

## VIDEO TRANSCRIPT:

# MODULE 2: IDENTIFYING DEPRESSION AND ANXIETY

**Merinda:** Some of the common myths about anxiety and depression are that it's a sign of weakness; it's a character flaw. I think the mental health sector is doing a great job at the moment at de-stigmatising mental illness and providing information to the community on how prevalent mental illness actually is.

**Merinda:** I do find that particularly men lots of barriers in talking about depression, especially at a personal level.

**Ben:** Men's depression, it's a big killer. Unfortunately for myself, even being 29, it's sort of one of those topics that's only just being raised and talked about sort of gently only now.

**Ben:** As men, especially in this era, to be able to put our hands up and say, hey, I'm struggling (is a hard thing). I find men sort of have that pride attached to that. I think it's really important to break that stigma down and abolish it.

**David:** David Montgomery is my name and I'm 58 years old. I was the bread winner and when I got made redundant, my whole life fell apart – I couldn't keep up payments, and I lost the mortgage of a house.

**David:** Men are supposed to be strong and not weak, it's just part of a society thing, men have got to be strong. You know, you don't show weakness, you don't cry. That's why it can be hard sometimes to seek help.

**Merinda:** There are many effective treatments out there for depression and anxiety. I guess it depends on the person and their preference. A lot of the issue with people thinking that there are not effective treatments or having the experience of being provided with treatments or interventions of supports that aren't effective, is that different treatments suit different people in different situations.

**Merinda:** A person needs to make an informed decision on what service or what treatment they do access, because they know themselves best and they have the best understanding of their mental health and what they would benefit from.

**Merinda:** The K10 is a psychosocial screening tool to screen for depression and anxiety. It contains 10 questions and there's a five-point scale where you can score responses on. Basically it provides an indication as to where a person is with their mental health at that current point in time and it can be used as a guide to direct either the person or the practitioner using the tool where to go; whether to seek further treatment and help, whether it's just an informal intervention that's required for example a discussion about self help techniques and strategies that a person can use.

**Merinda:** The questions are in laymen's terms; they are very easy to understand. There's no clinical jargon. A person can self fill the screening tool if they want to. I know on beyondblue's website there's a K10 and you can complete it and submit it and get a score.

**Merinda :**The K10 is not a clinical tool – it's not used to diagnose someone with depression or anxiety or different sub diagnoses of depression or anxiety. It's used to screen for someone's general wellbeing and general symptoms of depression and anxiety. Someone may be experiencing clinical depression and fill it in, but that assessment of whether they are experiencing clinical depression needs to be diagnosed by a specialist mental health worker.

**Merinda:** I think some people are naturally more open and transparent with their feelings and where they're at emotionally.

**Merinda:** If someone made a disclosure to me about their depression or anxiety that I wasn't prepared for, I would first assess what the risk is. If there were any risk of self harm or suicidality, I would follow our organisational policy and procedures regarding that. If I've made an assessment that there's no risk in the disclosure that's been made to me, I would respond in an appropriate way.

**Merinda:** If I didn't have enough time at that particular point in time to talk about it, I would offer to meet with the person at the next available time that I had to continue the conversation. I would offer to see if there's a co-worker that they would be able to speak to if they felt comfortable. I would also provide them, or discuss some self-care strategies that they could use in between the appointment and the next time that we meet to further explore the issue and make referrals perhaps to relevant services. I would talk about what strategies they could use to keep them well and safe.

**David:** A good worker is someone who is going to listen to what the person is saying. They don't butt in, and they understand the person. To communicate, and understand what they say is going to make it a much better experience for both the worker and the client.