Purpose of these guidelines

These guidelines describe how members of the public should provide first aid to an Aboriginal or Torres Strait Islander person who may be experiencing depression. The role of the first aider is to assist the person until appropriate professional help is received or the crisis resolves. The guidelines aim to be respectful to cultural differences in understanding and treating mental illness. More information regarding culturally respectful first aid practice can be found in Cultural Considerations and Communication Techniques: Guidelines for Providing Mental Health First Aid to an Aboriginal or Torres Strait Islander person.

Development of these Guidelines

The following guidelines are based on the expert opinions of Aboriginal clinicians from across Australia, who have extensive knowledge of, and experience in, mental health.

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How to use these Guidelines

In these guidelines the word Aboriginal is used to represent all Australian Aboriginal and Torres Strait Islander people.

These guidelines are a general set of recommendations about how you can help an Aboriginal person who may be experiencing depression. Each individual is unique and it is important to tailor your support to the person’s needs. These recommendations therefore may not be appropriate for every person who has depression. It is important to acknowledge that Aboriginal communities are not all the same; they may differ in their understanding, approaches and treatment of mental illness. Be aware that the individual you are helping may not understand mental illness in the way that you do. Try to be familiar with their way of understanding.

Also, the guidelines are designed to provide first aid in Australian Indigenous communities and may not be suitable for other cultural groups or for countries with different health systems.
How do I know if someone is experiencing depression?

If you notice changes in the person’s mood, their behaviour, energy levels, habits or personality, you should consider depression as a possible reason for these changes. It is important to learn about depression so that you are able to recognise these symptoms and help someone who may be developing a depressive episode. Take the time to find out information about depression such as its causes, its symptoms, how it can be treated, and what services are available in your local area. It is important that you do not ignore the symptoms you have noticed or assume that they will just go away. It is also important that you do not lie or make excuses for the person’s behaviour as this may delay getting assistance. You should, however, remain aware that each individual is different and not everyone who is experiencing depression will show the typical symptoms of depression.

How should I approach someone who may be experiencing depression?

Before you try and help an Aboriginal or Torres Strait Islander person who may be experiencing depression, it is important that you learn about things like the causes and treatments for depression. Try to find out what treatment services are available in your local area, especially those that have trained Aboriginal or Torres Strait Islander professionals that can support the person.

Contrary to myth, talking about depression makes things better, not worse. If you think that someone you know may be depressed and needs help, you should have a yarn with them. It can be helpful if you allow the person lots of opportunity to talk and let them choose when to open up.

It is important to choose a suitable time when both you and the person are available to talk, in a space where you both feel comfortable. Let the person know that you are concerned about them and are willing to help. If the person doesn’t feel comfortable talking to you, you should encourage them to discuss how they are feeling with someone else.

You should ask the person about their mood, for instance, if the person says that they are feeling sad or down, you should ask them how long they have been feeling that way. Ask the person if they are feeling depressed and respect the way the person interprets their own symptoms. It might be helpful to reassure the person that feelings of depression are very common.

If the person would like some information about depression, it is important that you give them resources that are accurate and appropriate to their situation. For example, some people cannot read well and may need assistance with reading or understanding pamphlets and books. The person you are helping may also not have the energy or strength to find out information on their own and you may need to help them; be mindful of the severity of the person’s symptoms when you are giving the person information. One source of information that may be helpful is telephone numbers of support services such as Lifeline.

**SYMPHTOMS OF DEPRESSION**

What are considered to be warning signs for depression may change from community to community. It is important that you are aware of the different understanding and language used to talk about depression within the community. However, it is also important to know that for a person to be diagnosed with clinical depression, they would have to have five or more of the following symptoms, including at least one of the first two, for at least two weeks:

- an unusually sad or irritable mood that does not go away;
- loss of enjoyment and interest in activities that used to be enjoyable;
- lack of energy and tiredness;
- feeling worthless or feeling guilty when they are not really at fault;
- thinking about death a lot or wishing they were dead;
- difficulty concentrating or making decisions;
- moving more slowly or, sometimes, becoming agitated and unable to settle;
- having sleeping difficulties or, sometimes, sleeping too much;
- loss of interest in food or, sometimes, eating too much. Changes in eating habits may lead to either loss of weight or putting on weight.

This symptom checklist is adapted from a commonly used classification system called the *Diagnostic and Statistical Manual of Mental Disorders: DSM-IV TR*. Washington: American Psychiatry Association, 2000.
How can I be supportive?

*Treat the person with respect and dignity*

Each person’s situation and needs are unique. It is important to respect the person’s wishes while considering the extent to which they are able to make decisions for themselves, and whether they are at risk of harming themselves or others. Equally, you should respect the person’s privacy and confidentiality unless you are concerned that the person is at risk of harming themselves or others. It is important to be honest with the person. Let them know in advance that you will need to intervene and seek professional help for them if you ever believe that their life may be in danger.

*Do not blame the person for their illness*

Depression is a medical illness and the person cannot help being affected by depression. It is important to remind the person that they have an illness and that they are not to blame for feeling “down.” Be aware that there is no point in just telling someone who is depressed to “get better!”

*Have realistic expectations for the person*

Let the person know that you don’t think less of them as a person, and that they are not weak or a failure, because they have depression. Everyday activities like cleaning the house, paying bills, or feeding the dog may seem overwhelming to them. You should acknowledge that the person is not “faking,” “lazy,” “weak” or “selfish.” Ask the person if they would like any practical assistance, but be careful not to take over, or to encourage them to become dependent on you.

*Offer consistent emotional support and understanding*

It is more important for you to be genuinely caring than for you to say all the “right things”. The person genuinely needs additional love and understanding to help them through their illness so you should be empathetic, compassionate and patient. People with depression are often overwhelmed by irrational fears; you need to be gently understanding of someone in this state. It is important to be patient, persistent and encouraging when supporting someone with depression. You should also offer the person kindness and attention, even if it is not returned. Let the person know that they will not be abandoned. You should be consistent and predictable in your interactions with the person. One of the most supportive things you can do is to ask the person whether what you are doing is helpful and what else you can do to help.

*Encourage the person to talk to you*

Don’t be afraid to encourage the person to talk about their feelings, symptoms and what is going on in their mind. Try to use open-ended questions so that the person can say what they want to, rather than questions that are likely to be answered with a ‘yes’ or ‘no’. Let the person know that you are available to talk when they are ready; do not put pressure on the person to talk right away.

*Be a good listener*

You can help someone with depression by listening to them without expressing judgement. Be an active listener; reflect back what the person has said to you before responding with your own thoughts. It is important to listen carefully to the person even if what they tell you is obviously not true or is misguided. Although the person may not be communicating well, and may be speaking slower and less clearly than usual, you must be patient and must not interrupt. If the person is repetitive try not to get impatient, but rather keep trying to be as supportive as possible.

Be aware that silence may be better than talking. If the person doesn’t want to talk, then try just to be with them for a while.

*Give the person hope for recovery*

You need to encourage the person to believe that, with time and treatment, they will feel better. If the person is constantly negative, try to point out the positive things that are happening.

*What doesn’t help?*

- Don’t tell the person to “snap out of it” or “get over it.”
- Do not be hostile or sarcastic when the person attempts to be responsive. Instead, accept these responses as the best the person has to offer at that time.
- Do not adopt an over-involved or over-protective attitude towards someone who is depressed.
- Do not nag the person to try to get them to do what they normally would.
- Do not tell the person that they just need to stay busy or get out more.
- Do not trivialise the person’s experiences by pressuring them to “put a smile on their face,” to “get their act together,” or to “lighten up”.
- Do not belittle or dismiss the person’s feelings by attempting to say something positive like, “You don’t seem that bad to me.”
- Avoid speaking to the person with a patronising tone of voice and do not use overly-compassionate looks of concern.
- Avoid using the words “I know how you feel” or “I understand” as it is unlikely, unless you have also been diagnosed with depression, that you can exactly imagine the person’s sadness.
- Try not to show the person if their depression is bringing you down.
- Do not tell the person that they are unpleasant to be around, even if you feel that way.
- Resist the urge to try to cure the person’s depression or to come up with answers to their problems.
Should I encourage the person to seek professional help?

You can help someone who may be experiencing depression by encouraging them to get a professional diagnosis and treatment.

Ask the person if they have tried to get help and if they need help to manage how they are feeling. Everybody feels down or sad at times, but it is important to be able to recognise when depression has become more than a temporary experience for someone and when to encourage that person to seek professional help. If this is the case, you should tell the person how treatment might help them to feel better, discuss the options that they have for seeking help, and encourage them to use these options.

It is important to encourage the person to get appropriate help and effective treatment as early as possible. If the person does not know where to get professional help, offer to assist them. You should encourage the person to first see a doctor for potential diagnosis and treatment, though the person may also find it helpful to see a psychiatrist or therapist. You should also be aware of the role that Aboriginal Health Services, Elders or Healers may play in the person's treatment.

If the person would like you to support them by accompanying them to a doctor's appointment, you must not take over completely; a person with depression needs to make their own decisions as much as possible. Depression is often not recognised by health professionals; it may take some time to get a diagnosis and find a healthcare provider with whom the person is able to establish a good relationship. You should encourage the person not to give up seeking appropriate professional help.

Unless there is a specific risk of harm to self or others, do not push the person into seeking professional help before they are ready. Once they have sought help, ask the person if they need any help understanding or clarifying any medical words that were used by the doctors.

What about self-help strategies?

People who are depressed frequently use self-help strategies. Before speaking to the person about self-help strategies, you should know which ones are helpful for depression, so that you can recommend them.

Ask the person if they are interested in talking about self-help strategies. If the person says yes then provide them with your information about ways that they can help themselves feel better. It might also be useful to ask the person what they have done in the past to help themselves cope, and to ask whether they could use those strategies again to help themselves now. However, if the person is using drugs or alcohol, you should encourage them to reduce their use.

Do not be too forceful when trying to encourage the person to use self-help strategies. The person's ability and desire to use self-help strategies will depend on their interests and the severity of their depression.

What if the person doesn't want help?

The person may not want to seek professional help. You should find out if there are specific reasons why this is the case. For example, the person might have had bad experiences in the past, be concerned about costs, or they might be worried they will be sent to hospital. These reasons may be based on mistaken beliefs, or you may be able to help the person overcome their worry about seeking help. If the person still doesn't want help after you have explored their reasons with them, let them know that if they change their mind in the future about seeking help they can contact you.

Sometimes the person may need time to accept the need for treatment. If this is the case, slowly and respectfully persist in trying to get the person to seek help. However, at all times you must respect the person's right not to seek help, unless you believe that they are at risk of harming themselves or others. You must only intervene without permission when the person's life is in danger.

What if the person is suicidal or is harming themselves?

There are separate first aid guidelines about how to help someone who is suicidal or who is harming themselves. Please see Suicidal thoughts & behaviours and Deliberate self-injury; guidelines for providing Mental Health First Aid to an Aboriginal or Torres Strait Islander person.

Please cite these guidelines as follows: Aboriginal Mental Health First Aid Training and Research Program. Depression: Guidelines for providing Mental Health First Aid to an Aboriginal or Torres Strait Islander Person. Melbourne: Orygen Youth Health Research Centre, University of Melbourne and beyondblue, the national depression initiative; 2008.

All MHFA guidelines can be downloaded from: https://mhfainternational.org/guidelines/