

Dealing with clients disabled by depression

By Dr Elizabeth Celi

If a client had a sore tooth, would you pull it out, or send the client to a dentist? Would you crack their neck/back, or send them to a chiro? Would you take a blood sample from a client to test for diabetes or send them to a GP? So why counsel someone who's having emotional difficulties or having trouble thinking clearly asks Dr Elizabeth Celi? In this article she explains why it's best to send them to the psychologist/psychiatrist.

The first three examples are situations where there are clear symptoms to work with. Their are tangible indicators to recognise the limit of our professional competency and refer to the appropriate professional.

When it comes to depression, the signs are less clear cut and the boundaries are harder to define. However, there are flags that can indicate to you when it extends beyond the boundaries of your expertise and requires referral to the appropriate specialist.

The prevalence and disability of depression

Depression is one of the common mental health problems (alongside anxiety and substance-use disorders) and is experienced by one in five Australian adults in any one year¹. Now ranked as the leading cause of disability worldwide², depression and anxiety disorders result in 2.1 to 2.7 million working days out of work per month. The level of unseen disability it creates in an individual's quality of life is often underestimated.

At the time of this first Australian survey, 60-75 per cent of Australians did not seek treatment for depression and

Table 1. List of possible symptoms of Depression

Thinking	Feeling	Physical/Behaviour
Trouble concentrating	Ongoing sadness, miserable	Increased/decreased sleep
Indecisive, confusion	Decreased interest in most things	Lack of energy, fatigued Possible agitation
Poor memory	Decreased self-confidence/ self-esteem	Increased/decreased appetite
Lethargy, mental/ emotional exhaustion		Significant weight changes in either direction
The 'Dark Cave' – Guilt, helpless/hopeless, worthless, self-blame, flat/blunt, despondent, restless, overwhelmed – Irritability, agitation, anger, pessimism, criticalness, mood swings		Withdrawal/isolation from usual activity and/or people Unhealthy use or relying on alcohol/drugs
In moderate to severe cases: Suicidal ideation		Suicidal behaviour/attempts

anxiety disorders³. While a lack of awareness/understanding and negative stigma are contributors to these figures^{4, 5}, recent political and public campaigns have seen a turnaround in this trend. However, treatment seeking is not always sought at the appropriate place and at the right time.

The nature of the massage treatment and the massage therapy environment is such that clients will drop their guard to their private world. Clients will easily turn the massage therapy environment into a dumping ground and storage facility for their intangible emotional baggage. Sound familiar?

Many non-psychological health professionals find themselves in this dilemma. Clients vent their grievances and distress, thinking this will make it all better. This may be helpful during normal situational distresses or even during the functional recovery phase of a depression. The venting is otherwise ineffective at tackling the depth of depression and ensuring long term recovery.

What is a clinical depression?

Depression is not just feeling sad or down. Depression is just as real, and painful, as

the sore tooth! However, its tangible and intangible symptoms span the whole spectrum of human functioning. That is, a person's level of thinking, feeling and doing. Table 1 lists the range of depression symptoms.

We all experience these. They are part of our normal range of human emotions. It would be unhealthy not to experience these at the appropriate times. When does it go beyond that and into a depression?

Diagnostic criteria for a clinical depression;

A depression is present when a person experiences, for more than two weeks;

- a) feeling sad, unhappy or miserable most of the time, and/or
- b) a loss of interest or pleasure in their usual activities.

With either or both of these key symptoms present, a depression is further indicated when the client also experiences;

- c) four or more symptoms listed across the categories in Table 1 and
- d) their usual ability to function in daily life becomes impeded.

There is no one cause of depression. The possible risk factors contributing to the

development of a depression are multifactorial. They can be personal, social, community or environmentally based. How each of these interact and affect an individual can vary and therefore therapy targets this appropriately. Having one off chats or some empathy may be helpful for support, but it isn't enough to assist someone through and out of a web of depression.

Given a massage therapist is often in the position of confidante, it's important to recognise potential signs and refer them to a psychologist. Within the environment of psychological therapy, the multifactorial risks are addressed while tending to the presenting symptoms. Importantly, the underlying vulnerabilities that this can expose for the person are safely managed. The individual is appropriately guided toward longer term recovery.

What are the signs that someone may be experiencing depression?

There are no simple and clear cut answers to this question. However, the following questions may raise flags for you to consider.

Yellow flags

Compared to their usual self:

- Are they unusually sad and down?
- Do they report negative emotions or distress which they find difficult to manage?
- Is there an unhealthy level of negative self-opinion, despondency or guilt?
- Is there an unhealthy level of general agitation or restlessness?
- Have they indicated in some way that they have withdrawn, or get less enjoyment from hobbies, activities or interests than usual?
- Have they withdrawn from their typical family/social networks, or have

relationships become strained?

- Do they report having sleep disturbances and/or increased fatigue/drainage?
- Has their appetite and/or weight changed unusually?

Red flags

- Over time, their grievances are repeated more often than not.
- Their distress and/or lack of enjoyment in life is spanning many situations, or becoming more generalised.
- Alcohol, drugs or some other 'addiction' are being used unhealthily – they may be self medicating.
- They make reference to life not being worth living, not interested in their future or speak/prepare for the future without including themselves in it – they may be developing suicidal thoughts.

If a combination of these flags are occurring simultaneously and negatively impacting on their quality of life (as per the diagnostic criteria above), consider discussing their need for a mental health professional and making a referral.

Potential high risk group for massage therapists

A potentially high risk group for massage therapists are rehabilitation clients. In general, these clients have endured:

- A 'traumatic' event that has left them 'disabled' in some way, either physically and/or in quality of life.
- A significant loss to their usual functioning.
- Negative changes or limitations to their lifestyle.
- Variable levels of pain to cope with and manage.
- Involvement in various rehabilitation systems that have possibly played with their hopes and self-confidence.

These are debilitating factors to be managed whether within the context of a workplace injury, a motor vehicle accident, a sporting injury or otherwise. While many rehabilitation clients have coping skills to manage effectively/productively⁶, they nonetheless constitute risk factors that can increase their vulnerability of developing depression.

A particular client I worked with had experienced a lower back injury at work. He reported a significant degree of frustration at not being able to play with his children and enjoy time with his partner as usual. His inability to continue with the work role he enjoyed a great deal increased his frustration to anger. His physically oriented work had actually been a positive outlet. Unfortunately his anger also turned to exasperation as he tried to manage all this amid the WorkCover system. His difficulties coping with these changes, emotions and the pain, among other factors, spiralled into a secondary depression.

As with this client, rehabilitation clients have to initially overcome many frustrations and mood variables associated with the losses and pain resulting from their injury. The clients' hope and self-confidence of resuming some sense of normality can easily be shaken. Should some of the above flags be waving, professional support is required toward a functional adjustment and a realistic sense of control over their lives again.

What do I do if I think the client is going through a Depression?

Before your massage therapy session with a client:

1. Know your professional boundaries – both in competence and interpersonal relations.
2. Understand yourself and how you best

communicate these boundaries and practice enforcing them professionally.

3. Implementing and enforcing boundaries is a constant process – before seeing a client, during your treatment of a client, and in between massage therapy sessions.

4. Clients who overstep the mark in how they use you/your massage therapy time will respect your established boundaries, if the need to communicate them arises.

5. Have objective information in the form of flyers and information sheets on depression/mental health problems along with business cards for psychologists visible to the client at all times. This passively alerts them to:

- The presence of a network of professionals you can and will draw on if they present with needs beyond massage therapy.
- The option of a psychological referral being commonplace, as information for a naturopath or nutritionist may be placed.
- Expecting the suggestion/referral from you if they show unhealthy signs while coming to you for a massage.

Given the stigma associated with mental health problems and seeing a psychologist/psychiatrist, this exposure helps to normalise psychological therapy. This is half the battle fought, for you and the client needing to seek treatment.

During your massage therapy with a client:

6. Listen to clients' grievances and evaluate if the yellow and red flags are occurring.

7. Refrain from entering into in-depth discussion about their issues.

8. Refrain from giving advice when it comes to emotional issues occurring

over a consistent time period, no matter how familiar you are becoming with the client. This fuzzes the boundaries of when discussion turns into counselling. The fine line becomes more dangerous if a depression is actually happening in the background.

9. Refer! – as you would do when you send someone to a GP, nutritionist, naturopath, chiropractor, etc. Factoring in your level of rapport and trust with the client, mention the tangible/behavioural observations you've made as you recommend the need for a mental health professional.

In the case of depression, or other mental health problems, the appropriate professionals are psychologists and psychiatrists. A psychiatrist is medically trained in prescribing specific medication targeting mental health symptoms, some of which GPs also prescribe.

A GP referral is necessary to see a psychiatrist. However, an individual can make a direct appointment with a psychologist – a GP referral is not necessary. In the case that the individual wants to claim Medicare rebates for their sessions, they will then need to obtain a referral from a GP.

10. If possible, and you feel comfortable to do so, share an experience of a friend/family member who proactively sought professional treatment in response to similar signs you've observed in them.

After the session you've made the suggestion/referral:

11. Follow up the person to see how he/she has progressed toward appropriately addressing the signs brought up last session, offering general support as any person would do generally.

12. Continue points 6-9 above, if required.

13. Ensure you have the opportunity to debrief anonymously/confidentially within clinical supervision. Share any concerns you may be experiencing as a result of the situation. Receiving appropriate collegial support reminds us all of the actions needed in maintaining professional boundaries and importantly, looking after ourselves as health professionals.

Know Thyself!

In any healing profession, the advice of 'Know Thyself' stands strong. Managing depression in these situations has often been a case of the practitioner managing their own boundaries as a professional. Are you prepared to professionally communicate the boundaries discussed above? Have you considered what your boundaries are and therefore how they translate to the dynamic in your massage room?

The cost of not setting these boundaries and practices as soon as possible will cost both you and the client. With the high prevalence of depression (calculate one in five out of your client database) combined with even only sixty per cent of them not seeking appropriate treatment, where do you think they will release the pressure cooker of distress most easily?

In the psychology profession, therapists are constantly reminded of the legal ramifications of not maintaining boundaries and practicing unethically, both as an individual practitioner and as a representative of the profession. Ethically managing the intricate psychological space is imperative. The same goes for the physical and psychological space of massage therapy.

Beyond clearly defining your professional competencies and practicing these ethically in your service delivery, two



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avenues assist in creating and maintaining boundaries:

1. Clinical supervision
2. Self-care.

Clinical supervision and ongoing professional development keep you on the alert as a professional delivering a service. Ongoing professional evaluation, debriefing and minimising of ethical and legal pitfalls is vital. Prevention is better than cure.

While we are extending the very personal aspect of caring toward and for our clients, it is important to be the professional therapist who cares, not a friend who cares. It's an important line to decipher as a healing professional. It can sometimes feel like you have to pull your interpersonal self back, feeling rather detached, heartless, rude or disrespectful. That needn't be the case. It shows the client you are able to objectively manage their health needs with an appropriate level of support.

Self-care for personal health provides the energy in being able to maintain professional relations, especially during personally taxing times or even during periods of simple fatigue. Looking after yourself as a massage therapist is vital. It takes significant energy on your part to maintain a quality level of practice and healing with your clients. In both psychology and massage, there's little room for fatigue or familiarity bringing on complacency – this is dangerous territory.

Conclusion

Depression is a multifactorial illness that requires structured therapy to ensure safe passage through the symptoms and onto the road of long term recovery. The common dilemma for many health professionals, such as massage therapists, is managing the potential presence of depression in their clients.

Consider your professional reputation in the long term and the profession you represent. Consideration of potential flags and your ability to establish/implement professional boundaries with such clients allows for easier recognition and appropriate referral to a mental health professional.

As a professional therapist who cares, the client will realise the referral to a mental health professional is coming from the right place. This only serves to deepen rapport and loyalty. Their massage therapy naturally becomes an even more important complementary therapy in supporting clients through their process, deepening rapport and loyalty. Ultimately, this results in happier clients grateful for receiving advice of where to go to fix their 'sore tooth'!

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