

## DEPRESSION

During a mission in the field, you may perhaps hear a colleague remark "You seem to have changed recently. You look depressed. "Of course, you say to yourself, with what I'm seeing every day it's not surprising!"

But you must differentiate between being occasionally "fed up", or even feeling sad about the human distress you encounter in your work, and a lasting state which is changing your personality: your thoughts, your feelings, your behaviour and even your health. If the latter occurs, the chances are that you are suffering from *depression*.

### What causes it?

There are many causes. You may have arrived in the field already depressed without realising it. You may have left behind unresolved personal problems (relationship, financial, etc.), thinking you could solve them by changing your life. Perhaps you may even have had psychological difficulties in the past, which you were not aware of and have not managed to solve.

Prolonged dependency behaviour on addictive products (alcohol, tobacco, drugs, medication) can also disguise a chronic depressive state. Certain medications may also create psychological problems (anti-malaria drugs for instance).

Of course, depression occurs frequently in humanitarian field conditions and is associated with cumulative stress and burnout, or some aspects of Post Traumatic Stress Disorder ([PTSD](#)). In certain environments, continued isolation may lead to feelings of loneliness which are difficult to handle. Or one may have to live in a dysfunctional team, where there is no recognition of the work accomplished, and the supervisor may have a difficult personality. Certain environments with chronic exposure to violence, with no control over what is happening except hiding, may provoke in the long run depressive reactions.

It is therefore vital to avoid accusing oneself of laziness, lack of will power or weakness of character. Recognising depression is the first step towards recovery: no one is a superman or a wonder woman!

### How do I know if I'm depressed?

First, three never-fail signs or symptoms:

- What I am doing no longer interests me.
- I have "the blues" most of the time
- Getting up in the morning seems an insurmountable effort.

You also may have at least 3 of the following symptoms:

- Feeling slowed down, or on the contrary hyperactive
- Feeling vaguely guilty or belittled
- No appetite and am losing weight or, on the contrary, I have bulimia and am putting on weight
- Often think about death or suicide and becoming pessimistic and cynical

- Getting oneself, consciously or unwittingly, into risky situations
- Having difficulty concentrating, thinking and remembering
- Inability to make decisions and procrastination
- Insomnia or other sleep problems, feeling drowsy and sleepy during daytime
- Lack energy and feeling tired all the time
- Sexual problems, low libido, impotence, anxiety, guilt, etc...

There are also *physical signs* which can be added to these, which can cause ill health becoming chronic:

- All kinds of aches and pains with no apparent medical reasons: headaches, back pain, stomach ache...
- Digestive problems: heartburn, ulcers, diarrhoea or chronic constipation, nausea
- Repeated respiratory tract infections: bronchitis, sinusitis
- Allergies: eczema, psoriasis, hay fever, asthma...

If these problems become chronic, it may indicate a state of depression.

### What can be done?

First of all, examine your attitude about depression:

- Can I simply accept the idea that I may have this problem, or do I prefer not to recognise the signs?
- Do I find it hard to talk about myself to others, or to ask for help?
- I know I'm depressed, but where can I find adequate help in the field?

If you are ready to face up to the problem, this will allow you to:

Find out if there are physical causes or psychological factors involved

Find out what can be done in your immediate field environment

Speak to someone close or familiar with this kind of problem.

**If you see yourself in what has been described here, if you wish to have advice free of charge but protected by our rule of confidentiality, send us an email to [support@humanitarian-psy.org](mailto:support@humanitarian-psy.org). Our team may be able to help you sort out your situation and advise you. They can also refer you to a specialist if necessary.**