

Coping with depression

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Australian treatment guide
for consumers and carers



The Royal
Australian &
New Zealand
College of
Psychiatrists

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Key points about depression

- 1 Depression is often associated with feeling sad or tearful. Experiencing these feelings does not necessarily mean someone is suffering depression.
- 2 Clinical depression is one of the most common serious mental disorders, with about one in five people experiencing clinical depression at some point in their lives. Clinical depression lasts for at least two weeks and can be very disabling, affecting a person's emotions, thinking, behaviour and physical wellbeing. Someone who suffers clinical depression is often not able to get better without treatment.
- 3 With effective treatment, time and support, people can recover from clinical depression.
- 4 Depression is a serious condition that causes many people to be disabled, experience other physical complications and even to suffer premature death through accident or suicide.
- 5 If you think that you or a member of your family may be depressed, you can ask your general practitioner (GP) for an assessment, which may include referral to a psychiatrist or psychologist.

- 6 Effective treatment may include 'talking therapies' such as cognitive behavioural therapy (CBT) and other psychological therapies and/or anti-depressant medications.**
- 7 There is a range of other strategies to assist in the treatment of depression, such as diet, exercise and alternative medicines. Medical treatments and other strategies can be adapted to the individual and are often mutually enhancing.**
- 8 It is common practice for families and carers to be involved in providing support to those suffering depression. Many services are available to support families and carers.**
- 9 Treating depression early is important to get the best outcomes.**
- 10 Some people are at higher risk of developing depression, and certain events during people's lives can also increase a person's risk of suffering depression.**

Introduction

Most of us can feel miserable, sad or 'down in the dumps' at times. We might feel like this when someone we love has died or moved away, or if we have lost a job, or had stressful or difficult things to cope with. Usually these feelings fade over time, especially when people have other good things happening in their lives. This is 'feeling depressed' or 'sad' and is not a depressive illness.

When these feelings are intense and persistent, and stop us from doing the things we would usually do over a period of weeks or longer, it is likely to be depressive illness. Even when circumstances and relationships improve, a person with depressive illness will find their low mood still persists. Despite their best efforts, and the efforts of those close to them, they are unable to 'feel good' again. There may be problems with poor sleep or change in appetite.

Depressive illness can vary from just interfering with usual activities and relationships (mild to moderate depression), to being very debilitating (severe or 'major depression'). Severe depression can make it hard or even impossible for the person to relate and communicate with others, or to do day-to-day tasks. People sometimes:

- lose the will to live
- become totally withdrawn and isolate themselves
- feel 'trapped' in their lifestyle and can see no way out of it
- may even feel guilty about being depressed because they 'have everything' or don't feel they have a reason to be depressed
- feel worthless or hopeless
- believe that they are a burden to others.

Whilst it is common for people experiencing depression to show these symptoms, many often hide these feelings and it is not always apparent that someone is suffering depression.

Sometimes when depression is very severe, people may become convinced that some things are true that others know are not true. They may come to believe that they are the cause of certain bad things in the world, or that they have lost all their possessions, or are guilty of some crime. At other times, people may believe that they can hear people saying bad things about them, or may be seeing and hearing things that do not exist. Such serious illness indicates the need for urgent medical treatment.

The terms used to describe depression may vary for different cultures. If your culture or first language differs from that of your health professional, you may benefit from the assistance of a cultural advisor in discussing symptoms of depression.

What are the possible risk factors for depression?

Some people are at a higher risk of developing depression and there is seldom one, if any, specific 'cause'. There are biological, psychological or personality factors that can contribute to an increased risk of developing depression as well as the influence of social or environmental stressors. Chronic stress factors, physical illnesses and/or family history may provide a trigger for depression in some people.

Sometimes depression may be experienced by more than one family member. This is because the way that we behave and react is partly shaped by our genes (the physical make-up we are born with).

The use of alcohol or other drugs can trigger or exacerbate depression.

Positive experiences such as a close relationship with a parent or friend or a 'purpose in life' can strengthen resilience and reduce the risk of developing depression or of depression recurring or worsening. Other factors that may reduce the risk of depression or prevent a recurrence are: balanced lifestyle, regular relaxation and stress management, good nutrition, adequate exercise and strong social connections.

How common is depression?

Depression is very common. People of all ages, cultures and backgrounds can experience depression.

- At some stage in their life, about one in five people will experience at least a short period of depression.
- In any one month in Australia, 4% of the adult population will experience a depressive disorder.
- Of these, 40% will also be experiencing another mental or physical illness.
- Many people who experience depression can also be affected by alcohol and/or substance abuse.

The symptoms of depression vary in severity and from person to person. They can range from feeling irritable to feeling suicidal.

There are many factors that may increase the risk of depression. There are also things that protect against or enhance resilience to depressive illness.

Common symptoms of depression

Depression can manifest itself in many different ways, and sometimes a physical symptom may have gone undetected for a very long time.

Emotional symptoms

- Pervasive sadness
- Irritable mood
- Low, depressed mood
- Loss of enjoyment or pleasure
- Irritability or being aggressive and angry

Cognitive (thoughts) symptoms

- Worrying
- Feeling worthless
- Feeling hopeless
- Thinking about death frequently
- Guilt, self blame
- Indecision

Physical symptoms

- Can't concentrate
- Fatigue or low energy nearly everyday
- Significant change in weight or appetite
- Difficulty sleeping
- More sensitive to pain
- Agitation or being slowed down

Social symptoms

- Withdrawing or deliberately isolating yourself

Do I need to get professional help?

Often people do not seek help for depression as some may feel embarrassed, fear stigma or think that their being depressed is a sign of personal weakness. In some cases, people might not even know they are experiencing depression, but may be worried about physical symptoms, such as headaches or chest pain, which can be the way your body expresses tension and anxiety as part of a depressive illness.

Getting help for depression is not a sign of weakness. It is important to find ways of getting help to treat it as soon as possible. There are many different ways to seek help, from speaking to friends and family, and researching online educational material (see Appendix 1 for useful websites), to seeing a GP, nurse or mental health professional who will be able to advise on the choices you can make about which treatment will suit you best.

If you find it easier, you could always ask a friend or someone from your family or cultural/community group to go with you when you attend an appointment.

Depression may recur. Treatment may prevent recurrence or reduce the severity of depression.

It is a good idea to ask for help before your depression gets severe.

If you have severe depression, always ask for help if you have thoughts of self-harm.

If it happened once, will it happen again?

It can do. Of those who have an episode of clinical depression, 60% remain free of it over the next year, but others can have a relapse during this time.

- Those who have already had three episodes of depression have a higher rate of recurrence.
- Of this group, 20% remain free of depression over three years.
- The pattern of relapse varies between different people – some have long periods free of depression, others have clusters of episodes, and still others have more episodes more often as they grow older.
- For some people, depression is more common at a particular time of year, particularly the winter months.

How do I get help?

There are many good websites that provide information on depression and available treatments to aid recovery as well as strategies to reduce the risk of occurrence (see Appendix 1). It is often helpful to speak with family members and friends who may be able to provide support.

There are many different health professionals who can assist, and often a GP is the first health professional from whom to seek help. When making an appointment, it is a good idea to ask for a long appointment. This will give you time to discuss your situation, complete an assessment and discuss possible treatment strategies.

Depression can be treated by a GP, although sometimes your GP might involve a specialist, either to provide advice or to take over the treatment for a short period. The specialist might be a psychologist

or a psychiatrist, or your GP may provide you with a referral to a local specialist mental health team.

It is common for people who have depression to have thoughts about harming themselves. Some people feel so distressed that they fear they will act on these thoughts. Seeking professional help at your mental health centre, GP, or Emergency Department of your hospital, or by phoning Lifeline, is recommended if thoughts like these distress you at any time.

You can also discuss these feelings with a trusted family member or friend until you feel safer – it is important not to be alone when depression symptoms worsen, so you do not feel overwhelmed with negative and distressing thoughts.

Where do I receive treatment?

Treatment can be provided in a variety of settings. Some treatment may be initiated by seeking help from a GP and may also involve seeing a psychologist or psychiatrist. Treatment may also be provided in the community or at home via self-help strategies. In some circumstances you may wish to receive treatment in a hospital, either public or private. If there is serious cause for concern regarding your safety or the safety of others, you may receive hospital treatment on a voluntary or even an involuntary basis.

What can I expect from treatment?

It is often hard to know what to expect from treatment for health problems. This guide is based on research evidence and is written by health professionals, carers and those who have experienced depression, who agree that it is your right to have treatments that have been shown by research to work. It is a responsibility of health professionals to tell you about the treatments that are more likely to work in most people, and which are likely to benefit you. Equally, it is

important that you discuss with your health professional any treatment you have previously received or express your treatment preferences so that any treatment strategies entered into are personalised and most appropriate for you.

The journey to recovery can be different for each person. Treatment takes time to work effectively. For example, if medication is prescribed, the dose and type will vary according to the individual, as will the number of sessions and content of cognitive behavioural therapy that may be needed.

The diagram that follows shows the stages of getting professional assessment and treatment for depression. Good treatment includes:

- a thorough health and mental health assessment
- information about the condition and its treatment
- information about, and the opportunity to choose between, those health professionals who are available to treat depression
- referral to another professional or specialist if your condition worsens or if treatment seems not to be working
- providing information about the condition for your family, partner or other carers
- follow-up to give you the best chance of a good outcome (or staying well).

Assessment procedure and treatment options

At your initial assessment you would typically be asked about:

- your symptoms and their effects on your life
- any previous episodes of depression
- any other medical or mental health problems
- pressures relevant to this episode of depression
- your family history
- your current supports and relationships

Depending on the outcome of the assessment, your GP or other health professional are likely to recommend:

education about depression, problem solving and lifestyle changes

AND/OR

Referral to a psychiatrist or other health professional or hospital

Initial treatment:

- anti-depressant medicine
- counselling (Cognitive Behavioural Therapy (CBT) and Interpersonal Therapy (IPT)) or both

In general, your GP or other health professional will see you regularly. Initially this would be every week or two, then every four to six weeks. The purpose of the visits would be to review your progress and to discuss any issues such as those related to:

- your symptoms
- any side effects of treatment
- any adjustments or changes to your treatment(s)
- how you are coping with stresses.

If there is no improvement, or if depression worsens, your health professional would typically discuss referring you to a psychiatrist, another specialist mental health professional or to a hospital for inpatient care.

Follow-up care is typically provided:

- for one year for a first episode
- for up to three years for two or more episodes including a booster session of CBT or IPT to maintain your wellbeing.

Getting treatment

Whatever the severity of a person's depression, treatment should include learning new strategies such as problem solving skills and changes to lifestyle such as cutting down on stress, increasing exercise and physical fitness and not using alcohol or other drugs. If the depression is moderate to severe, then several main treatments can be considered, anti-depressant medication and psychological therapy and sometimes electroconvulsive therapy.

Medication

Depression can change the way people respond to the world. It is currently believed that depression involves changes in brain chemistry. Anti-depressant medicines change the balance of chemicals in the brain. Each anti-depressant can work slightly differently and, as with any medication, there may be side effects. The type of anti-depressant prescribed and the possible side effects should be discussed with your health professional. There are many options with proven effectiveness and a particular medicine can be selected to best meet your needs. Medications are effective for most people in improving their symptoms, however, for some people medications do not work adequately, in which case other treatments should be considered, often in combination.

Psychological therapies

Talking with a health professional in a structured way has been shown to help relieve depression. The therapist aims to work with you on the way you react to circumstances and relationships. There are several psychological therapies that can be used to treat depression. Two

types of therapy have been shown to be most effective: Cognitive Behavioural Therapy (CBT) and Interpersonal Therapy (IPT). These therapies should be conducted by professionally trained staff for the best results. Some of these professionals might include clinical psychologists, GPs who have had training in psychological therapies, psychiatrists, social workers and other specialist mental health professionals.

Physical therapies

There are several physical therapies that assist in the treatment of depression, including electroconvulsive therapy. Electroconvulsive therapy (ECT) is only used in certain circumstances, often when a person is experiencing severe major depression and the depression is resistant to other forms of treatment. Potential use of ECT is always fully discussed with those to whom it is recommended. Other forms of physical therapy currently under further study but offering promise include Transcranial Magnetic Stimulation (TMS) and Mild Brain Stimulation (MBS) also known as Direct Current Stimulation (DCS).

What will happen if I seek treatment?

If you visit a GP or counsellor to seek help and treatment for depression, they will typically ask you questions about your symptoms, your life stressors and current supports, and some aspects of your past history, such as whether you have had a previous episode of depression. After this assessment, they will typically provide you with information about depression and discuss how you can best cope with it. If you wish, they can also provide information for your family or friends.

Depending on the severity of your depression, your GP or counsellor may recommend:

- use of a medicine (e.g. an anti-depressant)
- use of a specific psychological therapy (e.g. CBT or IPT)
- a mix of both psychological therapy and medicine.

Sometimes your GP may suggest you see a specialist (e.g. a psychiatrist or another specialist mental health professional) if you need extra treatment, or recommend admission to hospital for a short period if the depression is severe or if there are concerns about your safety. There are a number of different psychological treatments that may assist in the treatment of your depression.

Following the initial visit, you may wish to have at least weekly check-ups with your GP, nurse, psychologist or counsellor (including by telephone). Typically, your health professional will reassess your depression every six weeks for one year, or for three years if the depression is severe or if you have had depression before. These visits are to check on your symptoms and changes in your circumstances and to make any necessary adjustments in your treatment.

How effective are different treatments?

The table on page 18 summarises information on the most effective treatments for depression. With any type of treatment there are potential risks and benefits which should be discussed fully with your health professional. Some common groups of medication are described briefly, although there are also others available. Many other treatments have been studied but have been shown to be less effective (e.g. vitamins, exercise).

Choosing between medications

While all these anti-depressants are equally effective in treating depression, like any medication, each may cause different side effects. Side effects differ between the different types of anti-depressants (TCAs, SSRIs, SNRIs) and, to a lesser extent, between different ones of the same type. It is important to discuss side effects with your doctor when choosing a medication. You should also discuss any side effects you experience as your treatment progresses.

SSRIs are used most often, as they are less likely to cause side effects. However, some people find they cause nausea, particularly in the first week of treatment. Other side effects include difficulty going to sleep, nervousness, headaches and sexual problems, particularly delayed orgasm. Rarely, they can cause diarrhoea. Very rarely, they can cause extreme agitation, jerky movements, a high temperature and confusion – if this occurs, it is important to seek urgent medical attention, as people with this ‘serotonin syndrome’ can become very ill if they are not treated. This is more likely if SSRIs are combined with certain other anti-depressants or some natural remedies, e.g. St John’s Wort.

Side effects of SNRIs may include nausea, reduced appetite, headache, sweating, rashes, agitation and sexual difficulties.

Side effects of TCAs include a dry mouth, blurred vision, constipation, difficulty urinating, sedation, sexual problems and weight gain. It is not a good idea to drink alcohol when depressed as it tends to worsen the depression and increase risk of suicide. Alcohol also interacts with many medications, e.g. TCAs, increasing sedation.

If you are experiencing side effects, discuss them with your doctor. It may be possible to adjust the dose or change the medication to control them.

Treatment	Is there evidence it's effective?	Will it work for you?	Are there risks or side effects or other considerations?
Problem solving therapy (PST) is a form of CBT that looks at how you solve problems, not the problem itself	Yes	May be available in general practice as part of the support for mild and moderate depression.	Not all GPs are trained in this treatment.
Cognitive behavioural therapy (CBT) – there are several versions of this form of psychological (talking) therapy	Yes	As effective as anti-depressants for mild to moderate depression. (May provide skills to prevent relapse for all types of depression.)	The effectiveness of the treatment may depend on the skill of the therapist.
Interpersonal therapy (IPT) – a particular form of psychotherapy that follows a treatment manual	Yes	As effective as anti-depressants for mild to moderate depression. (May provide skills to prevent relapse for all types of depression.)	The effectiveness of the treatment may depend on the skill of the therapist.
Selective serotonin reuptake inhibitor (SSRI) anti-depressant medication (e.g. fluvoxamine, fluoxetine, paroxetine, sertraline, citalopram, etc.)	Yes	Some people feel agitated on SSRIs and you should tell your health practitioner if this happens to you.	Frequent initial side effects include nausea, headache and insomnia, which usually settle.
Serotonin and noradrenaline reuptake inhibitor (SNRI) anti-depressants, e.g. venlafaxine, desvenlafaxine, duloxetine	Yes	Particularly useful when other treatments have been unsuccessful or for severe depression.	Side effects more similar to TCAs.
Tricyclic anti-depressants (TCAs) (e.g. imipramine, nortriptyline, etc.)	Yes	These are more likely to be used if the depression is severe and/or another treatment has not worked sufficiently.	Side effects more common than with SSRIs, especially early in treatment. Not suitable when some medical conditions are present.
Electroconvulsive therapy (ECT)	Yes, especially for severe depression	The decision to undergo ECT requires detailed discussion with a specialist psychiatrist to understand the risks and benefits.	Need to be in hospital as treatment requires an anaesthetic.

All medications must be taken as prescribed by your doctor. You can discuss adverse side effects and interactions with other medications with your doctor or pharmacist.

Cultural needs

Health professionals should always respect and cater for the wide diversity of cultural groups in our community. Depending on your cultural background or religious beliefs, when you are seeking treatment, or helping a person you care for get treatment, you may have special requirements that you need to communicate to the health professionals you encounter. You may need to request:

- a translator if your first language or that of the person you care for is not English
- explanations of medical or other terms that may not be clear
- respect for your religious practices and understanding of the roles of males and females in your culture
- treatment provided in a particular setting (you may have a cultural preference for home or hospital treatment)
- special food or access to a prayer room if you need to go to hospital
- understanding of your family's expectations of treatment.

It is very important to discuss cultural issues with your health care provider to enable them to better understand you and so that your religious beliefs and cultural practices can be incorporated into your treatment plan.

What does treatment cost?

It is important to discuss all potential costs involved in your treatment with your health professional.

In Australia, some GPs bulk bill, which means that Medicare will cover the full cost of any visit. If your GP does not bulk bill, partial rebates are available through Medicare and you will need to pay any difference. There will also be an additional cost for any medication that may be prescribed.

Your GP may refer you to appropriate services, such as for psychological services provided by a psychologist or an appropriately trained social worker or occupational therapist. Any treatment provided by these health professionals will only be rebated by Medicare if you have previously claimed a rebate for a GP Mental Health Treatment Plan. A GP Mental Health Treatment Plan will be developed by your GP and tailored to your needs to find the treatment that is right for you, monitor your progress and assist you in achieving your goals for recovery.

Medicare rebates are also available for assessment and treatment by a psychiatrist. A psychiatrist may also refer you for Medicare-subsidised treatment with a psychologist, an appropriately trained social worker or occupational therapist. You may receive up to 12 individual/and or group therapy sessions in a year. An additional six individual sessions may be available in exceptional circumstances.

Your GP may also refer you to other government funded providers of psychological services depending on what is available in your local area.

While large out of pocket costs may discourage people from getting professional help, treatment for depression can help you get better faster, give you the skills to recognise depression early and possibly prevent depression recurring in the future. The cost of not getting treatment is significant.

What can I do to assist with treatment?

Research has shown that you can achieve the best outcome from treatment if you are able to:

- develop a trusting relationship with your health professional and work together to find a suitable treatment
- identify and work on resolving or addressing factors that appear to have contributed to the depression
- incorporate behavioural and lifestyle changes
- continue with treatment for as long as is necessary to deal with the issues that are causing your depression and to make sure that your mood remains stable afterwards without risk of relapse (at least one year, but up to two to three years if there has been previous depression or there are significant risks that it will occur again).

Involve your family, partner or carer in treatment and in developing and managing your care plan for added support.

These factors are more important than the relatively small differences between the treatments outlined on page 18.

Other support during recovery from depression

Making and maintaining good friendships is very important in recovery from depression. Make the most of family, friends and local community groups. Try not to become isolated. There are also groups run by people who have experienced a mental illness and who have had successful treatment. These include self-help and mutual support groups or associations, and mental health consumer organisations. Such organisations may run mutual support by telephone or in groups that meet face to face. Some offer website chat rooms. Others provide formal information and referral services for personal support, postal or telephone information for you or for your family or partner, and some may suggest clinics, after-hours crisis lines and information about the treatments available. While not directly treatment services, these organisations may be helpful when you are trying to find the right treatment for you, and may make it easier to remain in treatment to get the best results (see Appendix 1).

Cutting out alcohol, cannabis or other drug use, and keeping to a routine with sleep and regular exercise can also be very beneficial.

Appendix 1

Sources of information and support?

If you wish to talk to someone about depression, the most useful initial contact is your GP or local mental health service.

To find out what mental health services are available in your area look in the Emergency Health and Help section of your local phone books or contact **Lifeline's Information Service** on 13 11 14.

If you need to talk to someone urgently please call:

Lifeline: 13 11 14

Kids Helpline: 1800 55 1800

Suicide line (VIC) : 1300 651 251 (a helpline for people calling within Victoria)

The list of organisations and information sources provided in this Appendix, whilst not exhaustive, may further support you in learning about and managing depression. Inclusion of these organisations and information sources does not imply RANZCP endorsement but rather aims to help people find information and to encourage communication about mental illness.

These organisations and resources are not intended as a replacement for formal treatment but as an adjunct to it. If you are unsure about any of the information you find or would like to know if a treatment you read about may be appropriate for you, you should speak with your mental health care professional.

Useful websites

Organisation	Website	What is the website useful for?
<i>beyondblue</i>	www.beyondblue.org.au	Information on depression, anxiety and bipolar disorder.
Youth-beyondblue	www.youthbeyondblue.com	<i>beyondblue's</i> youth website providing information on depression and anxiety.
The Black Dog Institute	www.blackdoginstitute.org.au	Specialist information on depression and bipolar disorder.
Depression Services.org.au	www.depressionservices.org.au	Information and online forums with 24 hour peer support and moderation for people living with depression.
headspace	www.headspace.org.au	Information and advice regarding mental health problems and where young people can find help and support.
SANE Australia	www.sane.org	Information on mental health including factsheets; also includes an online helpline.
Blue Pages Information on Depression	www.bluepages.anu.edu.au	Scientific evidence on interventions for depression and consumer perspectives and understanding.
BlueBoard	www.blueboard.anu.edu.au	Part of BluePages, this website is a moderated online community for people suffering, or people who think they might be suffering, from depression or anxiety, their friends and carers.
Reach Out	www.reachout.com.au	Youth information portal on mental health.
itsallright.org	www.itsallright.org	Website for young people dealing with mental illness in their family.
MoodGYM	moodgym.anu.edu.au	Online program delivering CBT.

Appendix 2

Acronyms

CBT	Cognitive Behavioural Therapy
DCS	Direct Current Stimulation
ECT	Electroconvulsive Therapy
GP	General Practitioner
IPT	Interpersonal Therapy
MBS	Mild Brain Stimulation
SNRI	Serotonin and Noradrenaline Reuptake Inhibitor
SSRI	Selective Serotonin Reuptake Inhibitor
TCA	Tricyclic Anti-depressants
TMS	Transcranial Magnetic Stimulation

Appendix 3

Development of the guideline

This guide is a research-based clinical practice guideline based on a thorough review of the medical and related literature. It was written in association with people who have depression and those working with them.

In 2009, the content of this guide was revised and expanded by an expert advisory panel comprising mental health professionals, and consumer and carer representatives. The purpose of the revision was to ensure the information contained in the booklet was current and comprehensive in terms of treatment best-practice and therefore remained relevant for people with depression and their carers, families, and friends.

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Quality Statement

The original edition of this guide was consulted upon bi-nationally and drafts were available for comment on www.ranzcp.org. It was appraised using DISCERN by a national workshop of consumer consultants and meets NHMRC criteria for presenting information on treatments for consumers. The 2009 revision sought to maintain the integrity of this process by incorporating updated information supported by research findings published in recent medical and other scientific literature.

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