We can all feel down sometimes. Feeling sad is part of what makes us human and is a normal response to certain life events. Sometimes we can even feel ‘blue’ for no reason. Clinical depression is more than the occasional low mood: it involves chronic (2 weeks or more) depressed mood, loss of interest, fatigue, feelings of guilt or low self-esteem. It is the fourth leading cause of disease burden worldwide and one of the most common mental health issues among health care workers. In the context of the worldwide pandemic, there are concerns that clinical depression is going to significantly increase, particularly for health care workers.

**Depression among health care workers**

There is no single cause for depression, rather a combination of stress and a person’s vulnerability factors contribute to depression. Health care workers are in a unique situation, paradoxically, experiencing high levels of satisfaction from their roles caring for others, while simultaneously experiencing elevated stress associated with their roles, and higher levels of depression than the general population. Research shows that while about 14% of all Australians experience depression in their lifetime, 18% of Australian medical students and 21% of Australian doctors have been diagnosed with depression.

Health care workers have **work-related stressors** that predispose them to depression, including long hours, extensive workloads, sleep deprivation, and the challenging, changing and complex nature of their work.

Research studies have repeatedly identified **individual risk factors** (personality traits and psychological vulnerabilities) that interact with **occupational risk factors** in the health care sector that create increased susceptibility to depression. Often particular kinds of people are drawn to health care work: people who have personal qualities that can predispose them to depression.

These qualities include conscientiousness, obsessive attention to detail and perfectionism, a strong desire to please, a powerful sense of responsibility, ‘other-centredness’ and high levels of empathy. These are predominantly positive qualities that make for diligent, responsible and dedicated health care workers. However, these qualities can also lead to over-commitment, self-criticism and the inability to unwind, replenish personal resources and ask for help when needed.
In addition, when health care workers are afraid of making mistakes and feel like the patient care they are giving is not good enough, it can lead to feelings of guilt, failure, shame and low self-esteem. These in turn can further predispose health care workers to depression.

**How COVID-19 may increase the depression risk for health care workers**

COVID-19 stressors are impacting negatively on the mental health of most of us right now, but in this health crisis the impact on the mental health of health care workers is even more prominent.

Health care workers are impacted in various ways including experiencing anxiety about the real risk of contagion and transmission to family members, increased demands and work pressures, social isolation, trauma reactions from exposure to invasive treatments like intubation and seriously ill patients unable to be visited by significant others. In addition, many patients with existing mental health diagnoses are more unwell than usual, and there are large numbers of new patients presenting with pandemic related mental health difficulties. Social isolation and financial stress have also led to a range of hardships for health care workers.

**What might delay or prevent help-seeking, and what can we do about it?**

Research among health care workers shows that many report feeling reluctant to seek help for depression, due to fears of stigma, privacy concerns, worries about the impact of disclosure, fears of letting colleagues and patients down, and not wanting to be perceived as ‘weak’. Yet getting treatment can be life-changing.

**How to identify if you are depressed**

We all have a day or even a few days when we feel down or low or even a bit depressed; having a bad day at work or hearing some bad news can impact on our mood. In most cases, we ‘bounce back’. If you’re having trouble picking yourself back up when you’re feeling down, if symptoms of depression are intense, lasting for two weeks or more, and affecting your functioning at home or at work, it is important to see a health professional.

**Signs and symptoms of depression**

- Feeling low, pessimistic and/or hopeless
- Lack motivation to go to work, and/or unenthusiastic to return home after work
- Lack of interest in the activities that usually give you pleasure or give you a feeling of accomplishment
- High levels of anger and irritability that lead you into frequent conflict with family, friends and/or colleagues
- Feeling alone and isolated
- Withdrawing from others
- Notable changes in your sleep, appetite and/or libido
- Thinking negatively and critically about yourself
- Significant, inexplicable physical changes such as headaches and gastro-intestinal pains
- Unusual difficulties creating/maintaining personal attachments, and an unusual feeling of numbness and ‘not caring’ about the welfare of your family or patients
- Abuse of alcohol, prescription medication or recreational/illicit drugs
- Feeling constantly exhausted
- Thoughts of self-harm or suicide

It is difficult for anyone to self-diagnose depression, so please talk with someone you trust about your symptoms, and ask for advice from a professional.

**Steps to take if you think you might be depressed**

1. Acknowledge to yourself and those closest to you that you have been feeling depressed.
Recognise that feeling depressed is not a weakness, it is a common response to difficult circumstances (and occurs sometimes without a clear trigger).

Remind yourself that, in many instances of clinical depression, there has been a biochemical disruption to the neurotransmissions (of serotonin, noradrenaline and dopamine) in the brain.

Remember too that the early identification and treatment of depression is associated with a quicker and simpler recovery, allowing you to live and work unburdened by the ‘black dog’ of depression.

2. Schedule a face-to-face or telehealth appointment with a GP. Having a positive relationship with a GP is vital in your general self-care and especially important with mental health care. Find a new GP if you don’t feel comfortable talking with your current GP about your mental health. Develop a plan of action with your GP. This plan could involve medication, and/or cognitive behavioural counselling or psychotherapy (all of which can be done through video conferencing online or in person depending on the counsellor/therapist).

There are many effective treatments for depression and most people feel better with time.

3. Engage in relevant lifestyle changes and self-care activities, including:
   - Making time for exercise, hobbies and holidays
   - Spending quality time with partners, family and friends
   - Prioritising getting quality sleep.
   - Exercising regularly and eating well
   - Limiting or avoiding alcohol and drug use
   - Enjoying relaxing and mindful activities that you enjoy (e.g. reading books, going for walks in nature, yoga, meditation)

4. Consider making workplace shifts, including:
   - Where possible, work with colleagues to reduce work stressors
   - Potentially share your vulnerability with trusted colleagues so you don’t have to feel alone – in all likelihood they have their own struggles with stress or mental health to share with you. Peer support cannot be under-estimated; peer groups have shared experiences which means that they have a shared language for communication.
   - Ask for regular, active mentoring from a supportive, senior colleague who you trust to keep your mentoring confidential.

5. Remind yourself regularly that health care workers are remarkably resilient, having survived the long path through training. Be proud of the important work that you do in society and the work that you are doing to help others.

How to prevent a temporary low mood becoming clinical depression

Given the heightened risk for depression among health care workers, it’s important to consider ways to prevent ‘the blues’ or a ‘low mood’ becoming clinical depression requiring intervention.

Consult the factsheets on mental health check-in, the self-care plan and relaxation strategies.

Key points to remember

- Occasionally feeling depressed or down is a common experience.
- Professional healthcare advice should be sought if feelings of depression are severe, last for two weeks or more, and day-to-day functioning is impaired.
- If you’re feeling suicidal, seek immediate help by calling one of the helplines below or speaking to your GP, psychologist or psychiatrist.
Helplines and where to get more information

Helplines:

**Lifeline:** 13 11 14  
[www.lifeline.org.au](http://www.lifeline.org.au)  
24-hour Australian crisis counselling service

**Suicide Call Back Service:** 1300 659 467  
[www.suicidecallbackservice.org.au](http://www.suicidecallbackservice.org.au)  
24-hour Australian counselling service

**beyondblue:** 1300 22 4636  
[www.beyondblue.org.au](http://www.beyondblue.org.au)  
24-hour phone support and online chat service and links to resources and apps

**QLife (3pm - midnight):** 1800 184 527  
[www.qlife.org.au](http://www.qlife.org.au)  
National counselling and referral service for people who are lesbian, gay, bisexual, trans, and/or intersex.

Online programs:

**THIS WAY UP Depression Program**  

**myCompass**  
[https://www.mycompass.org.au/](https://www.mycompass.org.au/)

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