

Depression - your guide

This guide provides information and advice about depression.

It has been produced by psychiatrists – medical doctors who are experts in mental health – with input from consumers and carers. It is based on up-to-date scientific evidence.

This guide is for:

- people who have depression
- people who think they might have depression
- their family and friends.

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Key facts

- Depression is a mental illness that makes a person feel sad or unable to enjoy anything for weeks at a time.
- Symptoms can include feeling sped up or slowed down, feeling tired all the time, sleeping too much or too little, overeating or undereating, not being able to concentrate or think clearly, feeling hopeless or worthless, feeling guilty for no reason, or thinking about suicide.
- Depression is very common.
- Depression can have many causes, including genes, stress and life problems, health problems, unhealthy eating, not sleeping well, using alcohol or other drugs, and some medications.
- Get help for depression by seeing your GP or psychologist. If your symptoms are unusual or severe, you may be referred to a psychiatrist for help.
- With treatment, most people recover from depression within months.
- Mild depression is usually treated with psychological treatments (talking therapies), and medication is not normally needed.
- Moderate depression can be treated with psychological treatments or antidepressant medication.
- For severe depression, a combination of antidepressant medication and psychological treatment is usually needed.

About depression

What is depression?

Depression is a mental illness that makes a person feel sad or unable to enjoy anything for weeks at a time.

They can also have other symptoms, such as having no energy, being irritable, or having problems with sleep. In severe cases, someone might even think about suicide.

Depression can stop people being able to do their job, study, or look after themselves and their family.

It can be a short-term illness, or it can come and go throughout a person's life.

With the right treatment, someone with depression can recover and live a full, satisfying life.

Types of depression

Major depression

Where someone has had symptoms of depression for at least two weeks at a time, and the symptoms are interfering with their everyday life. This is the most common type of depression in adults. It can be mild, moderate or severe.

Persistent depressive disorder

Similar to major depression, except that the person has had symptoms on and off for at least two years (or one year in children and teenagers).

Premenstrual depression

When a woman feels extremely unhappy, irritable or moody just before her monthly period, and the symptoms go away after her period starts (also called premenstrual dysphoric disorder).

Prenatal and postnatal depression

When a woman has symptoms of depression during pregnancy or after giving birth (also called perinatal depression or peripartum depression).

Atypical depression

Similar to major depression, but with extra symptoms such as feeling extremely tired and weak, sleeping for excessive amounts of time, eating more than usual and putting on weight, and feeling extremely sensitive to being rejected by other people.

Seasonal patterns of depression

When someone only gets symptoms of depression each autumn and winter, and feels better each spring

and summer, it is sometimes called 'seasonal affective disorder'. Symptoms are usually mild (e.g. sleeping too much, having trouble getting up in the morning, tiredness during the day, overeating and putting on weight).

Other terms

Clinical depression: Depression that's been diagnosed by a professional. This is not a type of depression – it could include any type. This term is no longer commonly used by health-care professionals.

Unipolar depression: The opposite of bipolar depression. Unipolar depression includes any type of depression when the person doesn't have bipolar disorder.

What causes depression?

There is no single cause of depression. It can be caused by different things in different people.

Depression tends to run in families. Genes are a big part of the reason someone gets depression. Usually there are also other reasons, such as:

- stress and life problems
- traumatic life events
- grief and loss
- loneliness
- not sleeping well
- health problems
- smoking
- lack of physical activity
- unhealthy eating
- using alcohol or other drugs
- medications.

Not everyone who is miserable and stressed by things in their lives has depression – but these feelings can lead to depression.

Who gets depression?

Anyone can get depression. It is very common. On average more than 1 in 5 people will have depression sometime in their life.

Most people are over 20 years old when they have depression for the first time.

Children and teenagers can also get depression.

Women are about twice as likely as men to get depression.

People with other mental health problems such as bipolar disorder, anxiety, borderline personality disorder and schizophrenia can also have depression. Depression is a part of bipolar disorder.

Depression can cause any of these symptoms:

- feeling sad or down
- not being able to enjoy things that are normally enjoyable
- often thinking about death or suicide
- eating too much or not enough
- gaining or losing weight
- sleeping more than usual, or not being able to sleep properly
- having no energy or getting tired easily
- not being able to concentrate or think clearly
- feeling bad about yourself, worthless or guilty
- physical movement that is either slowed down or sped up
- irritability.

Everyone can feel down sometimes, but if the symptoms last for more than a few weeks, it could be depression. Someone might feel this way all the time, or the symptoms might come and go.

Depression can interfere with thinking. In older people it can even seem like they have dementia.

Depression can also have other unusual symptoms, such as hearing or seeing things that are not real (hallucinations), having very strange beliefs that are abnormal or not true (delusions), extreme weakness, or being unable to move parts of the body. These symptoms are rare.

How is depression diagnosed?

Depression is diagnosed based on a person's symptoms.

The diagnosis is usually made by a GP or a psychologist. If symptoms are unusual or severe, the person may be referred by a GP to a psychiatrist to make a diagnosis

A psychiatrist can provide an opinion and report for a GP to manage as the primary health-care provider, or may provide ongoing care and treatment for the person.

The doctor will normally ask about the person's background, including family, friends, social life,

employment and support. They will also ask about lifestyle and habits, including sleep, exercise, and use of alcohol and other drugs.

The doctor may do a check-up to look for any other medical conditions that could be causing the symptoms or making them worse. This could include blood tests and other medical tests.

The doctor may not make a diagnosis right away. Sometimes they might want to see how the person goes over time, before making a diagnosis.

Get help early

Early medical care is vital to a good recovery. The sooner you get help, the more chance you have of getting the correct diagnosis and getting effective treatment and help to manage your problems.

Where to get help

Australia

- Your GP can provide treatment for depression, or refer you to a public mental health service or a private psychiatrist, psychologist or private hospital clinic.
- Your local mental health service – assessment and treatment at public mental health centres is free.

➔ [headspace](#)

[headspace.org.au](https://www.headspace.org.au)

New Zealand

- Your GP can provide treatment for depression, or refer you to a public mental health service or a private psychiatrist, psychologist or private hospital clinic.
- Your District Health Board.

Where to get more information

➔ Please visit our online resources page for recommended mental health information, support and services.

yourhealthinmind.org/support

Can a person recover from depression?

Yes. Depression is a treatable illness. With treatment, most people can recover from a period of depression within 3-6 months. Some people take longer to recover. In some cases of severe depression it might take several years.

Treatment of depression

Why should I get treatment?

With effective treatment, you can recover from depression and live a full, satisfying life.

The right treatment can help you:

- recover from symptoms of depression
- get on with study, work, finances and relationships
- stop symptoms coming back again
- stop having thoughts about suicide or self-harm.

How is depression treated?

The treatment that's right for you will depend on your symptoms, what is happening in your life, your preferences and your personality.

Mild depression is usually treated with psychological treatments (talking therapies). Medication is not normally needed.

Moderate depression can be treated with psychological treatments or medication.

Most people with more severe depression will need a combination of antidepressant medication and psychological treatment.

While symptoms are at their worst, the aim of treatment is to make the symptoms less severe.

After symptoms are under control, the aims of treatment are to get you back to living a full life, and to stop symptoms coming back again.

Learning about depression can also be part of treatment.

What works?

People with depression do best if they:

- receive psychological treatment (talking therapies)
- get on with life in the community (help from friends and family, support groups, somewhere to live, a job)
- have a healthy lifestyle (eat well, stay physically active, get good and regular sleep, quit smoking and other drugs)
- receive the right medication (for moderate and severe depression).

Psychological treatments

Psychological treatments (talking therapies) are used to treat all types of depression. For mild depression they might be the only treatment needed.

Treatment is provided by trained therapists (e.g. psychiatrists, psychologists, or GPs).

Several different psychological treatments work for depression. These include:

- cognitive behavioural therapy (CBT)
- interpersonal psychotherapy
- problem-solving therapy
- short-term psychodynamic therapy.

CBT and interpersonal therapy work just as well as medication for people with mild-to-moderate depression.

For psychological treatment to work well, you need a good working relationship with your doctor or other therapist. You need to be able to trust them and stay hopeful about your recovery.

Some psychological treatments, such as CBT and mindfulness-based cognitive therapy, can also stop depression coming back after you have recovered.

If you have psychological treatment as your main treatment, it should be started as soon as possible after you get the diagnosis of depression.

If you are taking medication for depression, your doctor or psychologist might advise you to start psychological treatment a bit later.

➤ More about psychological treatment
yourhealthinmind.org/psychological

Medication

Antidepressant medications are used to treat moderate and severe depression.

Antidepressant medications can reduce symptoms of depression, such as feelings of sadness, thoughts of suicide, tiredness, poor appetite and sleep problems.

Antidepressants are also sometimes used to treat other mental illnesses, including anxiety disorders, obsessive compulsive disorder (OCD) and post-traumatic stress disorder (PTSD).

If an antidepressant medication is right for you, your symptoms will start to improve within about 2 weeks.

If you are no better after 3–6 weeks, your doctor might change the medication.

Before you start taking a new medication, tell your doctor if you are taking any other medication (including over-the-counter or complementary medicines). Some medications cannot be mixed.

Types of antidepressants

There are several different types of medications for treating depression.

Newer antidepressant medications work by altering the amounts of natural chemicals in your brain, such as serotonin or noradrenaline. These types of medications include:

- ‘selective serotonin reuptake inhibitors’ (SSRIs), such as citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine and sertraline
- other medications that alter serotonin, such as vortioxetine
- medications that alter both serotonin and noradrenaline, such as desvenlafaxine, duloxetine, mianserin, mirtazapine and venlafaxine
- medications that alter serotonin and melatonin, such as agomelatine.

Older types of medication are used when the newer medications don’t work or are not appropriate. These types of medications include:

- ‘tricyclic antidepressants’, such as amitriptyline, clomipramine, dothiepin, doxepin, imipramine and nortriptyline
- ‘monoamine oxidase inhibitors’, such as moclobemide, phenelzine and tranylcypromine.

St John’s wort (a herbal medicine) is sometimes used for mild depression, but it can cause problems with other medications. St John’s wort should not be used at the same time as a prescription antidepressant medication. If you are thinking of using any non-prescription medications to treat your depression, talk to your doctor first.

How long will I have to keep taking medication?

Antidepressants need time to start working. Most people improve within a few weeks, but you may need to take an antidepressant medication for up to six weeks before your symptoms of depression are under control.

After you start to get better, you usually need to keep taking the medication for at least six months. This helps you recover completely, and can stop the symptoms coming back.

Most people don’t need to stay on antidepressant medications for years, but it may be necessary if you’ve had depression before.

Getting the most out of your medication

- Take every dose of your medication at the time recommended to you by your doctor.
- When starting a medication, give it time to start working properly.
- Don’t change your medication without talking your doctor.
- If you have symptoms that you think could be the side effects of medications, tell your doctor as soon as possible.

What are the possible side effects?

Antidepressant medications can sometimes cause side effects, especially when you start a new medication.

Side effects of antidepressant medications differ between medications and differ from person to person.

Ask your doctor or pharmacist to explain the possible side effects of your medication. You can ask for a printed leaflet, or read about the medication at:

 NPS Medicinewise

www.nps.org.au

 Medsafe New Zealand

www.medsafe.govt.nz

If you have side effects that bother you, speak to your doctor about them. They might be able to reduce the side effects by changing the dose or switching to a different medication. Some side effects will get better after a few days and some can be treated with other medications.

Possible side effects can include:

- weight gain
- sexual problems (e.g. taking longer to reach orgasm)
- sleepiness or tiredness
- sleep problems
- dizziness
- agitation
- dry mouth
- diarrhoea or constipation
- nausea
- headache
- teeth-grinding
- problems with the heart and blood pressure
- seizures.

Many people only have side effects in the first few days or weeks.

Sometimes young people have suicidal thoughts while they're taking antidepressant medication. Children, teenagers and young adults need to be checked during the first few weeks of treatment to make sure they are safe.

Taking medication every day

If you have trouble remembering to take your medication, or you are taking several different medications, ask your pharmacist to package the tablets in containers with compartments for each day. They might use a blister pack (sometimes called a Webster-Pak or Medico Pak) or a plastic container (called a dosette box).

It is a good idea to always go to the same pharmacy so they can keep track of all your medications and give advice about them when needed.

Medications during pregnancy and breastfeeding

If you are pregnant, planning to become pregnant or breastfeeding it's essential to discuss this with your doctor.

It's best to be cautious about using medications during pregnancy. Some medications could harm an unborn baby, but stopping medication during pregnancy may be risky for the mother.

If you are already pregnant, talk to your doctor as soon as possible about keeping yourself and your baby safe during pregnancy and breastfeeding.

If you need medication for postnatal depression, talk to your doctor about whether it's safe to breastfeed.

Questions to ask about your medication

- What is the name of the medication?
- How will it help me?
- What dose am I on? Can this be increased or decreased if necessary?
- When and how often do I take it?
- What are the side effects?
- Can I have beer, wine or other alcoholic drinks while I am on medication?
- Can I take the medication with other medications that I am taking?
- What should I do if I forget to take the medication?
- How long will I have to take the medication?
- How will I know if the medication is working or not?
- What is the cost of the medication?

Brain stimulation treatments

Electroconvulsive therapy (ECT)

For severe depression, ECT works better than medication. It's a safe and effective treatment. Doctors mainly recommend ECT when someone has not improved after trying several different medications.

It can be the best treatment for people with severe symptoms (e.g. for someone whose depression is so bad that they can't eat or drink, is at high risk of suicide, or is having hallucinations or delusions).

➤ More about electroconvulsive therapy
yourhealthinmind.org/ect

Repetitive transcranial magnetic stimulation (rTMS)

rTMS works in a similar way to electroconvulsive therapy, but uses magnets near the head to change brain activity. Doctors use it when medications or psychological treatments haven't worked. People are awake during the treatment and there are few side effects. It is currently only available in some private hospitals and clinics.

What if I'm not getting better?

If your symptoms don't improve with treatment, there are several things your doctor or psychologist will check before deciding what to do.

Reasons for not getting better can include:

- not taking the medication properly (e.g. not being able to take it every day, or taking other medications that are interfering with it)
- treatment that doesn't suit you (e.g. medication that isn't working for you, or having psychological therapy from a therapist who's not a good match for you)
- having another mental health problem (e.g. anxiety or borderline personality disorder) as well as depression
- having depression that's caused by undiagnosed bipolar disorder – up to 1 in 10 people with depression go on to be diagnosed with bipolar disorder
- problems with alcohol or other drugs.

If you're receiving psychological treatment alone, your therapist might suggest starting medication.

If you're already taking medication, your doctor might suggest increasing the dose or changing to a different medication.

If you want, you can ask for a second opinion from another doctor.

Will I have to stay in hospital?

Most people with depression don't need to stay in hospital. Normally your treatment will involve regular visits to your GP or psychologist.

You may need to stay in hospital if:

- you are suicidal or at risk of physical harm
- you can't eat and drink properly
- you have a medical illness that is making your depression severe
- you have serious problems with alcohol or other drugs
- you need a special hospital-only treatment like ECT.

Questions to ask about your health-care team and your treatment

- Who is the main doctor who will manage my depression?
- Who else is involved and what are their roles?
- How will my GP be involved?
- Who will prescribe medication and check it is working?
- What is our plan for what to do if my symptoms come back or get worse? (Sometimes called a relapse recovery plan).
- Do all my doctors or therapists have a copy of my relapse prevention plan?
- Will my information be kept confidential from other people? Can I choose who my information can be shared with (e.g. a trusted family member)?

The people who can treat you for depression include GPs, psychologists and psychiatrists.

Normally your GP will do medical checks and make a diagnosis.

If your depression is mild, your GP might be the only health professional you need.

If you need more treatment, your GP might refer you to a psychiatrist or psychologist.

Your GP may recommend that you see a psychiatrist if:

- you have severe depression
- they have questions about your diagnosis
- you're not getting better after treatment
- you're at risk of harming yourself.

If more than one health professional is treating your depression, they should keep each other up to date about the diagnosis and treatment.

🔑 More about mental health professionals
yourhealthinmind.org/who

If you are Māori, Aboriginal or a Torres Strait Islander you may want to ask your health-care team to work with a cultural advisor or Indigenous health worker (e.g. Māori health worker or Aboriginal and/or Torres Strait Islander health worker).

If you are deaf or hard of hearing, an experienced mental health Auslan/NZSL interpreter can be provided.

Working with your health-care team

Tell them if anything is worrying you.

Try to be honest with them.

If they say anything you don't understand, ask them to explain.

What to do if you believe your treatment is not good enough

You should receive care from health professionals who are up to date in their knowledge of depression.

If you do not think you are getting the level of care you need, tell someone – don't keep quiet.

Psychiatrists: their role in treating depression

Psychiatrists are medical doctors who are experts in mental health. They are specialists in diagnosing and treating people with all types of mental illness.

Psychiatrists have a medical degree plus extra mental health training. They have done at least 11 years of university study and medical training.

A psychiatrist can help with:

- making the right diagnosis (important for getting the right treatment)
- working out which type of psychological treatment is best for you
- fine-tuning your medication
- treating problems with alcohol and other drugs
- treating other problems (e.g. anxiety).

🔑 Find a psychiatrist near you

yourhealthinmind.org/find

Confidentiality

Your healthcare team will make sure that information about you is kept confidential. Sometimes they will need to share information with other health-care professionals, to keep you safe and support you better. It is important for family and carers who support you to be given enough information to be able to help you properly. This does not mean that everything about you will be shared with other people – only the information that is really necessary to provide safe care and support you.

Cost of treatment

Ask about how much your treatment, including medication, will cost.

If you are referred to a private psychiatrist, ask your GP to explain about fees and whether you will be eligible for a rebate.

🔑 More about the cost to see a psychiatrist
yourhealthinmind.org/cost

🔑 More about using private health insurance to pay for mental health care
yourhealthinmind.org/insurance

Who can help with depression?

What can I do to help myself?

Take an active role in therapy.

If you do CBT, do the homework you're given. Think over what you're learning. If you're having face-to-face therapy, be honest and straightforward with your therapist.

Pay attention to your mind and mood

Learn to recognise the signs that your depression could be coming back. Pay attention to changes in your body and in your thinking. Tell your mental health team or psychiatrist if you think something is going wrong.

Ask your doctor or therapist to help you make a plan about how to deal with early signs of relapse. You can ask your close friends and family to help you if this happens.

Some people find it helpful to use a mood diary to keep track of their mood patterns and treatment progress.

Eat well

Healthy eating can prevent depression, and might improve symptoms if you already have it.

Aim for a balanced diet containing:

- zinc – found in grains (e.g. wheat, oats, rice, barley, millet and corn), lean red meats, fish, eggs, tofu, nuts, seeds, beans, milk, cheese and yoghurt
- folate – found in leafy green vegetables
- omega-3 polyunsaturated fatty acids – found in fish and some nuts and seeds. Omega-3 fatty acids act like antidepressants in the brain.

It's best to get these ingredients from fresh foods. If that's not possible for you, you can take vitamin or mineral supplements. Be sure to talk to your doctor first before you take supplements. Taking supplements can cause problems for some people.

Look after your body

Try to keep active. Regular exercise helps stop people getting depression, and can also improve symptoms.

If you smoke, try to stop. Smoking can increase your risk of having depression and anxiety. Quitting smoking reduces depression, anxiety and stress, and improves your mood and quality of life.

Avoid illegal drugs – they can cause depression or make it worse and stop you recovering.

If you use alcohol, drink sensibly. Heavy drinking makes it harder to get over depression.

Try to get enough sleep. Unhealthy sleeping patterns can bring on depression or make it worse.

Get regular health check-ups and screening tests to help you look after your physical health.

Get the most out of your treatment

When you and your doctor have found the medication and dose that works best for you, keep taking it – don't skip doses or give up.

It's very important that you attend all of your appointments.

Involve your family

Your partner or family can help you stay well, and can help you make the best choices when you have symptoms.

If you want them to, your health-care team can include your partner or family when providing information and making decisions.

How your family can help

Family members can:

- keep giving you love and emotional support
- help you solve problems
- help you get through your daily routine when things are hard
- help you identify early warning signs
- help you get the best care
- help you get back to your social life, study or work
- help you explain to your health-care team what is important to you and what you need to be well
- help you keep track of your symptoms and any side effects of medication. Sometimes another person can see improvements or problems that you cannot see. This can help you and your health-care team work out which treatment is most effective for you.

Self-care for depression

Self-help groups

Self-help groups can help you get support and information.

People in groups can benefit from each other's experiences. They are also an opportunity to make new friends.

The friendly support you get from your self-help group reminds you that you are not alone – other people have mental illnesses and are coping with many of the same problems as you.

Internet and phone apps

Many websites and apps have been made to help people manage their depression. Some examples are:

- MoodGYM – online CBT for mild or moderate depression
moodgym.anu.edu.au
- This Way Up – online CBT
thiswayup.org.au
- Brave – online CBT for young people
www.brave-online.com
- Beating the Blues NZ – online CBT for mild or moderate depression (New Zealand residents can arrange free access through their GP)
www.beatingtheblues.co.nz

If you use an online program, tell your doctor or psychologist, so they can give advice and support to keep it up.

Some of the information about mental health on the internet is not correct or helpful. If you are not sure or can't find what you are looking for, talk to your health-care team.

Coping with bad times

Suicidal thinking is usually only temporary, but it is dangerous to try to cope with it on your own.

Your doctor or psychologist should give you information about who to call if you need help, including when your normal doctors are not available.

Public mental health crisis assessment teams (sometimes called CAT teams) are trained mental health professionals linked to your local health service. They can speak to you on the phone about your situation, treatment and symptoms.

If necessary, they can visit you or arrange follow-up with your own healthcare team.

If you have severe depression, or you are at risk of harming yourself, your treatment plan should include information on how to contact help if you need it when your normal doctors are not available.

Steps to surviving suicidal thoughts

Tell someone – your doctor, relatives, or friends.

Get help – your doctor can help you manage your emotions. In an emergency you can call your local public mental health crisis assessment team (sometimes called CAT team).

Don't be alone – try to stay around people and keep active.

Helping a person with depression

Is it an emergency?

Get help immediately if the person:

- has deliberately hurt themselves
- talks about suicide or about harming someone else
- is disorientated (does not know who they are, where they are, or what time of day it is)
- has hallucinations (hearing or seeing things that are not real) or delusions (very strange beliefs, often based on the content of the hallucinations)
- is confused or not making sense.

If the person has any of these symptoms, call 000 in Australia or 111 in New Zealand, or visit the emergency department at your nearest hospital.

Depression doesn't just affect the person with the illness. It also affects their family and friends.

If you are the family, friend or carer of someone with depression, these are some things you can do to help:

- Encourage the person to stick with treatment, including medication and keeping appointments with their doctor and/or psychologist.
- Understand when the person is too unwell to work, go out, or be active.
- Avoid telling the person to 'just try harder'.
- Get help if the person talks about suicide
yourhealthinmind.org/helping

What if they don't want help?

Sometimes a person with depression loses hope or just doesn't feel like getting help. You may need to persuade them to see a doctor or psychologist. But later, after they have recovered, they can see that not wanting treatment was part of the illness.

Organisations that provide support and information for families

Australia

Mental health carers helpline 1300 554 660

SANE helpline 1800 187 263

New Zealand

Supporting families in mental illness 0800 732 825

Looking after yourself

Caring for someone with depression can be emotionally and physically exhausting.

It can be helpful to:

- Find reliable information and support if you feel you need to – for yourself and other family members.
- Join a self-help group for carers of people with a mental illness so you can talk about your thoughts and feelings with others who truly understand.
- Look out for psychological symptoms of your own that may be caused by the situation (e.g. depression), and get treatment. Your GP can refer you to someone who can help.

- More about caring for someone with a mental illness

yourhealthinmind.org/caring

More information and support

- Visit our website about mental health
yourhealthinmind.org

How this guide was prepared

The information in this guide is based on the RANZCP clinical practice guideline for psychiatrists and other health professionals who care for people with depression.

The full RANZCP clinical practice guidelines for the management of depression and other mood disorders is available at www.ranzcp.org/guidelines.

Disclaimer

This is a general guide only, and does not replace individual medical advice. Please speak to your doctor for advice about your situation. The RANZCP is not liable for any consequences arising from relying on this information.

About us

Psychiatrists are doctors who specialise in mental health. The Royal Australian and New Zealand College of Psychiatrists:

- trains and supports psychiatrists
- advocates for better mental health for our communities
- sets standards in psychiatry.

Sources

Malhi G, Bassett D, Boyce P, et al. Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for mood disorders. *Australian and New Zealand Journal of Psychiatry* 2015; 49: 1087–1206. Available at www.ranzcp.org/mood-disorders-cpg

National Health and Medical Research Council. Australian dietary guidelines. Canberra: NHMRC, 2013.

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