

## Surfing out of the depths

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She wakes up and her heart sinks. Another day and once again she is overwhelmed by a sense of dread. Eventually she forces one leg out of the bed and somehow the rest of her follows. Later, as she wills herself toward the office building, she stares vacantly at the ground, the world around her grey, uninspiring and constricted. Despite the hollowness within, she forces a smile on her face and calls out a seemingly cheerful hello to an approaching colleague and then numbly proceeds to her office. She shuts the door, a tear slipping down her face. She does not know why. Turning to her computer she tries to focus on her work. But she feels no motivation. Each and every step is an effort which she takes by sheer willpower. She knows that she needs to make decisions about the project she is managing but she feels overwhelmed and useless. Later that afternoon she walks through the front door of her house. She can think of nothing to do, nothing that she would enjoy. Life is not worth living. She climbs the stairs, lies on the bed and pulls the bedcovers over her head and cries, overwhelmed by pain and a sense of hopelessness.

This is not an isolated story. It is the story of many of the one million Australians who in any one year suffer from depression. It is also my story before I found the treatment that I needed.

Depression has been judged by experts to be as debilitating to the individual as multiple sclerosis. It is responsible for more disability in Australia than any other medical condition and has been estimated to cost Australian workplaces over 6 billion dollars

annually. It compromises a person's capacity to enjoy social relationships and to achieve academically. It is the source of immense emotional pain and is the leading cause of suicide. Despite this, many people with depression fail to seek help.

### **Going it alone**

Most people who are disabled by a physical illness seek treatment from a health professional. They know that this is the fastest way to recover. By contrast, people with depression frequently believe that they should be able to solve their depression by themselves.

Self-reliance is an excellent quality if you are equipped with the means to solve a problem. However, it is not so helpful when you lack the knowledge or skills to help yourself. You might be a highly self-reliant person with advanced skills in bushwalking, caving, rock climbing and physical survival. Unfortunately, these skills will not necessarily help you to work out how to 'fix' your depression. You might have a mind that rivals Einstein but still have little knowledge about depression, what it is, how it is treated, if these treatments are effective, or how to help yourself with depression. Perhaps you do not realise that you are depressed. This lack of knowledge is a second reason why people do not seek help for depression.

Then there are the people who recognise they are depressed but fear that their family, or their friends, colleagues or acquaintances or even their health practitioner will think less of them should they seek professional help from a doctor or health professional. This stigma can stop people seeking the help they really need.

### **What is depression and how do I know if I'm depressed?**

Have you ever built up your hopes about something only to be disappointed when your plans do not work out? For example, you fail a test, make a mistake on an important project at work or your next promotion eludes you. When this happens you may feel down and say to yourself or others, 'Gosh, I'm so depressed about this?'

You may feel quite demoralised for a few days. You might even cry in frustration or distress. However, the chances are that pretty soon you will be back to your usual self and the test or mistake will become a distant memory as you once again become engaged with the activities of daily life and new challenges. What you have experienced is a period of sadness. It is brief and it is a state which all of us have experienced at some time or another.

Imagine instead, that this feeling of sadness is deep and prolonged or that you feel a numbness and lack of pleasure that lasts not for days but for weeks, months or even years. You also experience a number of other signs and symptoms such as difficulty in concentrating and making decisions, fatigue, problems with sleeping, a change in your weight and appetite, and a sense that life is not worth living. You may be slowed down physically or agitated, be plagued by a sense of guilt without good reason and feel a very low sense of self-esteem. If you experience sadness or lack of pleasure and several of the other symptoms I have just listed most days for more than two weeks and these interfere with your social, work or other activities, you could be clinically depressed.

If you think you might be depressed it is important to make an appointment with your doctor. They can work with you to determine whether you are depressed and if so what treatment you need. You might be tempted to make your own diagnosis and might even be correct! However, depressive symptoms can be caused by problems other than depression. For example, some medications can cause depression and sometimes depression is a direct consequence of a biological effect or a physical problem. Obviously, the best pathway to health in such cases is to cease the medication or treat the illness or cause of the problem.

### **Are there any treatments that work for depression?**

Fortunately, the short answer to this is yes. When you are feeling depressed you often imagine the worst. You may believe that

nothing can help you and that you will never feel better. In fact, there are good treatments for depression which have been shown in well designed scientific studies to work. People with depression can, and usually do, get better with the appropriate treatment.

The second fear people have about treatment is that if they seek help they will be prescribed antidepressants. There are a range of reasons for this fear. Some people believe, incorrectly, that antidepressants are addictive. Others, although perhaps quite happy to take a tablet to reduce their cholesterol, believe that antidepressants are a crutch. This 'double standard' is a product of the stigma associated with depression and its treatment. However, even in the absence of such stigma, some people prefer not to use medications for depression.

Fortunately, there are other treatments for depression — and they work. The best known of these are the 'psychological therapies', or what have sometimes been referred to as the 'talk therapies'. These include cognitive behavioural therapy and interpersonal therapy. We will return to these and what they involve later. Other treatments that work for depression are the complementary or alternative therapies such as physical activity (exercise) and St John's Wort. Many other interventions, ranging from chocolate to lemon balm, have been claimed to help depression. I wish I could tell you that chocolate is a panacea for depression. Unfortunately, there is absolutely no scientific evidence that this is the case. Nor is there any evidence to support the use of lemon balm, ginseng, paracetamol or a host of other 'treatments' that have been proposed as helpful for mood problems. If you wish to know more about what works and what does not for depression, you might like to visit our website — BluePages Depression Information (<http://bluepages.anu.edu.au>). On this website, we have listed approximately 50 different psychological, medical and alternative and lifestyle interventions and rated them according to how much scientific evidence supports them as effective.

## Surfing your way out of trouble

And, that brings me to a question. Websites such as BluePages provide useful information, but can the Internet provide a vehicle for treating depression? Do you need to see a person face-to-face for depression treatment or is it possible to consult over the Internet? Is a human even necessary to deliver treatment for depression or can the treatment be completely automated?

These are questions which my colleagues and I at the Centre for Mental Health Research have been examining over the past 12 years. Based on our research and that of other research groups around the world, it is clear that the Internet is an effective means for treating depression and anxiety disorders. Furthermore, the Internet can be effective even when there is no person involved. I would not of course suggest that the Internet can or should replace face-to-face treatment. There will be some people who are not well enough or not interested in seeking online help. There will be some people for whom it does not work (just as a particular face-to-face treatment, or a specific medication, does not work for everyone).

However, the Internet has some advantages. A fully automated treatment program can be accessed by anyone, anywhere, at any time. There are programs on the Internet that are free to the user. These programs can be accessed anonymously, thereby breaking down the barriers created by stigma. Finally, the Internet is a means by which a person with depression who values self-reliance and believes that they should help themselves can do just that.

## Online programs: When help is just a click away

It was with these advantages in mind that in 2001 our Centre released its first self-help program for depression. Known as MoodGYM, this program is an automated form of cognitive behavioural therapy. Now in its third version, the latest version of MoodGYM has almost 700,000 registrants from 203 nation states

around the world. Research trials have shown that MoodGYM is helpful for a range of different people. For example, it has been found to reduce depression in people in the general community, among students in schools, and among callers to Lifeline. It has also been demonstrated effective among students attending a Norwegian university situated north of the Arctic circle; a land where the sun neither rises in the winter nor sets in the summer.

More recently, we have developed another, more extensive self-help program, e-couch. This program provides information and self-help for depression, generalised anxiety disorder, social anxiety disorder, bereavement and loss, and finally, separation and divorce. Unlike MoodGYM, which was originally developed for young people, e-couch is intended for a broad age range.

### **A brief tour of e-couch**

So what do these programs entail? Let us consider what happens if you decide to visit the depression stream of e-couch.

Starting at the home page of e-couch (<http://ecouch.anu.edu.au>) you will click on a 'new users' icon, after which you will be taken to some background information about e-couch and then provided with the opportunity to register on the site using a pseudonym and your own password. E-couch also asks you to enter some information about yourself, such as your age and gender. All the information you provide on the program is kept strictly confidential.

Once you have registered you can commence the e-couch program after completing a number of preliminary questions, including a depression quiz, which e-couch uses throughout the program to provide you with feedback on your level of depressive symptoms and how it compares with other people your age. From there you can proceed to the 'Beat Depression armchair'.

The Beat Depression armchair provides information about depression ranging from what it feels like to what works for depression and where to seek help. Once you have completed this

section you are ready to move onto e-couch's depression self-help tools. Here you are presented with 5 toolkits: cognitive behaviour therapy (CBT), interpersonal therapy (IPT), problem-solving, physical activity, and relaxation. Each of these tools was incorporated into e-couch because there is scientific evidence that they work when delivered in a face-to-face format and they were suitable for conversion into an online form. On e-couch, you can choose the tool you would like to select first. Let us suppose you decide to begin with the CBT tool.

***Walloping your warps and plotting your pleasures online: CBT***

Cognitive behaviour therapy is concerned with the way in which thoughts and behaviours can affect mood. To illustrate this, the CBT tool commences with an animated diagram of two men sitting at each end of a couch. One man is thinking about how he has been told that your thoughts influence your feelings. He concludes: 'So I am to blame for my depression. I'm so hopeless ... I feel so depressed' and he slumps over in despair. The second man is thinking about the same issue. But his conclusion is very different. 'So,' he says, 'I may feel better if I can change the way I think. Terrific! Where do I get this CBT?' He sits up enthusiastically and happy. The same 'event' (being told that your thoughts influence your mood, has produced very different self-talk (thoughts) in the two men, with very different outcomes on their mood.

From here, you as the e-couch user move onto the 'Thinking about Thinking' section of the CBT tool that provides more examples of the way in which it is your thoughts about an event, not the event itself, which affect your mood. Have you ever noticed around Olympic Games time how some people are elated when they win a silver medal but others are absolutely devastated, convinced that they have failed? It is the same event but the thoughts of these two winners are very different and so are the resulting mood states.

E-couch goes on to help the user to learn to recognise different types of unhelpful or ‘warpy’ thoughts. They often happen automatically without you noticing that they are there. One example of a type of warpy thought is ‘jumping to conclusions’. For example, I could conclude that my friend has not rung me because they dislike me and do not care about me when actually, I have no evidence that this is the case. Perhaps they are exceptionally busy and caught up with a family problem. Perhaps they are ill. The point is that I have no evidence that they dislike me. Another type of warpy thought is called ‘catastrophisation’ or ‘exaggeration’. For example, if I apply for and fail to win a job and conclude that my life is ruined and I will never get a job, then I am catastrophising. If I throw in a few labels about myself such as that ‘I am a no-hoper’ or ‘a failure’ then I am also ‘labelling or mislabelling’ myself. Another type of warpy thought arises when we make assumptions about the world, such as that life ‘should’ be fair, or that we or other people ‘should’ behave in a particular way.

Having taught you to identify your unhelpful or warpy thoughts (‘walking the warp’), e-couch progresses to the section on ‘Changing your thinking’. In this section you learn how to ‘wallop the warp’ by questioning your unhelpful thinking and assumptions. You will find out how to challenge your thoughts by determining if there is any evidence to support them. Often, once you stop to consider the basis for your negative thoughts about a situation, there is no evidence or it is very scant. Frequently, there are alternative interpretations. For example, if a colleague yawns while you are talking at work, you might conclude that they think you are useless and your contributions are not worthwhile. However, you have no way of knowing what they are thinking. Certainly, there are other explanations. Perhaps your colleague had a late night or slept poorly. Even if they are indeed bored, your colleague’s views do not determine your value. The ‘Changing your thinking’ section provides examples of how to question your



unhelpful thoughts and then helps you to think about your own thoughts and question them where appropriate. For example, it asks you to think about the last time you were upset, write down what happened (the event), what your thoughts were about the event, identify the type of warpy thought you had, and challenge the thought. E-couch also teaches other methods of changing your thoughts including the more challenging strategy of ‘Action testing’. If you would love to sing, but worry that you would not fit in, you could for example, join a choir and test out your assumption. Was the thought that you would not fit in accurate?

This brings us to the final section in the CBT section of e-couch, ‘Changing your behavior’. In this section you will learn about the connection between your behavior and your mood. Often we can change how we feel by changing what we do. For example, if you stay in bed when you are depressed, the chances are you will feel worse rather than better. On the other hand, if you get up and go for a walk in the sunshine, or try your hand at a hobby you used to enjoy you may find yourself feeling a little better. The problem is — and I am well aware of this from personal experience — when you feel very depressed, you feel little sense of pleasure and you often cannot imagine that you would find anything pleasurable. E-couch helps you to work out what activities you might find enjoyable and to use the e-couch ‘Pleasure plotter’ to schedule these into your week. Once you have recorded and undertaken the activities, you rate how enjoyable you actually found each one. You may be surprised how much more you enjoy these activities than you anticipated. You may also be surprised how much better you feel once you have been following the schedule for a while.

***It’s all about people: interpersonal therapy (IPT)***

The IPT tool on e-couch is focused on improving your mood by changing the way you relate to other people. The first section focuses on coping with the loss of someone close and coping with

grief. The second is concerned with identifying your most important relationships and the conflicts you might be experiencing in them. Suppose your boss expects that you to do all the work on an important project without any assistance. E-couch helps you to consider if by changing your circumstances, you can improve your mood. For example, instead of silently fuming about your boss, giving him icy stares when you see him, and complaining about him to your colleagues and family, you could opt to speak to him directly about the problem. If all else fails, you might decide to find another job.

The third part of IPT focuses on role changes. You might have just experienced a break up with your partner or some other change in your circumstance such as retiring from or changing your job, looking after a new baby or caring for an ill parent or spouse. These role changes can be associated with a change in mood and depression. E-couch teaches the IPT techniques of acknowledging and 'mourning the loss' of your old role, taking note of the good aspects of the change, and finally, working out how to perform the new role as well as possible, by for example, learning new skills.

The fourth and final module of the e-couch IPT tool is concerned with how to develop more relationships. In addition to tips about how to make friends, the module includes a section on assertiveness. Not being able to communicate how you are feeling about the actions of another person can leave you upset. Assertiveness skills assist you to discuss your concerns in a direct and constructive fashion. Suppose your partner criticises you in front of your friends. Later you might sit in the car in a huff, refusing to speak to him or her. An alternative, more appropriate and direct approach is to tell them how you feel: 'When you criticise me in front of our friends I feel upset and embarrassed. Could you please not do that again?'

***Working it out: problem-solving***

Learning strategies for solving everyday problems can be an effective means for tackling depression. E-couch describes a five-step approach to solving problems.

The first step in problem-solving training is to take the 'right attitude' to the problem. If you give up before you start ('Oh, my gosh, there's no way I can ever get out of this mess'), you are definitely not taking the right 'attitude'. Instead, consider the problem as a challenge. I remember having a flat tyre on a relatively isolated stretch of steep and unsealed road in the country. I was young and had only recently obtained my license. I could have been overwhelmed but in fact I was not displeased because it gave me a chance to show myself (and my father, who was often concerned about my wellbeing) that I could cope with the situation. I was evenly secretly slightly put out when a driver came along and offered to assist. I assured him politely that I had the matter in hand!

The next step in problem-solving is to define and refine the problem clearly and specify a goal that is concrete. For example, rather than saying that my problem is that my job as Director of a research centre is too hard, I could define my problem as having too much work with insufficient time to do it. Rather than saying that my goal is to work less hard I could set a specific goal that I work no more than one day each weekend. This brings me to my third step: 'Brain-storming possible solutions'. This involves coming up with as many ways of tackling my problem as I can think of. This is not a time for censoring my thoughts. Whatever comes into my head is fine. My list might include 'saying no more often', 'delegating my work', 'setting aside a time during the week when I am not interrupted by anyone' and so forth. Once I have the list I can proceed to step four, which is to consider the advantages and disadvantages of each item on the list and to select the best solution. For example, perhaps delegating my work would

save me time (advantage), but there is no one available to whom I can delegate it (disadvantage). After entering into e-couch the advantages and disadvantages of each ‘solution’ I might decide that my best option is to ‘say no more often’. This takes me to step five: Action. I need to come up with a plan — a series of steps — as to how I am going to say no more often. Once I have devised and entered in the steps into e-couch I test out how well the plan actually works. Hopefully, it works. If not, I consider or brain storm other options, until I find one that does work.

### *Getting off the couch: physical activity*

The scientific evidence suggests that physical activity is an effective anti-depressant. It can also be good for your general health, although you should always check with your doctor before taking up exercise if you have any physical health problems. E-couch incorporates a tool to assist you to become more active. Anyone who has made a New Year’s resolution knows how difficult it can be to follow through with good intentions. If you are depressed, it can be so much harder. However, getting started is often the biggest hurdle. The e-couch physical activity tool assesses where you are in terms of your readiness to engage in physical activity and provides a program tailored to your level of readiness. For example, if you are only just thinking about a program, you will learn strategies for increasing your motivation and for starting with small steps (excuse the unintended pun).

Once you have begun your activity, the e-couch ‘On your way program’ provides strategies and tools for assisting you to maintain that activity including setting goals, engaging others to assist you, and monitoring your progress using an online Daily Step Diary. This diary is based on using a pedometer, a small inexpensive wearable device which records the number of steps you take each day. After recording the number of steps you usually take each day, you can work out how many steps you wish to target for your activity program and enter it into your e-couch

Daily Step Diary. For example, if I discover that I normally take 2,500 steps per day, I might initially set my target at 5,000 steps per day. As I enter in my steps each day, e-couch charts my progress towards my goal. Once I achieve my first goal, I can work towards my next. Perhaps it is 7,500 steps. The two remaining programs on e-couch are designed to assist you to maintain your motivation and your physical activity level. Of course, you could also buy one of the many physical activity apps which are now available for smart phones and use it in conjunction with the e-couch physical activity module.

***Far from the maddening crowd: relaxation***

It might seem strange that there are programs designed specifically to help you relax. However, sometimes, relaxing is easier said than done. Fortunately, there are simple techniques that can assist. One of these methods involves learning to relax your muscles through a technique called ‘Progressive muscle relaxation’. This is the method used in the fifth tool on e-couch. This tool includes an audio relaxation training program which can be streamed via the Internet or for convenience downloaded onto your computer. The program helps you to learn to relax by tensing and then relaxing each of your muscles individually. Later you learn to relax your muscles in groups until finally you can just think ‘Calm’ or ‘Relax’ and relax your whole body.

When you first encounter the e-couch relaxation module, you might well think: ‘Nah! I don’t need that. I’m already relaxed.’ I certainly did not realise that I was physically tense before I tried the relaxation technique but I soon learned how pleasant it can feel to really relax physically. You too might like to try it. There is some evidence that Progressive Muscle Relaxation can help people with depression. However, it is not helpful for everyone, and for some it is unhelpful. If you find that you are one of the latter, do not persist with it. Instead, try one of the other treatments for depression that does suit you.

## Online mutual support: surfing on a BlueBoard (BB)

The sun will shine in our dark tunnels one day. One day we will look back at our low times and realise how damn strong we are. This is a lovely site full of lovely people and I am so glad to be one of them.

BlueBoard member, posted March, 2013.

Welcome to the forum – bb. Many of us have stumbled across bb and found it to be a bit of a haven. Support, understanding, advice. as well as many discoveries, knowledge and skills.

BlueBoard member, posted March 2013.

Sometimes, when you are depressed, it can feel that you are the only one who feels the way you do. Certainly, it can be difficult to communicate just how you feel to someone who has not experienced depression, no matter how caring they might be. Perhaps your friends and family make suggestions that are intended to be helpful but you are left feeling worse, discouraged or a burden.

For this reason, many people find that it is a relief to talk to someone else who is depressed. Some find their way to a face-to-face support group but others cannot access, or feel too shy or depressed to join one, or find that the group meeting times are not convenient for them.

With the advent of the Internet, it is now possible to quickly connect with other people who are ‘in the same boat’. Certainly, there are a large number of support groups for depression on the Internet. The advantage of these groups is that they are, in many cases, open to members 24 hours per day, 7 days a week and they are anonymous. Using these support groups it is possible to talk to others with depression, realise that you are not alone in your experiences and benefit from their support and experience. You and they are the experts in depression by virtue of your lived experiences. These online venues also provide you with the opportunity to help other people, not by providing therapy as a professional might but by offering support. Finding that you are able to

help others can be very rewarding, particularly if you currently lack confidence.

For these reasons, and to better understand how online support groups work from a research perspective, we introduced the online support group BlueBoard for people with depression ([BlueBoard.anu.edu.au](http://BlueBoard.anu.edu.au)). The Board is staffed by moderators who ensure that it is a safe and secure place where people with depression can support each other. All the moderators are consumers, carefully trained to undertake their role. Users post their messages on the Board in different forums, starting a new ‘thread’ for each new topic. Anyone can visit BlueBoard but in order to post a message, you need to join using the ‘Register’ button and a made up alias that does not include any real names or dates. That way nobody can identify you. Then — as long as you follow the simple, sensible rules designed for the protection of everyone — you can post as often as you like.

There is no doubt that many people who use the Board find it helpful. More recently, my team and I have undertaken an evaluation of the helpfulness of an online support group modelled on BlueBoard. We found that after six months, those with access to BlueBoard were less likely than a control group of participants to have significant symptoms of depression. Time will tell if this result can be replicated. Meanwhile, these results are encouraging.

## **Other online programs**

In this chapter I have focused on Internet-based programs developed and delivered by the ANU Centre for Mental Health Research (CMHR) because they are the programs I know best and they are free for use by the public. However, there are other effective online programs for depression. To find out more about them, you can consult another of ANU’s programs, [Beacon.anu.edu.au](http://Beacon.anu.edu.au). This program is the brain child of former ANU Professor Helen Christensen although it has since been restructured and modified. Beacon provides a list of online programs which target a range of

physical and mental health conditions including depression. By clicking on the depression category you can find out what other programs there are around the world for depression, and to what extent each program has been found to be effective, if at all. There is also an opportunity to provide your feedback about different online programs and to read the feedback provided by others who have used the program. Beacon also provides a description of each program, whether it is available to the public and if so whether there are charges for accessing it. Check out [Beacon.anu.edu.au](http://Beacon.anu.edu.au) to learn more.

If you live in Australia, another option is to visit the MindSpot website at <http://www.mindspot.org.au>. A government funded online clinic, MindSpot provides free assessment, and online or telephone treatment if you are depressed. The staff at MindSpot Clinic can also arrange referral to face-to-face services if needed.

## Coming into shore

I hope you have found something of use in this chapter. Much of it has focused on online programs. However, these treatments are also available face-to-face. If you are depressed, it is possible to receive a Medicare rebate to obtain CBT and IPT treatments from an approved mental health professional. Talk to your general practitioner to find out more.

I wish you all the best with your journey. I hope that it is quick and you find yourself soon in smooth and sparkling water. However, if on the way you are dumped in the surf more than seems tolerable, and if the journey seems interminably long, never forget our Blueboard member's words: *The sun will shine in our dark tunnels one day*. Until then you are not alone.

## Useful websites

- An online support group for depression and other mental health conditions: [blueboard.anu.edu.au](http://blueboard.anu.edu.au)



- Evidence-based information about depression: [bluepages.anu.edu.au](http://bluepages.anu.edu.au)
- Self-help tools for depression: [ecouch.anu.edu.au](http://ecouch.anu.edu.au)
- A self-help tool for depression: [moodGYM.anu.edu.au](http://moodGYM.anu.edu.au)
- A guide to online programs for depression (and other conditions): [beacon.anu.edu.au](http://beacon.anu.edu.au)
- A virtual clinic providing assessment and online and telephone treatment for depression: [Mindspot.org.au](http://Mindspot.org.au)

### Further reading

- G Andrews et al., 'Computer therapy for the anxiety and depressive disorders is effective, acceptable and practical health care: a meta-analysis', *PLoS ONE*, vol. 5, no. 10, 2010, p. e13196.
- R Churchill et al., 'A systematic review of controlled trials of the effectiveness of brief psychological treatments for depression', *Health Technology Assessment*, vol. 5, no. 35, 2001, pp. 1–173.
- KM Griffiths et al., 'The efficacy of Internet interventions for depression and anxiety disorders: A review of randomised controlled trials', *Medical Journal of Australia*, vol. 192, no. 11, 2010, pp. S4–S11.
- KM Griffiths et al., 'The effectiveness of an online support group for members of the community with depression: a randomised controlled trial', *PLoS ONE*, vol. 7, no. 12, 2012, p. e53244.
- GE Mead et al., 'Exercise for depression', *Cochrane Database of Systematic Reviews*, issue 4, art. no.: CD004366, 2008.
- AJ Morgan and AF Jorm, 'Self-help interventions for depressive disorders and depressive symptoms: a systematic review', *Annals of General Psychiatry*, vol. 7, 2008, p. 13.