



ATA puts ADA on the RADAR during October

Raising Anxiety and Depression Awareness during ADA month

The Australian Trucking Association (ATA) will show support for *beyondblue: the national depression initiative* by putting anxiety and depression on the trucking industry's radar during October.

The Chairman of the ATA, Trevor Martyn, today announced the association's involvement in *beyondblue's* Anxiety and Depression Awareness (ADA) Month, which aims to raise awareness of symptoms and where to get help – and address the associated stigma.

Mr Martyn said that depression affects around one million Australians each year of all ages and backgrounds, including people in the trucking industry and every other industry too.

"In Anxiety and Depression Awareness Month, the ATA will run a campaign to urge trucking operators and employees to get the facts and seek help early if they think they have depression," he said.

"Depression is much more serious than feeling sad every now and then or having a bad day on the road. If you aren't travelling too well, don't be embarrassed to have a chat to your doctor. The sooner you recognise you're not well, the sooner you can get treatment and be on the road to recovery.

CEO of *beyondblue*, Leonie Young, said: "We're very pleased to work with the ATA to let people in the trucking industry know there are treatments for depression and anxiety that can help you recover.

"Less than half the people affected by depression seek help, because they don't recognise the signs of depression, they don't know where to get help, or they're too ashamed to talk about how they feel.

"It's not a sign of weakness to ask for help. Talk to your doctor or contact the *beyondblue* info line on **1300 22 4636**," she said.

The ATA and *beyondblue* invite trucking operators to participate in ADA Month, including by:

- distributing *beyondblue* information and posters in workplaces and depots, available **free** from www.beyondblue.org.au/adamonth or by calling **1800 226 718** (free call).
- nominating a 'wear blue' day for staff to raise awareness of anxiety and depression.
- booking a *beyondblue* National Workplace Program workshop to help staff or managers recognise anxiety and depression in their colleagues.
- changing the company's on-hold message during October to include information about depression, *beyondblue's* web address and info line number, **1300 22 4636**.

The ATA's awareness campaign will consist of feature articles in industry magazines, advice for truck drivers and trucking operators in the ATA's e-newsletters and an information pack for operators on the ATA's website.

The ATA has separately recommended to the National Transport Commission that depression screening should be included in the medical checkups undertaken by commercial drivers.

Commercial drivers whose screening results suggested depression would be referred for help. The recommendation would not put their licenses at risk: drivers would continue to hold their licenses unconditionally unless restrictions became necessary under the medical standards that apply now.

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Fact sheets about anxiety and depression are attached.

Media contacts

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About the Australian Trucking Association

The ATA is the peak body that represents the trucking industry. Its members include state and sector transport associations, the Transport Workers Union, some of Australia's largest logistics companies, and elected representatives of owner-drivers and small fleet operators.

About *beyondblue*

beyondblue is a national, independent, not-for-profit organisation working to address issues associated with depression, anxiety and related substance misuse disorders in Australia.

Understanding depression



INFORMATION FOR ADULTS

Depression is more than just a low mood – it’s a serious illness. People with depression find it hard to function every day. Depression has serious effects on *physical* and *mental* health.

HOW DO YOU KNOW IF A PERSON IS DEPRESSED AND NOT JUST SAD?

A person may be depressed, if **for more than two weeks** they have:

- felt sad, down or miserable most of the time

OR

- lost interest or pleasure in most of their usual activities.

AND experienced symptoms in **at least three of the following four categories:**

1. Behaviour

- Stopping going out
- Not getting things done at work
- Withdrawing from close family and friends
- Relying on alcohol and sedatives
- No longer doing things they enjoyed
- Unable to concentrate

2. Thoughts

- “I’m a failure.”
- “It’s my fault.”
- “Nothing good ever happens to me.”
- “I’m worthless.”
- “Life’s not worth living.”

3. Feelings

- Overwhelmed
- Guilty
- Irritable
- Frustrated
- No confidence
- Unhappy
- Indecisive
- Disappointed
- Miserable
- Sad

4. Physical

- Tired all the time
- Sick and run down
- Headaches and muscle pains
- Churning gut
- Sleep problems
- Loss or change of appetite
- Significant weight loss or gain

In most cases, depression will go on for weeks or months if left untreated. If it isn’t properly treated, depression is highly likely to recur.

WHAT MAKES A PERSON MORE AT RISK OF DEPRESSION?

Some events or situations have been linked with depression:

- family conflict
- isolation or loneliness
- unemployment
- having a serious medical illness
- drug and alcohol use
- changes in the brain
- having a family member with depression.

It’s important to remember that each person is different and it is often a combination of factors that puts a person at risk of depression.

HOW COMMON IS DEPRESSION?

Very common. Around one million Australian adults and 160,000 young people live with depression each year. On average, one in five females and one in eight males will experience depression in their lifetime.¹

WHAT ARE THE TREATMENTS FOR DEPRESSION?

Depression is often not recognised or treated.

Different types of depression require different types of treatments. This may include physical exercise for preventing and treating mild depression, through to psychological and drug treatments for more severe levels of depression.

1 Australian Bureau of Statistics (2008). 2007 National Survey of Mental Health and Wellbeing: Summary of Results (4326.0). Canberra: ABS.



INFORMATION FOR ADULTS

PSYCHOLOGICAL TREATMENTS

Psychological treatments deal with problems that particularly affect people with depression, such as changing negative patterns of thinking or sorting out relationship difficulties.

Cognitive Behaviour Therapy (CBT) helps to correct negative thought patterns. CBT is a structured program which recognises that the way people think affects the way they feel.

Interpersonal Therapy (IPT) is a structured program with a specific focus on improving relationships.

Psychological treatments can help to:

- change negative thoughts and feelings
- encourage the person to get involved in activities
- speed the person's recovery
- prevent depression from recurring
- identify ways to manage the illness and stay well.

MEDICATIONS

People who are depressed often feel physically unwell.

Antidepressant drug treatments can relieve the physical symptoms of depression as well as the mood symptoms.

Drug treatments for depression are not addictive.

Many people worry about the potential side-effects of antidepressant medication. It's important to know that when depression isn't treated effectively, physical health often gets worse.

THE MOST IMPORTANT THING IS TO FIND A TREATMENT THAT WORKS.

There is a range of treatments that are proven to work. Each person needs to find the treatment that's right for them. Often a combination of treatment approaches is most useful.

WHAT CAN BE DONE TO HELP?

People with depression can often find it difficult to take the first step in seeking help. They may need to get help with the support of their family, friends and/or health professional e.g. a doctor or psychologist. Visit www.beyondblue.org.au and click on [Get Help](#). With the right treatment, most people recover from depression. Delaying treatments may delay recovery.

YOU CAN HELP SOMEONE BY:

- assisting them to get information from a website or library
- suggesting they go to a doctor or health professional
- assisting them to make an appointment
- accompanying them to their appointment with a doctor or health professional
- following them up after the appointment
- encouraging or getting them involved in social activities
- discouraging them from treating themselves with alcohol or other drugs.

IT WOULD BE UNHELPFUL TO:

- put pressure on them by telling them to 'snap out of it' or 'get their act together'
- stay away or avoid them
- tell them they just need to stay busy or get out more
- pressure them to party more or wipe out how they're feeling with drugs and alcohol.

If you or someone you know needs help, talk to your family doctor or another health professional about getting appropriate treatment.

RECOMMENDED DEPRESSION WEBSITES

www.beyondblue.org.au

Information on depression, anxiety and bipolar disorder

www.youthbeyondblue.com

beyondblue's website for young people

moodgym.anu.edu.au

Cognitive Behaviour Therapy to treat depression

www.crufad.unsw.edu.au

Information about depression, anxiety and its management

www.climate.tv (interactive e-health)

Self-management system for people with depression and anxiety

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An anxiety disorder involves more than just feeling stressed – it’s a serious illness. People with anxiety disorders find it hard to function every day.

HOW COMMON ARE ANXIETY DISORDERS?

Anxiety disorders are the most common mental disorders in Australia. Nearly one in 10 people will experience some type of anxiety disorder in any one year – around one in 12 women and one in eight men. One in four people will experience an anxiety disorder at some stage of their lives.

WHAT CAUSES ANXIETY DISORDERS?

Combinations of factors are believed to trigger anxiety disorders. These include:

- a family history of mental health problems
- stressful life events
- ongoing physical illness
- personality factors.

TYPES OF ANXIETY DISORDERS, THEIR SIGNS AND SYMPTOMS

There are many types of anxiety disorders with a range of signs and symptoms.

Social Phobia

A person with Social Phobia has an intense fear of criticism, being embarrassed or humiliated, even in everyday situations. For example, public speaking, eating in public, being assertive at work or making small talk. A person may have Social Phobia if:

- he/she has a fear of one or more social or performance situations where they may be criticised YES NO
- the situation is avoided or endured with anxiety and distress YES NO
- the anxiety interferes with normal routine, working life, social functioning, or the person is distressed about the problem YES NO
- the fear is identified as unreasonable. YES NO

Generalised Anxiety Disorder (GAD)

GAD involves feeling anxious on most days over a long period of time. A person may have GAD if, for **SIX MONTHS or more**, on **more days than not**, they have:

- felt very worried YES NO
- found it hard to stop worrying YES NO
- found that their anxiety made it difficult for them to carry out everyday activities (e.g. work, study, seeing friends and family). YES NO

If the person answered ‘YES’ to **ALL** of these questions have they also experienced **THREE or more** of the following:

- felt restless or on edge YES NO
- felt tired easily YES NO
- had difficulty concentrating YES NO
- felt irritable YES NO
- had muscle pain (e.g. sore jaw or back) YES NO
- had trouble sleeping (e.g. difficulty falling or staying asleep or restless sleep). YES NO

Specific Phobia

Specific Phobias cause a person to feel very fearful about particular objects or situations. A person may have a Specific Phobia if they have:

- felt very nervous when faced with a specific object or situation e.g.:
 - flying on an aeroplane YES NO
 - going near an animal YES NO
 - receiving an injection YES NO
- avoided a situation that might cause the person to face the Specific Phobia e.g.:
 - needed to change work patterns YES NO
 - not getting health check-ups YES NO
- found it hard to go about daily life (e.g. working, studying or seeing friends and family) because the person is trying to avoid such situations. YES NO

Obsessive Compulsive Disorder (OCD)

OCD occurs when people have ongoing unwanted/intrusive thoughts and fears that cause anxiety – often called obsessions. These obsessions make people feel they need to carry out

Anxiety disorders



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certain rituals in order to feel less anxious and these are known as compulsions. A person may have OCD if they have:

- repetitive thoughts or concerns that are not about real life problems (e.g. thoughts that the person or people close to them will be harmed) YES NO
- performed the same activity repeatedly and in a very ordered, precise and similar way each time e.g.:
 - constantly washing hands or clothes, showering or brushing teeth YES NO
 - constantly cleaning, tidying or rearranging in a particular way things at home, at work or in the car YES NO
 - constantly checking that doors and windows are locked and/or appliances are turned off YES NO
- felt relieved in the short term by doing these things, but soon felt the need to repeat them YES NO
- recognised that these feelings, thoughts and behaviour patterns are unreasonable YES NO
- found that these thoughts or behaviour patterns take up **more than 1 hour a day** and/or interfered with the person's normal routine (e.g. working, studying or seeing friends and family). YES NO

Post-Traumatic Stress Disorder (PTSD)

PTSD involves experiencing bursts of anxiety that occur after a person has a major emotional shock following a stressful event i.e. a trauma.

The person could be experiencing PTSD if he/she has:

- experienced or seen something that involved death, injury, torture or abuse and felt very frightened or helpless YES NO
- had upsetting memories or dreams of the event for at least ONE month YES NO
- found it hard to go about daily life (e.g. difficulty working/studying or getting along with family and friends). YES NO

If the answer was 'YES' to **ALL** of these questions and the person has also experienced **at least THREE** of the following:

- avoided activities that are a reminder of the event YES NO
- had trouble remembering parts of the event YES NO

- felt less interested in doing things they used to enjoy YES NO
- had trouble feeling intensely positive emotions (e.g. love or excitement) YES NO
- thought less about the future (e.g. about career or family goals). YES NO

AND experienced **at least TWO** of the following:

- had difficulty sleeping (e.g. had bad dreams or found it hard to fall or stay asleep) YES NO
- become angry or irritated easily YES NO
- had trouble concentrating YES NO
- felt on guard YES NO
- been easily startled. YES NO

Panic Disorder

Panic Disorder involves having panic attacks frequently. Panic attacks are intense feelings of anxiety that seem like they cannot be brought under control. A person may have Panic Disorder if **within a 10 MINUTE PERIOD** he/she felt **FOUR OR MORE** of the following:

- sweaty YES NO
- shaky YES NO
- increased heart rate YES NO
- short of breath YES NO
- choked YES NO
- nauseous or pain in the stomach YES NO
- dizzy, lightheaded or faint YES NO
- numb or tingly YES NO
- detached from themselves or their surroundings YES NO
- hot or cold flushes YES NO
- afraid of going crazy YES NO
- afraid of dying YES NO

If the person answered 'YES' to **ALL** of these questions, has the person also:

- felt scared, for **ONE MONTH OR MORE**, of experiencing these feelings again YES NO
- displayed changes in behaviour that relate to Panic Attacks e.g. avoiding exercise YES NO



- become worried about consequences of having Panic Attacks, or their health (e.g. frequent medical checks). YES NO

It is important to note that many people with anxiety disorders experience symptoms of more than one type of anxiety disorder.

It is also important to note that these checklists provide only a rough guide as to whether someone has an anxiety disorder. For a full diagnosis, it is important to see a doctor.

HOW ARE ANXIETY DISORDERS TREATED?

There are several types of treatment available.

Psychological treatment

Psychological treatment may not only help a person to recover, but can also help to prevent a recurrence of anxiety. Generally, it has been found to be the most effective way of treating anxiety disorders. Psychological treatment can help a person to change their thought patterns and the way they react to certain situations. This can help their recovery and prevent the illness returning. Psychological therapy is usually administered by a psychologist, a psychiatrist or other mental health worker.

Medication

While psychological treatment is generally the first choice for treating anxiety disorders, medical treatment can also be very helpful. Some types of **antidepressants** can be helpful for the management of anxiety disorders. For more details on which medications are effective for symptoms of anxiety disorders visit www.beyondblue.org.au or call the *beyondblue* info line 1300 22 4636 (local call).

Benzodiazepines: These anti-anxiety and sedative drugs are commonly used to relieve anxiety and slow down racing thoughts. They are, however, addictive and so are only useful for a short period of time (two or three weeks) or if used intermittently. See www.reconnexion.org.au for more information about Benzodiazepines or talk to your doctor.

HOW TO HELP YOURSELF IF YOU HAVE AN ANXIETY DISORDER

- Postpone major life changes.
- Resolve personal conflicts as they arise.
- Take part in enjoyable activities.
- Seek help from a doctor or other health professional.

- Practise breathing and muscle relaxation techniques.
- Find out more about anxiety disorders.
- Establish good sleeping patterns.
- Exercise regularly.
- Reduce alcohol and other drugs, as well as avoid stimulants such as sugar and caffeine.

HOW TO HELP SOMEONE WITH AN ANXIETY DISORDER

- Let the person know if you've noticed a change in their behaviour.
- Spend time talking about the person's experiences and let them know that you're there to listen without being judgmental.
- Suggest the person sees a doctor or health professional and/or assist the person to make an appointment with a doctor or health professional.
- Go with the person to the doctor or health professional.
- Help the person to find information about anxiety.
- Encourage the person to try to get enough sleep, exercise, eat well and use self-help strategies.
- Invite the person out and keep in touch. Also encourage friends and family members to do the same, but don't pressure the person to participate.
- Encourage the person to face their fears with support from their doctor/psychologist.
- Contact a doctor or hospital, if the person becomes a threat to themselves or others.

WHERE TO GET HELP

- **A doctor** who is a General Practitioner (GP) is a good first step. In some cases, the person may be referred to a mental health specialist like a psychiatrist or psychologist. For a list of GPs with expertise in treating anxiety disorders visit the *beyondblue* website www.beyondblue.org.au and click [Find a Doctor](#) or other [Mental Health Practitioner](#) or call the *beyondblue* info line on 1300 22 4636 (local call).
- **Psychiatrists** are doctors who specialise in mental health. They can make medical and psychological assessments, conduct medical tests and prescribe medication. Some psychiatrists use psychological treatments.



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- **Psychologists, Social Workers and Occupational Therapists in mental health** specialise in providing non-medical (psychological) treatment for depression and related disorders. A rebate can be claimed through Medicare for psychological treatments when your GP, psychiatrist or paediatrician refers you to a registered psychologist, social worker or occupational therapist. This rebate can be claimed for part of the cost for up to 12 individual (or more in exceptional circumstances) and 12 group sessions in a calendar year. For more details ask your referring medical practitioner. For a list of mental health professionals providing psychological treatment for which you can claim a Medicare rebate go to:
 - Clinical Psychologists: www.beyondblue.org.au under [Get Help](#)
 - Psychologists: www.psychology.org.au under [Find a Psychologist](#)
 - Social Workers: www.aasw.asn.au under [Find a Mental Health Worker](#)
 - Occupation Therapists: www.ausot.com.au under [Find a Mental Health OT](#)

WHERE TO GET INFORMATION

beyondblue: the national depression initiative

www.beyondblue.org.au

beyondblue info line 1300 22 4636

Information on depression, anxiety and related substance-use disorders, available treatments and where to get help.

www.youthbeyondblue.com

beyondblue's website for young people – information on depression and how to help a friend.

Lifeline

13 11 14

24 hour counselling, information and referral (local call).

Anxiety Recovery Centre

www.arcvic.com.au

Information about anxiety disorders, management and links.

ADAVIC (The Anxiety Disorders Association of Victoria)

www.adavic.org.au

Information about Panic Disorder, Social Phobia, Agoraphobia, Generalised Anxiety and Depression, and support services.

RECONNEXION (formerly TRANX/PADA)

www.reconnexion.org.au

Information on anxiety and depression (including postnatal depression), related research and publications.

Social Anxiety Australia

www.socialanxiety.com.au

Information on social anxiety and panic attacks, first-hand accounts from people living with these conditions and links.

Anxiety Disorders Alliance

www.ada.mentalhealth.asn.au

Information on anxiety disorders, related resources and support groups.

Anxiety Network Australia

www.anxietynetwork.com.au

Information on anxiety disorders, related programs, workshops and courses – as well as stories from people living with these disorders.

CRUFAD

www.crufad.org

Information about depression, anxiety and its management.

Moodgym

www.moodgym.anu.edu.au

Online psychological therapy.

Climate.tv – interactive e-health

www.climate.tv

Developed by medical experts, this is a self-management system for people with depression and anxiety.

Panic Online

www.med.monash.edu.au/mental_health/paniconline

Interactive online treatment program for people with panic disorders.

Other *beyondblue* anxiety fact sheets available:

beyondblue Fact sheet 31 – Post-Traumatic Stress Disorder

beyondblue Fact sheet 35 – Generalised Anxiety Disorder

beyondblue Fact sheet 36 – Panic Disorder

beyondblue Fact sheet 37 – Obsessive Compulsive Disorder

beyondblue Fact sheet 38 – Specific Phobias

beyondblue Fact sheet 39 – Social Phobia

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