication, which we had a good laugh about."

Often someone will see a psychiatrist or a GP and be told they have "major depression", but this has no more meaning than being told you have "major cancer". It's not a diagnosis.

If you have a breast tumour, for example, it's not diagnosed and treated based on whether it's large or small, but whether it's benign or malignant, and if the tumour is malignant, whether it's oestrogen-sensitive or not.

The problem with a diagnosis of "major depression" is your treatment is then potentially shaped by the background training or discipline of the practitioner. So if you see a GP, you are likely to get an antidepressant drug. If you see a clinical psychologist, you will probably get cognitive behaviour therapy. If you see a counsellor, you get counselling. If you see a lady wearing a kaftan, you get crystal therapy.

I know of no other area of medicine where the treatment is so influenced by the background training or the discipline of the practitioner.

In the rest of medicine you fit the treatment to the underlying cause.

So when I see a patient, I first make sure they have a clinical syndrome of depression and it's not just what we call "normative depression" which is when somebody is being affected by significant life events. For example, I saw a woman whose father had died, a sister's marriage had just broken up, another sister had given birth to a child with Down syndrome, and she'd just lost her house. Someone told her she was depressed, but I said, "Look, you don't have a clinical condition. In fact, you're an incredibly resilient person and you're actually handling life pretty well."

Then, if it's not normative depression, I'm looking for a biological depression, which these days we call melancholia rather than the old term of endogenous depression.

This affects 2 or 3% of the population and is characterised by people presenting who have

lost the light in their eyes. They can't be cheered up, can't look forward to anything, have a lack of energy, and just lie in bed and don't bother to even wash. They also have what's called diurnal variation where their energy and mood gets a bit better as the day goes on. With this type of depression we can get 80% of people out of the episode pretty straightforwardly using medication.

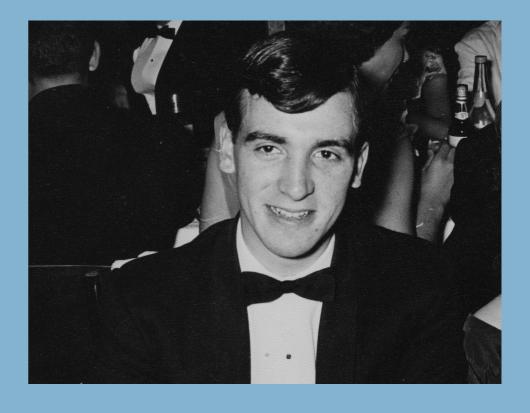
The other biological conditions that are very important to identify are Bipolar II.

Bipolar I is the condition we used to call manic depression – where people have dramatic highs and lows. When they are nigh they are usually psychotic, so it's pretty straightforward to diagnose.

Bipolar II has only been formally classified in the last 40 years, and it affects about 6% of the population. In Bipolar II, people aren't psychotic but have oscillations in mood and energy. When they are in their down phase they have melancholic episodes, but these can quickly change and the person becomes energised, feels "bullet proof", their cares disappear, they become more creative, they need less sleep, and their libido goes through the roof.

Bipolar II is very poorly diagnosed because no one with bipolar presents during a high, and they just come along to talk about their depression. So if you don't screen for the highs, you're going to miss them. ask: is it melancholia or is it a bipolar condition Here the role of medication is far less relevant.

Thus, rather than a "one size fits all" model where the practitioner prescribes the same therapy for quite varying conditions, largue for a "horses for courses" model where the treatment reflects the underlying cause of quite differing conditions and is selected on such a basis.



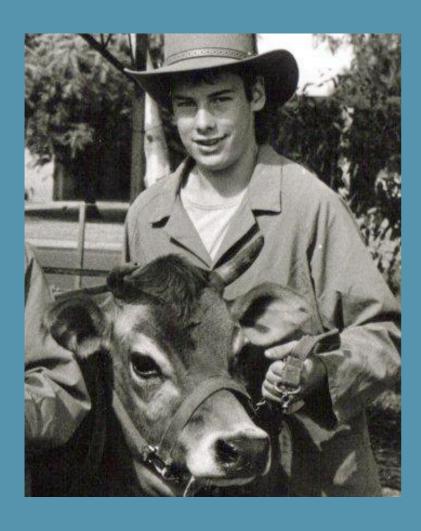
Prof Gordon Parker has a very personal view when it comes to choosing a professional to help with your depression. He says, "If I need a surgeon I don't give a stuff about their personality, I just want somebody who is technically competent. You'd prefer both, but if I had to prioritise, give me technical competence every day. However, the great majority of patients look for niceness and that's why I see a lack of progress where the practitioner is nice and kind, but nothing much happens. I'd say if you're not getting significantly better in three to six months you need to see someone else."



Definitely look at a multidisciplinary approach for treatment. Medication really helped, but I also found Cognitive Behavioural Therapy wonderful.

For example, one of the biggest things that really helped me was to understand that not everything is about me. Just because someone's cranky, it doesn't mean they're cranky at me or it's because of something I've done. This may sound incredibly simple but teaching your mind better ways to think makes a huge difference.

Chelsea Preen was 19 when she was first diagnosed with depression, but realises now she probably had it since she was 14-years-old. Everyone was just putting it down to her "being a teenager."



Stop doing things just because that's what society expects of you or because you're craving acceptance.

Thankfully I've discovered this while my kids are still young enough for me to enjoy them while

they're little. From now on, life is all about the five people in my house and what they think of me.

Ash Campbell says in hindsight he craved acceptance from his peers and did whatever it took to get it. This was often his motivation for just trying hard, being a good bloke, and working to be an achiever all the time. He didn't just want to make the footy team, but he had to be the captain. He wasn't just a teacher, but he became a school principal at only 26. But the negative self-talk built up and every time he fell short of a goal he would became angry and very negative with himself.

It was the daily ritual of pouring his family some juice every morning that made him realise he had to change. He remembers asking himself, "What if one of these glasses of juice isn't here any more? What if my wife leaves me because she is sick of what I am putting her through? Or what if my own glass isn't there any more?"

He ended up seeing his GP and writing him a letter asking for help. Ash now keeps his life much simpler, and continues to work on accepting himself as he is.

If you have to go to your doctor in your pyjamas and slippers with no shower, bed hair and unbrushed teeth do it. Just go because telling someone out loud how you are feeling – like when I told the doctor I was thinking of killing myself, and this meant I'd have to kill my child too because I wouldn't be around to look after her – puts a perspective on your words. It's like when you see yourself on camera and you realise your thinking just isn't right.

Registered Nurse, Amanda Dunston, says she probably knew she had depression when it became so bad she'd wake up in the morning, get the kids ready for school, drop them off, and then go back to bed for the day until it was pick up time. She remembers ,"I eventually reached the point where I just couldn't face another day feeling this numb." Amanda went to a doctor, was put on medication, and started feeling much better very, very quickly. She says, "Within a couple of days that 'blanket of nothing' was gone."



There are some types of depression where there is a very strong family history, it's very genetic, and it can be very helpful to find medication that makes you feel better and keep taking it. There will be other things to do with your wellbeing that will be helpful, but getting the right medication for your symptoms is important. If, and if you're not improving, to keep going back and asking for help until you are. Don't get used to being halfway low.

But there are other types of depression, which are probably more common, where the depression comes from a mixture of things. Events that have happened in your past, your personality, current stresses, genetics—they're all coming in to play. There might be financial stress, you might have been out of work for a long period of time, there might be family illness, and there might even be biological illnesses like diabetes. All these factors that can all contribute to the onset of depression.

When people leave after having seen me they will say they feel better, they have a sense of relief there's a diagnosis, and there's a plan.

If that's not happening and you don't feel you've made a connection, I think it's very important that you go and see somebody else. You've got to find someone you can trust to do the right thing by you. You're going to be asked to take medicines and maybe talk about things that are painful from your past, and if you don't trust that this person is looking out for your best interests, then I think that's a path to getting worse.

Prof Caryl Barnes reassures her patients that it's absolutely fine to keep searching for someone you feel you can trust to have your best interests at heart, someone with whom you feel a connection. On the rare occasions they haven't quite clicked with her, she has no hesitation in encouraging patients to see other professionals.

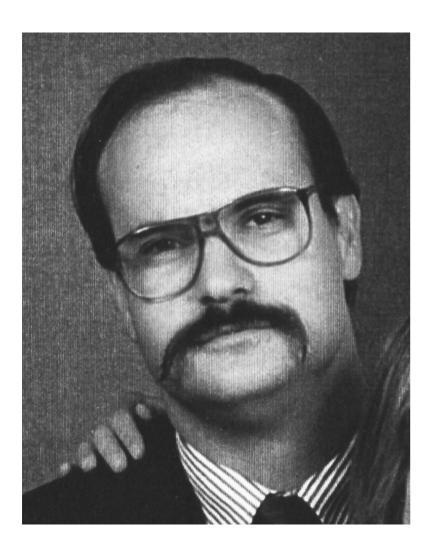
She remembers one time a young male patient hadn't been back for a while so Caryl wrote him a letter saying, "Hopefully you're not coming any more because you're feeling great. If so, good. But if not, please come back and see someone. It's fine if that's not me. Don't worry about it, just come back."

About two months later the young man finally came back and began seeing another psychiatrist in the same clinic.

My goal in treatment is always to bring people up to a level of expertise that makes them their own expert. Then they feel confident that, while they are making decisions, it's a collaborative model of treatment. I want to be able to give people choices and empower them to know where the treatment is going. It's important to give people some control back as well because when they re that depressed they don't feel like they re in control. Of course it's not always appropriate, but getting people to be involved is always the aim.



My other big tip is, if you are being prescribed medication, take it. I know it's hard—when I get prescribed a course of antibiotics, I'm terrible: by the time I get to day 10 I know I've probably missed one or two doses. I know I'm asking somebody to take a medication for a year, so I do understand. If you can't remember to take it, you've got to have others to remind you.



own thoughts and feelings when depressed. We develop this ability to seek out any negative explanation of

Andrew Nathan remembers his wife giving him a deep, loving hug and all he could think was, "You're only hugging me so you don't have to see my ugly face." He also clearly remembers lying in bed at night too scared to go to sleep because he was absolutely convinced his wife was dreaming of ways to kill him.

I'd say to my younger self:

- Exercise at least 30 minutes a day.
- Try to take fish oil tablets daily as they may help too.
- Do yoga at least once a week.
- Meditate every day.
- And steer clear of alcohol, as a hangover is depression on steroids.
- And even if you do all these things, life will still be harder. Depression is a constant flow of ups and downs, a constant wave.

 But you will become stronger; life will be put into perspective.



After having brain surgery to remove a tumour, Aimee Sharkey realised that life is short and ended up finding positives in dealing with her depression too. "I love how I've become far more compassionate and can truly relate to other people who are going through a rough time." Aimee says, "This is probably because – unless someone has been through depression – I don't think anyone could fully understand the hollow feeling in my heart that is always there making me feel so cold. How tiny things like someone not saying hello car send me on a downward spiral. And you could never understand the horrendous torture of crying for hours but never knowing why."



I am now a better person for having suffered from depression. I am stronger, less judgmental, and it has opened my eyes to a whole new world. As horrific as it was, if I had to do it over to get where I am today, I would.

Belinda Francis says it took her a while to accept she'd have to put her life on hold while she recovered. She says, 'But then I realised it's just like if you were in hospital for a broken leg or any physical illness; you need to rest while you let your mind recover."

The way you feel now will not last forever. There is a version of you waiting in your future that is better than you could possibly imagine now. Your true self is waiting, and she is very beautiful, very precious, and worthy of love.

Here's how Amanda Allen describes her years with depression...

"Depression was a brooding and corrosive force in my life. Like a fierce storm, it would sweep through my relationships and responsibilities—decimating, confusing, and leaving debris. It never gave me notice, never allowed me to achieve; it always took more...more than I had to lose, more than I could rebuild, more energy than I could bear...it was like rust eating my soul, my will, my hope, and my strength.

"For 20 years I filled diary after diary with desperate pleas for help, relief, and answers. I went to therapist after therapist, read every self-help book going, highlighting and underlining everything that resonated with me, hoping to find the key to my freedom from depression and self-loathing.

"Addicted to sugar, I overate to feel pleasure then exercised relentlessly to undo the eating. To anaesthetise the unbearable heaviness of being, I drank excessively, and used marijuana and other drugs. I spent money I didn't have on clothing to make me feel better about my body and myself. I sought sanctuary in excessive sleep, and I isolated myself to hide my social discomfort and self-consciousness.

"I sought partners to fill the black hole inside me, but my deep belief in my worthlessness would not allow me to believe they could love me, so I destroyed these relationships or entered destructive ones that aligned more closely with my very low self-esteem.

"Friends scared me. I couldn't understand how to relate to them socially, and it was as though everyone else had been given a handbook on 'How to Do Life,' and I had missed out."



And here is how Amanda describes her life now...

"I've not experienced the depths of suicidal depression—once common for me—in about three years. I'm not close to perfect and I still feel uncomfortable socially, but I do socialise. I still crave sugar, but I eat it rarely and am very careful with my diet. I haven't drunk alcohol in eight years and I don't intend to again. I turn up to all my obligations and responsibilities. I motivate and discipline myself in my athletic pursuits, not riding on other people's energy. My terminal seriousness has been replaced by a healthy sense of the ridiculous—I laugh at myself a lot these days and it is a healing act!

"For the first time in my life I actually like being me. I like my body, my health, my work, my friends, and my family. I will always be a work in progress, but as I reflect I see miracles at work in my life that 10 and 20 years ago I could not have believed possible. I am so very grateful to be alive and to be living a healthy, passionate, purposeful life, experiencing a sense of ease and comfort inside my own skin. WOW!"



Depression doesn't have to be the end. For me it was the chance for a new beginning. It was like taking a long, long breath and really thinking about what I was doing and why I was doing it.

Having depression taught Garry Knight to be more true to himself, and to stop striving so hard to impress other people. Garry advises: "It takes time and effort to understand why you think the way you do. Some of it comes from your upbringing, some of it is from your environment, and some of it is just you. But once you invest some time into learning how your mind works, a few doors open and a few lights come on about how to manage your thoughts much better—which is incredibly helpful."

I have the perfect story for anyone with depression to tell their friends who advise them to just snap out of it.

I once told a friend I was seeking help for depression, and he came out with the usual litany of rubbish that people who don't understand give you.

"What's wrong with you?" he said. "Look at your life. You've got a writing career that's going gangbusters, you've got lots of work, you're making money, you're winning awards, you've got a beautiful wife, you've got wonderful kids, you've got a superb house in the Blue Mountains—the best part of the world, and no one's sick. Snap out of it!"

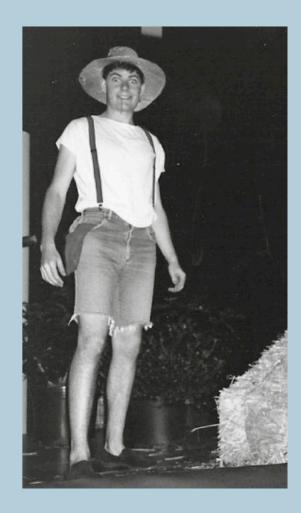
I said, "I know. And that's the point, that's exactly the point."

"Well just look at that stuff and be happy about it," he said.

I replied, "If I'd just told you I had heart disease, would you have told me to snap out of it, you idiot? No, you would have said 'Go to a doctor and get some medication because the disease will kill you.'

Bestselling author James Roy says his depression has been lurking around in the background since he was a child. He describes how it feels beautifully...

"You know those times in your life when you've been given some really terrible news—like your child is very ill, or someone has just died—and you're going about your everyday life and your work, and you forget it for a while. Then all of a sudden you remember it and you suddenly feel absolutely shit about everything and it takes over your thoughts? That's what depression has always felt like to me: a constant awareness that there was something bad but I couldn't work out what it was."



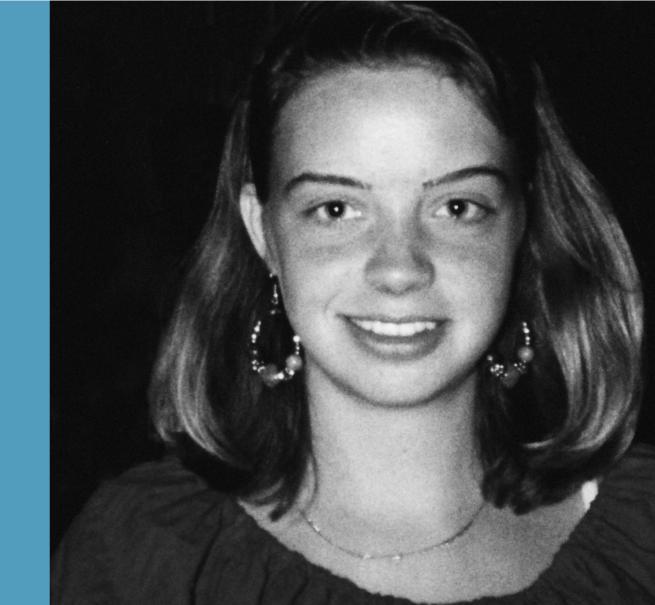
No one is going to fix you. You have to seek the treatment yourself.

I remember deliberately trying to look a mess, not brushing my hair, and subconsciously wearing clothes that were too big, didn't fit or were clearly dirty. I did have young kids at the time so that was common anyway. But looking back I believe on some level I was trying to show the world how bad I felt inside so someone would notice and fix me. Of course, no one did. Everyone else is far too busy with their own stuff.

In the last couple of years I've been seeing a psychologist who taught me how to have compassion for myself and my thoughts. This was enormous for someone who had spent her life giving compassion to patients, yet being totally horrid to myself.

But showing loving kindness and compassion towards my negative feelings and fears has greatly helped. As has self-hypnosis, meditation, and even just admitting to friends that I have depression and I'm learning to live with it instead of holding it inside and telling myself I'm weak. Now I've reached the point that I'm actually grateful for the lessons my depression is teaching me.

When Allie Wilson was in high school, a teacher mentioned that one in five people will experience depression in their lives. Allie can clearly recall thinking "Well, that's me then," because she could sense her thinking patterns were different to other people's. She says, "I was always incredibly sensitive and empathetic and cared a little too much for others and what they thought of me. I became an Accident and Emergency nurse, which in hindsight was a big mistake. I walked through life with an underlying sense of doom and believed that when it all inevitably came crumbling down it would be my fault. It was absolutely exhausting. I can remember throughout my teenage years occasionally sleeping for over 24 hours straight, and it staggers me that no one ever wondered why."



I didn't choose to become sick. The illness picked me.

Having depression does not mean am weak or simple-minded.

Depression is not a lifestyle choice.

Depression is not a sentence.

It is a treatable disease.



A friend was diagnosed with depression and I took them out to dinner and I told them my story. I told them there was life after diagnosis. I told them I knew they would get through this because I had been there before. I said, "I have been to the edge of the abyss and returned a little wiser."

David Noble says he has experienced emotions that most people never get to feel. He explains, "I've been to places you wouldn't wish on your worst enemy, and I think if you survive that, then it changes how you view your life and your relationships. Things like real estate, money and those sorts of material things diminish in value because they're just bits of stuff that don't have any real emotional worth. I think it also makes you more empathic towards other people and less quick to judge others.

When you are discussing depression with your children, the idea that "I'm not feeling very well" is important to get across. They will have experience of people "not being well" before, and also of people getting better.

It's also important for the child to know you're getting help. So telling them that, for example, Mummy has had what's called "postnatal depression" since the baby was born, is helpful, as is telling them I'm not really feeling very well but I'm seeing a doctor or I'm seeing a counsellor and I'm getting help for it.

Then that gives it a name, which is reassuring, and it also tells the child that Mum and Dad are taking control of this and it's going to be sorted. That's a big relief because that's what parents have always done: made things right.

It's also important to make sure they know they're not to blame. So tell them explicitly, "It's not your fault, it's not my fault, and even though I might argue with Daddy sometimes, it's not Daddy's fault either." This is particularly true if parents have been more irritable, as is very common when one of them is depressed Kids are so egocentric the first thing they think is that they've caused it in some way.



Another thing that helps – even when they're quite young – is to let children know how they can help. For example, if you've got a toddler and a new baby, it can be the toddler's job to pass you the wipes when you're changing a nappy. Pick something within their level of competence. Then you can say, "You're being such a great help to Mummy, thank you."

Remember if a parent is depressed and therefore a bit fragile, the child will be feeling fragile too and will need more attention.

That's what "being a help" does because it creates that interaction, so he or she gets to give the baby wipes to Mum and hears her say: "Thanks Darling."

Dr Josey Anderson is the Clinical Director of the Black Dog Institute. As a child and adolescent psychiatrist she has a special interest in early intervention, treatment, and recovery in child and youth mental health. She says, "It is a really good idea to talk to your child about depression because they're very sensitive and have a very good radar for it. Inevitably they will notice something's amiss."



Going through depression gave Angela Baulch a greater appreciation for the simpler things in life and also led her to start doing volunteer work which she found benefited her as much as the people she was helping.



One thing that people who've never had depression won't understand is just how tiring it is!

The effort of smiling and saying, "Hi. How have you been? Isn't it a beautiful day?" and doing all that chitchat – when it is your way of hiding what's really going on – is incredibly draining.

It's like acting all day.

Annie Brown-Bryan would come home from work absolutely exhausted and cranky and didn't understand why. Once she was diagnosed with depression it all fell into place.

Find people who will accept you just as you are. When you are in the right place to be happy and cheerful that's great, but you also need people to accept you when you're not. You need people who can look at you when you're not well and say, "I know the other person is in there too."

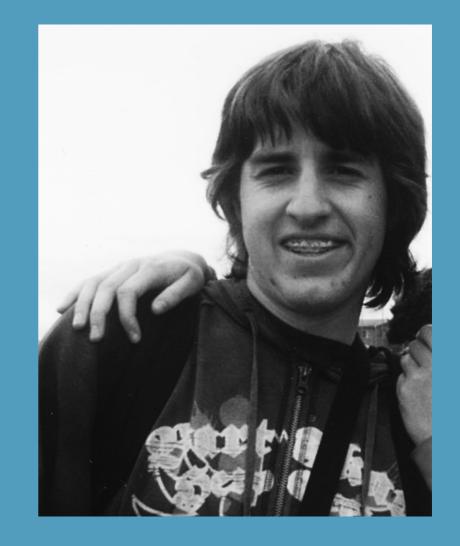
Annie says that while she does trust and love her husband and close friends, she has chosen to do her talking with a psychologist who can listen to her troubling thoughts without being harmed by them.

Don't let things build up – find some kind of outlet to deal with emotions. It's like the metaphor of a cup sitting beneath a leaking tap – while the trickle seems insignificant to begin with, over time if the cup is not emptied, eventually it will overflow.

When he was at high school, Brad McKay got his Principal to let him give a speech to the whole school about his depression. He wanted to tell his story in the hope that other students who had been feeling the same way could go and seek help.

Brad remembers, "At the time, it was one of the hardest things to do because, as a prefect, you feel everyone has you up on a pedestal. So I felt if I could openly show that a 'perfect student' could be suffering with depression then it's okay for anyone to be struggling.

"After the speech, many of the guys who had bullied me through high school came up, shook my hand and said they were very sorry and had no idea. The next day the school counsellor told me that three people had come to see her to book an appointment because of my speech."



So many of our conversations with people are bland: "Hi, how are you going?" "Good thanks..." They're not real conversations. But I find when you actually answer a question honestly, like when someone asks how you are feeling and you answer, "To be honest, not very good at the moment," people tend to really open up with you. It goes deeper than just a passing politeness thing.

If someone you know has depression and says they are struggling, please don't say things like, "You'll get over it. You'll be all right."

I'd much rather you say something like, "Okay, I understand you don't feel well today. Is there anything I can do to make you feel less low? Can I take some of the load for you? Can I put the kids to bed or get you a cup of tea?" It's the really simple things like getting a takeaway instead of cooking, or telling them it's okay to leave the dishes till tomorrow.

Letting them know the world's not going to crumble if they don't get EVERYTHING done right now is so reassuring.



When I enter the black, I find that reaching out is the hardest thing to do. When people say, "When you're down, just call me," they don't understand that it is the hardest thing to do, and something I have never done. I hope that if I talk when I am not at my worst, someone will notice when they haven't heard from me, and know that I'm down, and then call me...

When Llew Dowley told all 200 people in her department at work that she was struggling with mental health issues, the biggest comment she had from many people was that they would never have picked her as someone with depression. Llew said, "We just get used to hiding it so well. Now I find that when they're struggling, people at work open up to me, sometimes in public and other times in private. I welcome any attempt to talk to other people and listen to their stories.

"I never pass judgement and never give advice. I am not trained, and I am no guru. I only have my experiences, but hearing others' journeys helps me in my battle, and I only hope that in turn it helps theirs."



Do NOT say the following things – because you will discover they are wrong, and you will look, sound, and feel stupid!

I'm not talking to a stranger about my problems. (That sounds like a little kid bleating.)
I'll tough it out. (That sounds like macho crap.)
It's your fault. (Blaming someone else isn't a good start on your new journey.)

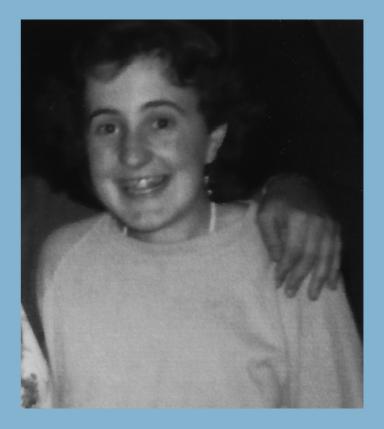
And while it isn't your fault either, it IS your responsibility.

So embrace the negative, for within its crusty shell lies a pearl waiting to be discovered.

Rodney Lovell describes over coming depression as one of the greatest moments in his life. He says, "Resilience isn't repeating the same things daily. Resilience is bouncing back with something different. Try it." Never give up hope. And if yours is running out, borrow someone else's hope until you can find your own again.

There have been a few times when I've thought my whole life was a mess and I couldn't see the point of carrying on. When I shared this with my husband or a few close friends, they'd always came back with answers like, "Sure things are rough right now, but you do have those job applications out there..." or, "We are starting to make some connections in our community so it'll come good soon."

And that really helped because when my mind is totally black I find it very hard to see any positives. In those crucial moments, the fact that someone else carries hope for you can be enough to keep you going.



One thing Rose Ashton found inspiring was discovering all the amazing people who had lived with depression. She says, "When you find out that some of history's greatest have had depression – Beethoven, Virginia Woolf, Winston Churchill, Charles Dickens, J.K. Rowling, Abraham Lincoln, and many others – you realise it doesn't have to stop you making your mark."



It is helpful to think of your emotions as just another type of sensory input. Your eyes tell you what you see, your ears tell you what you hear, and your emotions tell you what you feel. That means your emotions are not who you are, but are how you feel right now. Just because you feel bad at the moment doesn't mean you are bad or life is bad.

It's just a feeling. And no feeling lasts forever.

When you're depressed people say to you, "It will pass," and you don't believe them. But it does. You can have a life after depression. You can even have a life while you are depressed. All feelings and experiences are part of your life and they are always changing. You will be amazed that you can smile and laugh after feeling like you never will again.

Caitlan found it helped to do things she enjoyed—or used to enjoy—even when she didn't remotely feel like it. She also found it very beneficial to do meaningful things like helping someone else or volunteering. She says, "This will remind you that you're still more like other people than you are different from them."



Don't worry about what others think.

f you feel there's something wrong then look into it and try to help yourself because it doesn't matter what they believe; only you can know how you feel.

When the baby health nurse asked Serap Boyali a few questions about how she was feeling, she remembers saying no to everything, but in her heart she knew she was lying. She says, "As I came home it dawned on me that I had postnatal depression. So I rang the nurse back in tears and admitted I hadn't been truthful because I was scared I was a bad mum."

She remembers telling her ex-husband and he said, "There's no such thing as postnatal depression, there's just something wrong with you, it's all in your head." A nurse came and explained it to both of them, and Serap's ex-husband was very nice while the nurse was there but as soon as she left he just said "It's all crap."

Serap has since learned that research shows postnatal depression affects around 7% of new mothers within the first three months of giving birth, making it a very real experience. I would say to any young person who has got issues with relationships or sex or drugs or anything really, don't bottle it up. Go immediately to someone you respect and seek their opinion. Not necessarily your parents, just somebody who can be objective and is independent of your family, somebody who can help you professionally without you feeling that it's going to go back to people you don't want it to.

Looking back, Brian Doyne believes he had depression from around late primary or early high school. He remembers worrying all the time, and carrying guilt over anything he might have done wrong. This anxiety eventually led to a phobia of the telephone and a fear of public transport, which caused him to become a recluse.

Since receiving help for his anxiety and depression he has completed his schooling as a mature student and is studying literature and Greek history. He has graduated from trams to trains.





One thing I tell people is if you're home by yourself get a pet like a dog or a cat.

Something you can be responsible for. Then you've got to be there in the morning for it, you've got to feed it and look after it, so that you are responsible and that animal depends on you to be there. There's a world of peace with animals.

If you're feeling down the best thing you can do is talk to someone, be it your wife or your brother, sister, or cousin. Talk to anybody, just talk. The worst thing you can do is let it build up like I did.

Brian Egan suffered from post-fraumatic stress after the Vietnam War and the Indonesian Confrontation. Then when he and his wife, Nerida, lost their farm after three years of drought he was admitted to hospital with co-morbid depression. He now travels around rural Australia working with struggling farmers as part of the volunteer group Aussie Helpers. He says, "Even though I'm 70 now, I still work 14 to 15 hours a day. This really has been the best 10 or 12 years of my life."



life for me has changed in terms of self-care. I've learned to let go of things that really don't matter and not to take on more than I can handle.

Even when she was little, Natalie Williams was always doing things for others. She was always "the giver" in friendships and always felt it was a little selfish to look after herself. So adjusting to the level of self-care needed with her depression was difficult for a while. She says, "At the start it was quite confronting to not support a friend who was having a tough time but I now understand that sometimes I just don't have the emotional energy available. So while it was confronting to say, 'No, I'm sorry I can't chat with you right now' it was also very liberating."

I think it's very important in life to become skilled in how to manage your own stress and distress, how to problem solve, and how to deal with things in life. Not as in using fancy psychological techniques, but in an everyday way. Just being honest with yourself, and in your communications with people, and being willing to face your problems rather than running away from them.

This is getting into cognitive behavioural therapy, but even just the ability to examine your thoughts and recognise whether what you're seeing or thinking is really an accurate description of what's actually going on. Being able to check with other people and saying, "I think this is what's going on, is that right?" and being able to handle it if they say, "Well, no, I really don't think you're right there."

It's vital to have good communication skills, and to overcome shyness. Being able to speak your mind, being sensitive to other people's feelings as well when you speak your mind; these are all basic things but they're incredibly important to your mental health.



Prof Vij Manicavasagar considers herself very lucky to have had parents who always instilled in her the idea that no matter how bad things are they don't stay bad, it's just a phase. She says, "My parents always taught me that you have good times and you have bad times but everything comes in phases. So if you can live through the bad times, things will always get better and you learn from them."

You have to accept that it will be a bumpy journey. There will be ups and downs and you may not recover immediately. Therapy can be quite confronting, and sometimes in order to overcome depression you need to face certain things that you may not want to.

It may also mean you have to rethink some of your priorities in life. You might find that things you hold important now are not actually that important or they're not conducive to your wellbeing in the long term.

So for example, someone who is working 100 hours a week because they are saying to themselves, "I need to amass a fortune and buy a yacht because I know I will be happy when I have the yacht..."

Well, they might need to rethink.

Allow yourself the space to explore what you need in terms of seeking wellness. Do not be fazed by the misconceptions and the stigma involved with mental health issues. And use all the lessons you learn to teach your children—especially boys -about dealing with feelings. I do and it is already reaping rewards.



If Vendra Severin sees her kids getting ratty with each other, she blows her whistle or calls them into the kitchen. Then they put some music on full blast and no one is allowed to leave until they've all done 5–10 minutes of silly dancing. She says, "We hug and laugh and then can go on with our evening. Having fun and deliberately seeking the healing powers of laughter is amazing."

Don't waste your time in the darkness. Get your life back.

Be all you can.

If you're not interested in high achievement or being the best you can be, at least get your happiness back so you can get out of bed in the morning.

Do not live your life in the darkness because that's an awful place to wallow. Please seek help.

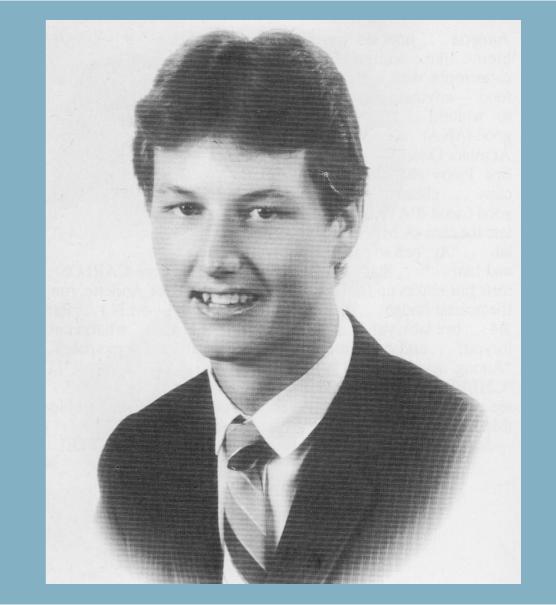
If someone came to me and told me they had depression, the first thing I would do would be to volunteer to be their Case Coordinator. I would want to hold their hand through this because, in between meeting clinicians and all the other touch points, which may all be very positive and helpful and beneficial, there's an awful lot of time when you are all alone regardless of how many people are around you, and when everything just seems so hard.

Will Bonney understands how hard it can be for the average person in the street to navigate the difficult maze that is depression. He had a depressive episode while he was working as General Manager of the Black Dog Institute, so he was surrounded by knowledge and assistance. Yet, at times, he still found it hard to seek all the help he needed.

Will remembers being so low he was experiencing thoughts of self harm and suicidal ideation. Then, one of the things that turned him around was being asked to read the manuscript of a book written by a mother who lost her son to suicide about 10 years earlier.

"Having read this book," Will says "I understood that, should I take my life, it would shift all my grief in equal measure like a shotgun across everyone who loves me, cares for me, or is close to me. So it would pass on 100% of my grief, and give all of it to every single person I've come into contact with.

It's like this exponential growth of some evil mood, like the Dementors from Harry Potter, and it made me realise I've got to stop that from happening. With six people taking their lives in Australia every day and another 30 attempting, it won't be long before all of us could be carrying that grief."



You really can still have a happy and rewarding life despite your depression.

There's nothing you can do to change the diagnosis and so don't fight it. You can only help yourself once you accept that you have depression.



Mandy Richards says her partner understands what she goes through and actually admires her for it. She says, "I've told him from the start, and he loves me anyway which is very welcome. He's had times when he's been depressed too so he knows to never tell me to snap out of it. He never tells me to 'get over it', but just accepts the diagnosis is part of who I am. I've never had to apologise to him.

A Message from the Black Dog Institute

Black Dog Institute is pleased that Marty Wilson has added this book, What I Wish I Knew About Depression, to his "What I Wish I Knew" series, and is honoured to be the recipient of the book's proceeds.

Mental illness is very common, with one in five Australians experiencing a mental disorder each year. One of the most common forms is depression and it is now the number one non-fatal disability in Australia. The World Health Organisation estimates it will be the number one health concern on the planet by 2030, in both developed and developing countries.

Worryingly, more than half of people with mental illness do not access any treatment. This can be due to a number of factors, including stigma associated with mental illness or a lack of knowledge about where or how to seek help.

The Black Dog Institute is a world leader in the diagnosis, treatment, early intervention, and prevention of mood disorders such as depression and bipolar disorder, and at the forefront of suicide prevention and e-Health. We focus on rapid translation of research findings into clinical treatments, as well as education programs for health professionals, and in workplaces, schools, and the broader Australian community.

Please visit us at www.blackdoginstitute.org.au.

If you, or someone you know is feeling suicidal, contact Lifeline's 24-hour crisis support service on 13 11 14, or seek immediate help from a GP, psychiatrist or psychologist, or go to your nearest hospital emergency department.

Author's Acknowledgements

My wife, Allie, who has waded through the tiring, terrifying, yet enlightening companion that is her depression, and uncovered a more fearless way to live. If I have the tenacity and sheer guts to face even half what she has been through I will consider myself truly brave.

The Black Dog Institute for being so open to trying something new.

Nick Goodwin, J P Pullicino and everyone at Pfizer for being the best partners I've ever worked with on one of these books. Bar none.

Michelle Cutler for again making my ideas look so purty.

My editor, Lin Edwards, for making this book better in 1000 tiny ways.

Beyond Blue for introducing me to their group of Blue Voices.

Mark Twain said, "Courage is resistance to fear, mastery of fear, not absence of fear." So I'd like to thank everyone this book, and all those I interviewed who couldn't be squeezed in. I don't take it lightly that you would, in the face of society's prejudice, talk so openly about your experiences.

If you could go back and give your younger self advice about depression, what would it be?



An exclusive special edition of the bestselling What I Wish I Knew series created in collaboration with the Black Dog Institute



This edition proudly supported by Pfizer Australia

