

HOW DO I KNOW IF SOMEONE IS EXPERIENCING DEPRESSION?

If you notice changes in the person's mood, behaviour, energy levels, habits or personality, you should consider depression as a possible reason for these changes. However, you should not attempt to diagnose the person with depression, as only a trained professional can do this. Do not ignore the symptoms you have noticed or assume that they will just go away.

It is important to learn about depression so that you are able to recognise these symptoms and help someone who may be developing depression. Take the time to find out information about depression, such as its causes, symptoms and treatments, and what services are available in your local area. You can do this by reading reputable information on websites or in books, reading about or listening to other people's experiences of depression, and seeking advice from people who have experienced and recovered from depression.

SIGNS OF DEPRESSION THAT YOU MAY NOTICE.

Although the experience of depression can vary in severity (e.g. from feeling irritable to feeling suicidal), the following are some common signs that you may notice. You should be concerned if these signs persist over time, and effect the person's functioning.

- A depressed mood
- 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 of suicide
- 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.

Each individual is different and not everyone who is experiencing depression will show the typical signs or symptoms of depression. Many people who experience depression may also be affected by other mental health problems like anxiety or substance use problems. However, do not assume that any signs or symptoms you have noticed means that the person is experiencing depression.



HOW SHOULD I APPROACH SOMEONE WHO MAY BE EXPERIENCING DEPRESSION?

Contrary to myth, talking about depression makes things better, not worse. If you think that someone you know may be depressed and needs help, first consider whether you are the best person to approach them or whether somebody else might be more appropriate. Ask the person if they are willing to talk to you, or if they would rather speak to someone else.

If you are the best person or there is no one else, give the person opportunities to talk. Try to spend time with the person and gently bring up your concerns with them, e.g. mention that the person seems down today. It can be helpful to let the person choose the moment to open up. However, if the person does not initiate a conversation with you about how they are feeling, you should say something to them.

It is important to choose a suitable time when both you and the person are available to talk, as well as a private place where you both feel comfortable. Let the person know that you are concerned about them and are willing to help. Ask the person if they would like to talk to you about how they are feeling. Focus on how the person is feeling and the changes you have noticed rather than the possibility that the person might have depression. If the person says that they are feeling sad or down, you should ask them how long they have been feeling that way and if they have spoken to anyone else about how they are feeling.

Be prepared for the full range of reactions (e.g. relief, indifference, anger) when you approach the person. They may deny that they are experiencing changes in mood, behaviour or daily functioning. Remember, the person's thoughts, feelings and beliefs represent their own reality and you should be prepared to accept these without question. You should respect how the person interprets their symptoms.

Some people who have recovered from depression may have a relapse of their symptoms. Don't assume that the person knows nothing about depression as they, or someone else close to them, may have experienced depression before. However, even if the person has had a previous episode of depression, do not assume they will know how to manage the current episode.

You should know sources of good quality information. If you give the person information, it is important that you give them resources that are accurate and appropriate to their situation, e.g. consider the person's literacy and ability to understand the information. Do not overwhelm the person with too much information or too many resources.



HOW DO I KNOW IF INFORMATION IS RELIABLE AND ACCURATE?

Ask the following questions to determine if a source of information is reliable:

- Is the author well-known and respected in the field of depression or mental health?
- Is the information from a credible institution, e.g. well-known and respected health clinic or organisation, government department, university-affiliated institution?
- How old is the information? (A good rule of thumb is to look for materials published in the last ten years.)
- Have the authors included a date? If not, you have no idea how old the information is.
- What is the website's domain? Look for sites with .edu, .ac and .gov domains.
- Does it contain spelling errors or poor grammar? These indicate that the site may not be credible.
- Is it a blog, Facebook post, or self-authored site? These may not be reliable. Always verify information gleaned from these sources.

HOW CAN I BE SUPPORTIVE?

Treat the person with respect and dignity

Recovery, for the most part, must be led by the person and you should resist the urge to try to cure the person's depression or to come up with answers to their problems. Each person's situation and needs are unique. It is important to respect the person's autonomy 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 unless you are concerned that the person is at risk of harming themselves or others.

Offer consistent emotional support and understanding

Although you may not be able to understand exactly how the person feels, let them know you care and want to help. Tell them that they are important to you, they are not alone and that you are there for them.

It is more important for you to be genuinely caring than to say all the 'right things'. Let the person know that although their experience is very personal and painful, they are not alone. Often just taking the time to talk to or be with the person lets them know that someone cares.



The person needs additional support and understanding to help them through their illness, so you should be empathetic, compassionate and patient. It is important to be persistent and encouraging when supporting someone with depression. You should be consistent and predictable in your interactions with the person.

People with depression are often overwhelmed by irrational fears and you need to be gentle and understanding of someone in this state. You should offer the person kindness and attention, even if it is not reciprocated. Your support is likely to be having a positive impact, even if it does not feel this way.

Encourage the person to talk to you

Encourage the person to talk about their thoughts, feelings, symptoms and any other problems they are experiencing. Explore with the person how their symptoms affect their daily life. Ask them if stress is a problem for them and, if it is, encourage them to find ways to reduce stress in their life. You can also ask whether something has happened to them recently that is contributing to how they are feeling.

If the person does not want or have the energy to talk about how they are feeling, do not put pressure on them. Let them know that you are available to talk when they are ready. If the person finds it difficult to discuss their thoughts and feelings openly, suggest an activity that may make it easier for them to talk, e.g. have a cup of tea, go for a walk. You can also let the person know about available services where they can talk to someone else, e.g. a telephone counselling service.

Be a good listener

You can help someone with depression by listening closely to them without expressing judgement. The key attitudes involved in non-judgmental listening are acceptance, genuineness and empathy. Adopt an attitude of acceptance of the person by withholding any and all judgments that you have made about the person or their circumstances. Set aside any negative beliefs and reactions in order to focus on the needs of the person you are helping and choose your words carefully so as to avoid causing offence, e.g. if you feel the person is being lazy, you should not express this.

You can convey genuineness to the person by using body language that matches your verbal communication, e.g. telling the person you accept and respect their feelings, while maintaining an open posture and appropriate eye contact. Demonstrate empathy by showing the person that they are truly heard and understood, e.g. saying, "What you are going through must be difficult."

Use the following non-verbal skills to reinforce non-judgmental communication:

- Sit alongside the person and angled towards them, rather than directly opposite them.
- Notice how much personal space the person feels comfortable with and respect that.

- Use the level of eye contact that the person seems most comfortable with.
- Maintain an open body position (e.g. not crossing arms, as this may appear defensive).
- Avoid distracting gestures (e.g. fidgeting with a pen, glancing at other things or tapping your feet or fingers), as these could be interpreted as a lack of interest.
- Be aware of the person's body language, as this can provide clues as to how they are feeling or how comfortable they are talking with you.

Be an active listener. Reflect back what the person has said to you before responding with your own thoughts. Do not interrupt the person when they are speaking, especially to share your own opinions or experiences. It is important to listen carefully to the person even if what they tell you is obviously not true or is misguided. Respect the person's feelings, personal values and experiences as valid, even if they are different from your own, or you disagree with them.

Other ways to be a good listener include:

- Ask questions that show that you genuinely care and want to understand what they are saying.
- Ask open-ended questions to give the person an opportunity to say what they want to, e.g. "How are you feeling?" rather than "Are you feeling sad?".
- Use minimal prompts when necessary to keep the conversation going, e.g. "I see" and "Mmmm".
- Be okay with pauses and silences. While they may feel uncomfortable, the person may need time to think or find the right words.
- Check your understanding by restating what the person has said and summarising facts and feelings.
- Listen not only to what the person says, but how they say it, e.g. their tone of voice.
- Use the same terminology that the person uses when discussing their experience, except if the person uses unhelpful or stigmatising language.
- If the person holds stigmatising attitudes towards mental illness, do your best to model acceptance.

Have realistic expectations for the person

You should accept the person as they are and have realistic expectations for them. Everyday activities like cleaning the house, paying bills, or feeding the dog may seem overwhelming to the person. You should acknowledge that the person is not 'faking', 'lazy', 'weak' or 'selfish' and not push them to do activities that they feel are too much for them.



Acknowledge the person's strengths

If the person judges themselves too harshly (e.g. saying that they are a weak person or a failure), remind them of their strengths and acknowledge any efforts they are making to get better. Let the person know that they are not weak or a failure because they have depression – strong and capable people can become depressed. Tell them that you don't think less of them as a person.

Give the person hope for recovery

Encourage the person by telling them that, although they may not believe it now, with time and treatment, they will feel better. Offer hope of a more positive future in whatever form the person will accept and let them know that their life is important.

Providing ongoing support

Be clear and consistent about what support you can and cannot offer to the person and do not make promises that you cannot keep. Be upfront with the person about the limitations of your role as a first aider, e.g. you are not a counsellor. Ask the person whether what you are doing is helpful, and what else you could do to help.

What does not help?

Depression is a medical illness and it is not the person's fault that they are experiencing depression. There's no point in telling the person to "snap out of it", "get over it", "pull yourself together" or "get your act together". If this was possible the person would do it. Do not tell the person "it is all in your head", or 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', 'cheer up', or to 'lighten up'. Attempting to say something positive (e.g. "You don't seem that bad to me") can seem belittling or dismissive and should be avoided.

Avoid applying any labels to the person that they may find stigmatising, e.g. 'mentally ill'. Also, do not use language related to a potential diagnosis when talking to the person, e.g. "It looks like you have major depressive disorder".

Avoid speaking to the person with a patronising tone of voice and do not use overly-compassionate looks of concern. Do not adopt an over-involved or over-protective attitude towards the person, but also avoid telling them there is nothing you can do about their situation.

Do not nag the person to try to get them to do what they normally would and avoid confrontation, unless necessary to prevent the person from carrying out harmful or dangerous acts. Do not suggest to the person that they use alcohol or other drugs to feel better.



WHAT IF I EXPERIENCE DIFFICULTIES WHEN TALKING TO THE PERSON?

If the person is not communicating well (e.g. speaking slower, less clear than usual or being repetitive), be patient and accept these responses as the best the person has to offer at the moment. Try to be as supportive as possible. Do not interrupt, criticise, express frustration or be hostile or sarcastic.

Try to see any irritable or unpleasant behaviours as part of the illness and not take these personally. If the person becomes angry during the conversation, do not make assumptions about the cause of their anger. Try to stay calm and acknowledge the person's anger. However, do not accept abuse or compromise your own mental health when helping the person.

If the person doesn't feel comfortable talking to you, encourage them to discuss how they are feeling with someone else.

If cultural differences are interfering with your ability to help the person, you should discuss with the person what is culturally appropriate and realistic for them. Be willing to adjust your verbal and non-verbal behaviours, e.g. the person may be comfortable with a different level of eye contact or may be used to more personal space. You can also talk to a mental health service that specialises in working with people from different cultural backgrounds, if available.

Helping someone who is depressed may evoke an unexpected emotional response in you. If you are feeling upset or worn out after helping the person use evidence-based self-care strategies (see box).

SHOULD I ENCOURAGE THE PERSON TO SEEK PROFESSIONAL HELP?

It is important that you be able to recognise when to encourage the person to seek professional help. Professional help is warranted when depression lasts for weeks and affects a person's functioning in daily life. Do not assume the person's depression will just go away, because treating depression early is important to getting the best outcomes. It is also important that you do not lie or make excuses for the person's behaviour, as this may delay getting assistance. Seek immediate professional help if the person is experiencing hallucinations or delusions.

You should have some general knowledge about the types of treatment that can be helpful for depression. You should also know about what services are available in the person's local area and the local pathways to professional help, e.g. referral from a GP in order to see a specialist. These may vary depending on the person's cultural background or religious beliefs.

Discuss the benefits of seeking professional help and ask the person whether they think it would benefit them. Talk about professional help seeking in a way that normalises it, e.g. talk about it as a natural action to take, explain that mental health problems are common and treatable. Avoid labelling the person's behaviours or feelings as symptoms

of depression when talking to them about seeking help. If they feel they do need help, discuss the locally available options and encourage them to use these. If the person needs it, offer to help them seek assistance.

If the person decides to seek professional help, encourage the person to make a list of questions to discuss with the health professional at their first appointment. If the person would like you to support them by accompanying them to a doctor's appointment, you must not take over completely because a person with depression needs to make their own decisions as much as possible.

Depression is often not recognised by health professionals and 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. Encourage the person not to give up seeking appropriate professional help.

WHAT ABOUT SELF-HELP STRATEGIES?

People who are depressed frequently use self-help strategies. Some of these are supported by scientific evidence as effective, such as regular physical activity. The person's ability and desire to use self-help strategies will depend on their interests and the severity of their depression. Therefore, you should not be too forceful when encouraging the person to use self-help strategies.

Before suggesting self-help strategies, ask the person what they are currently doing or what they have done in the past that they found helpful. If they have successfully used self-help strategies in the past, encourage them to use these.

SELF-CARE?

If the person's behaviour is having a negative effect on you, recognise your own feelings and deal with these separately. It can be helpful to find someone to talk to about what has happened. If you do talk to someone, don't share the name of the person you helped, or any personal details that might make them identifiable to the person you choose to share with.

It can also be good to do things that improve your own mood or mental health after helping the person. Activities that are known to be helpful for improving mood and reducing anxiety include eating well, keeping regular sleep habits, practicing relaxation techniques (e.g. progressive muscle relaxation), being physically active, talking to supportive people, letting other people know how you are feeling, scheduling enjoyable activities (particularly those that give a sense of achievement), and doing other things you know have been helpful in the past.¹

¹ Morgan AJ, Jorm AF, Mackinnon AJ. Email-based promotion of self-help for subthreshold depression: Mood Memos randomized controlled trial. *British Journal of Psychiatry* 2012; 200:412-8.



If the person is interested in self-help strategies, discuss with them a range of strategies that might be helpful and encourage them to use the ones that are most appropriate. You can also encourage them to consult reputable sources about what is most likely to be helpful, e.g. a health department sponsored website.

WHAT IF THE PERSON DOESN'T WANT HELP?

It is important that you understand the barriers to seeking treatment for depression. If the person does not want to seek professional help, find out if there are specific reasons why this is the case. For example, the person may feel like no one can really help, or they might be concerned about finances, not having a doctor they like or that they might 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.

You must respect the person's right not to seek help at all times, unless you believe they are at risk of harming themselves or others. Do not push the person into seeking professional help before they are ready. Never use deception, coercion or threats to ensure professional help is received. If you try to force or pressure the person into seeking help it could turn them off seeking help altogether.

WHAT IF THERE IS RISK OF HARM TO THE PERSON OR OTHERS?

If the person is at risk of harming themselves or others, you should consider the safety of all involved, and take any necessary protective action, e.g. call an ambulance, emergency services, or mental health crisis team. Ask the person to take steps to get help (e.g. see a GP) and involve them in decisions about who else should be told about the risk of harm.

There are separate first aid guidelines about how to help someone who is suicidal or engaging in non-suicidal self-injury. You should familiarise yourself with these:

- [Suicide Guidelines Revised 2014](#)
- [MHFA Self Injury Guidelines Revised 2014](#)

PURPOSE OF THESE GUIDELINES

These guidelines are designed to help members of the public to provide first aid to someone 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.

DEVELOPMENT OF THESE GUIDELINES

These guidelines are based on the expert opinions of people with a lived experience of depression (consumers and carers) and mental health professionals (clinicians, researchers and educators) who are from Australia, Canada, Ireland, UK and the USA. Details of the methodology can be found in: Bond KS, Cottrill FA, Blee FL, Kelly CM, Kitchener BA, Jorm AF. Offering mental health first aid to a person with depression: a Delphi study to re-develop the guidelines published in 2008. BMC Psychology 2019; 7:37.

HOW TO USE THESE GUIDELINES

These guidelines are a general set of recommendations. Each individual is unique and it is important to tailor your support to that person's needs. Therefore, these recommendations may not be appropriate for every person. Also, the guidelines are designed to be suitable for providing mental health first aid in high-income countries. They may not be suitable for other cultural groups or for countries with different health systems.

These guidelines have been developed as part of a suite of guidelines about how to best assist a person with mental health problems. These other guidelines can be downloaded from:

mhfa.com.au/resources/mental-health-first-aid-guidelines

Although these guidelines are copyright, they can be freely reproduced for non-profit purposes provided the source is acknowledged. Please cite the guidelines as follows:

Mental Health First Aid Australia. Depression: MHFA Guidelines (revised 2018). Melbourne: Mental Health First Aid Australia; 2018.

Enquiries should be sent to: mhfa@mhfa.com.au