

People Living with Depression

85% of people with major depression can have an elimination of symptoms within 10 weeks of commencing the current proven most efficacious treatment for depression.

MJA 2002: MHCA Responding to the Australian experience of depression

“Issues highlighted by consumers and carers (increased access, commitment to equity, improved quality of services, promotion of choice and active participation by consumers and carers in national and local planning and decision-making)....”

“Mental health services must aim to assist (consumers) back into active participation in community life... “

depressionNet - People like us

Issues highlighted by people like us through depressionNet are that anonymity is vital...

⇒ do not want anyone to know

⇒ fear of impact on work / career

⇒ fear of social / relationship effects

> 60% of Australians with depression do not seek any formal treatment.

Most people living with depression will not leave active participation in community life.

The MHCA article discussed the Mental Health Consumer experience of their Mental Illness, NOT the Australian experience of depression.

Our issues are different, so too are our solutions.

Opportunities

Different segments => Different Issues & Needs

Need	Mental Health Consumer	People Living with Depression
Treatment	Psychiatrist / Other MH Prof	GP + Therapist.
Care	'Carers' (long term)	Family / Friends (short term) [Often carers of children etc)
Help	Active participation in community	Access information, treatment, etc
Peer Support	Community (long term)	Validation, learning, reassurance of recovery (short term)
Stigma	Valid Disability	Reduced ability (short term)

- ↓ depressioNet can help MHC organisations provide online communication forums for long term 'online community' style support
- ↓ depressioNet and MHC organisations to work together to reduce stigma associated with both depression and long-term disabling mental illnesses.

Opportunities

Meet the needs of MHCs for 'community' / 'connectedness'

This site is such a wonderful place to turn to in times of great need...

It's as though we are a family here all sharing the same basic problems and all in need of essentially the same basic things. As such we learn from each other what works and what doesn't and in so doing become bonded.

It feels really good to me every time I can go into one of the rooms and be with someone to joke with, to laugh, or to cry.

Every time I've come away with a sense of togetherness and belonging to a group of very intelligent people who actually understand what is really going on inside me and who empathise with warm understanding.

This site has made me a better person as well as probably saved my life. In return I hope I can give the same benefit to someone who comes in like I initially did almost a month ago.

gili4

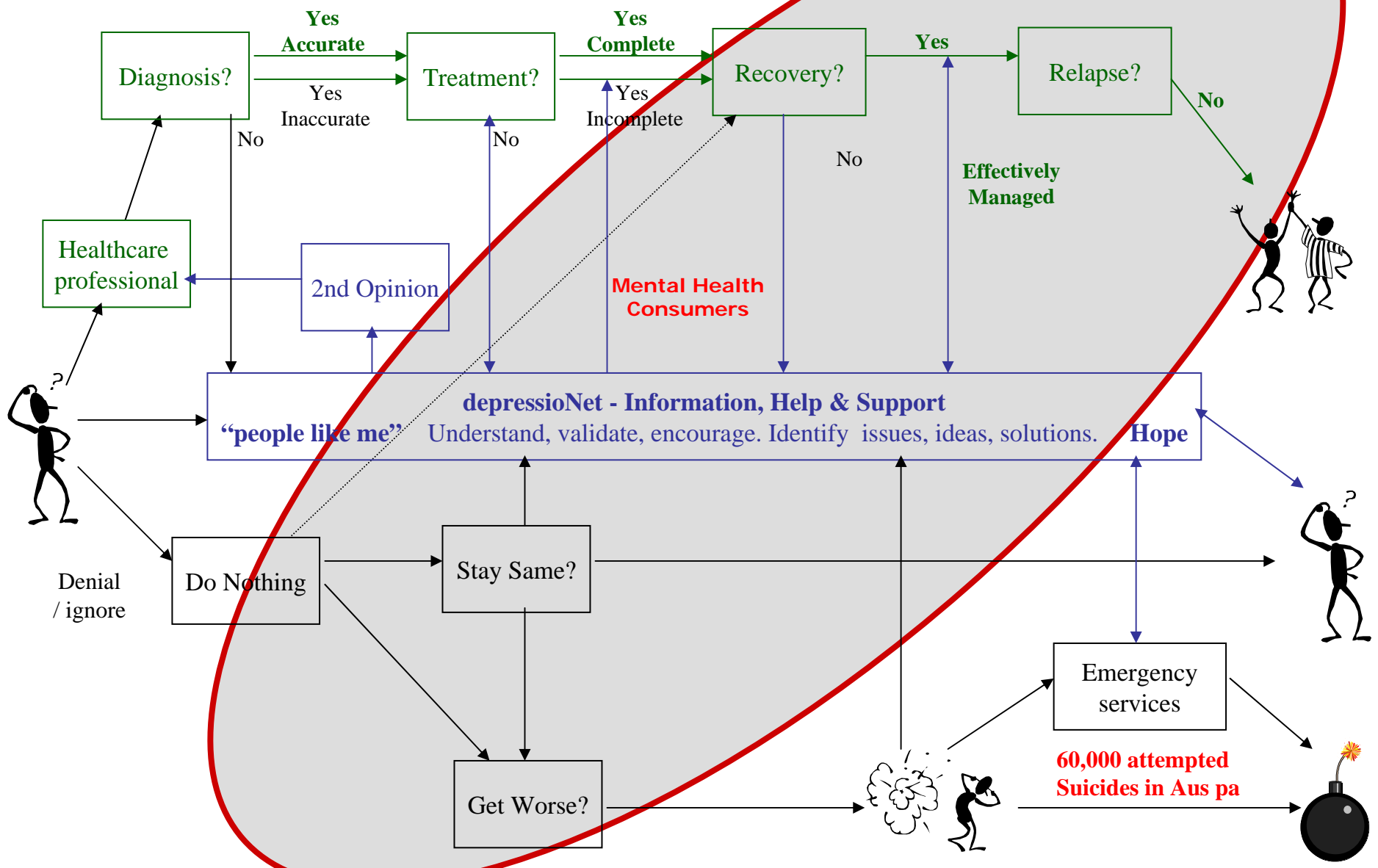
Increased acknowledgment of value of MHCs

“When people are able to help somebody else’s process of recovery, feelings of self confidence and value replace need and pathology... feelings of trust and the ability to stay connected can diminish the need for external intervention and emergency treatment”

- *J. Neugeboren, Transforming Madness*

Utilising the depressioNet model, MHCs can help both other MHCs and people living with depression and in doing so, experience significant benefits themselves.

People living with depression



Stigma Reduction

- ↓ clearly defining what stigma means to each segment,
- ↓ work together to increase the understanding of the complexity of mental illnesses and the differing issues, needs etc. (Not one 'mental illness' but a range of conditions with differing symptoms, impacts, treatments, etc)
- ↓ Ownership and empowerment
- ↓ Education / increased understanding by the people

depressioNet is currently developing a detailed, innovative stigma reduction strategy based on the above principles.

Opportunities

Development

- ↓ Implement quality systems support
- ↓ Full navigation and content review - reflect different pathways
- ↓ Additional online forums for 'community' - implement choice based on need.
- ↓ Introduce "Avenues of Service" - opportunity for MHCs to assist people living with depression.
- ↓ Assist MHC orgs to provide online forums for their people
- ↓ Research utilising capabilities of systems and involving all

One service cannot be all things to all people.
depressioNet created to be depression specific.

People and organisations who specialise in different areas
are best positioned to meet the corresponding needs.

depressioNet model can be adapted to any (mental) health area.