

## **AM I STRESSED, DEPRESSED, OR ANXIOUS?**

It is not uncommon to hear people describe themselves as feeling ‘down’, ‘blue’ or ‘stressed’ when facing more challenging times in their life. But how do you know whether you are anxious or stressed or depressed? And when is what you are feeling ‘bad enough’ to warrant seeking professional help? Understanding the difference between these three conditions can help you to more clearly identify strategies to better manage your symptoms.

Summarised below are the key distinctions between stress, anxiety and depression. This information is intended as a guide only and cannot be used for accurate diagnosis. If you think you may be depressed or anxious, or if your stress levels are interfering with your ability to manage at work / school / home, consult your General Practitioner.

### **Stress**

Stress has been given a bad rap over the years. The truth is that some stress is actually beneficial. It provides the driving force to motivate us to get things done and achieve goals. Stress becomes a problem when we feel paralysed and overwhelmed by the challenges before us. Then worry sets in, and we feel ‘stressed’.

How we experience stress is unique to each of us. Different people are stressed by different things; equally every person expresses their stress in different ways. The essential ingredient to understanding stress is to know that it is how you think about something and your response to an event that is the key factor in deciding whether it will be stressful to you.

Stress also has a physiological component – using a biologically programmed response left over from our heritage, the body releases chemicals designed originally to enable us to ‘fight’ or ‘flee’ when faced with danger. These days, you don’t need to be in a life threatening situation for this response to happen. Simply perceiving something as immediately stressful can elicit a physiological reaction resulting in bodily changes such as elevated breathing and heart rate, sweating, and muscle tension - unless you can learn to break the cycle.

There are techniques designed to reduce stress should you start to feel overwhelmed which can be taught during talk therapy. Some approaches will help you to better manage in an immediately stressful situation and others take a longer term perspective with the aim of preventing your stress peaking at dysfunctional levels.

If you are feeling that stress is overtaking your life, see your General Practitioner to discuss your concerns further. A referral to a Psychologist who can help you to develop more adaptive responses to the inevitable life stressors may be appropriate.

### **Anxiety**

Many people talk about feeling stressed when they may, in fact, be suffering from anxiety. People with an anxiety disorder feel fear or panic in situations when most other

people would not feel so anxious. Often there is no specific trigger and the person lives with an almost constant nagging feeling of worry or impending doom, sometimes which manifests as a panic or anxiety attack. Anxiety can be a severely debilitating condition. It can lead a person into avoiding certain situations or places where they fear they may become anxious – sometimes resulting in them becoming so fearful they are unable to leave their own home. Having an anxiety or panic attack is a frightening experience – the heart races, breathing becomes laboured, and sweating breaks out. Often the person thinks they may be having a heart attack or stroke because their physiological response is so severe.

Similar to stress, at the core of overwhelming anxiety are thoughts which is good news for sufferers. It means that, with proper support and in time, an individual is likely to be able to modify their thoughts sufficiently to at least reduce, if not completely eliminate, such extreme anxious reactions.

If you are worried about your anxiety consult your General Practitioner to discuss your concerns further. Seeking a referral to a Psychologist for strategies specifically targeting your anxiety responses is probably worth considering. Medication may also be appropriate depending on how severe your symptoms are.

### **Depression**

Unlike stress and anxiety, depression has less of an immediate physiological impact and therefore, it can be harder to spot in yourself or others. The term depression has become so common in our language that these days' people often refer to feeling 'depressed' when in actuality they are sad. While sadness is an uncomfortable feeling and can be quite debilitating for short periods of time, it is a very different concept to depression. Someone suffering from a depressive illness feels hopeless, despair and anger. Energy levels are usually very low, and depressed people often feel overwhelmed by the day-to-day tasks and personal relationships so essential to life. Depression seems to 'creep up' on people, often (but not always) following times of sustained emotional stress. Severely depressed individuals are at a much higher risk of suicide than other people in the community. Because of this it is vital that if you believe you are depressed you should consult your medical practitioner as soon as possible for assessment and diagnosis.

Depression has received a lot of attention in the media and is far more widely accepted today than it has ever been in the past. The treatment for anxiety and depression is similar. Usually antidepressant medication is prescribed along with talk therapy. There are also many support groups and various resources available to sufferers of depression. Your Psychologist or General Practitioner can identify some of these with you.

### **Depression and Anxiety – the double whammy!**

To compound the difficulties, depression and anxiety are frequently associated, in which case the symptoms of both disorders are more severe compared to if you had the disorders independently. It can take longer for the symptoms to resolve, making sticking to treatment a challenge for the sufferer. It is important to know that depression with anxiety has a much higher suicide rate than depression alone. So, if you think you are

experiencing symptoms of depression and/or anxiety, especially if you feel you have them together, it is important to consult your treating medical practitioner as soon as possible to ensure you receive the assistance you need to get through this most difficult time.

### **When to get help**

The most important thing is to trust your instincts – if you are finding it hard to cope on a regular basis over several weeks, approach your General Practitioner and/or Psychologist to discuss the resources available to support you through a difficult time.

## **RESOURCES**

### **In crisis call (Australia):**

#### **Lifeline**

13 11 14 (confidential 24 hour Crisis Hotline)

#### **Kids Help Line**

1800 55 1800

Online confidential counselling available at <http://www.kidshelpline.com.au>

#### **Mensline**

1300 78 99 78

## **WHERE TO GO FOR HELP**

### **Mental Health Association NSW Inc.**

Ph 1300 794 991 for services in your area.

### **Anxiety Treatment Australia**

[http://www.anxietyaustralia.com.au/useful\\_resources.shtml](http://www.anxietyaustralia.com.au/useful_resources.shtml)

### **Mental Health Matters**

<http://www.mental-health-matters.com/>

### **Shyness and Social Anxiety Treatment Australia**

<http://www.socialanxietyassist.com.au>

### **Individual Counselling with a Psychologist**

A Medicare rebate is now available for up to 12 sessions per calendar year with a registered psychologist who has a Medicare Provider Number. To obtain the rebate you must be referred by an appropriate medical practitioner, ie., a GP, psychiatrist or paediatrician. The practitioner will ensure that you meet the eligibility requirements and develop a management plan for your condition. The cost and rebate from Medicare can vary depending on the consultation length and fee charged. If the psychologist bulk bills

there will be no extra cost. For further information about the rebate, or to locate a psychologist in your area, contact the Australian Psychological Society: Tel 1800 333 497 or <http://www.psychology.org.au>.

## USEFUL REFERENCES

### **Compassion Fatigue**

*The Alchemy of Fear*. Gilley K. Boston: Butterworth-Heinemann; 1998.

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*The Truth About Burnout*. Maslach C, Leiter MP. San Francisco: Jossey-Bass; 1997.

*Compassion Fatigue: Coping With Secondary Traumatic Stress Disorder in Those Who*

*Treat the Traumatized*. Figley CR, ed. New York: Brunner/Mazel; 1995.

*Trauma and the Therapist: Countertransference and Vicarious Traumatization in*

*Psychotherapy With Incest Survivors*. Pearlman LA, Saakvitne KW. New York: Norton; 1995.

*Wherever You Go, There You Are: Mindfulness Meditation in Everyday Life*. Kabat-Zinn J. New York: Hyperion, 1994.

*The Miracle of Mindfulness: An Introduction to the Practice of Meditation*. Nhat Hanh T. Boston: Beacon Press, 1987.

*Putting 'Life' Back Into Your Professional Life*, June 1999, FPM, page 36 (<http://www.aafp.org/fpm/990600fm/36.html>. Accessed 4 June 2008).

### **Assertiveness**

*Your Perfect Right: A Guide to Assertive Behaviour*. Alberti RE, Emmons ML. (1978) San Luis Obispo, California. Impact Publishers.

*How to Be An Assertive, Not Aggressive, Woman*. Baer J. (1976) New York: Rawson Associates.

*Pulling Your Own Strings*. Dyer W. (1977) New York: Avon Books.

*When I Say No I Feel Guilty*. Smith M. (1981) New York: Bantam

### **Relaxation**

*The Relaxation & Stress Reduction Workbook*. Authors: Martha Davis, Elizabeth Robbins Eshelman, & Matthew McKay. This comprehensive book provides information about many relaxation and stress management techniques.

**Social Anxiety**

*The Hidden Face Of Shyness*. Franklin Schneier & Lawrence Welkowitz .This book provides a diverse range of information about social anxiety, the various fears social anxiety sufferers may have, the causes of social anxiety & treatment options.