



Chronic physical illness, anxiety and depression

Living with or experiencing a chronic illness can result in many adjustments and changes, such as loss of independence and not being able to do all the active things you used to do or usually enjoy. Anxiety and depression are common in people with chronic physical illness.

The encouraging news is that there are a range of treatments, health professionals and services available to help with anxiety and depression as well as information on what you can do to help yourself. With careful management, the symptoms of anxiety and depression can be treated along with those of many chronic physical illnesses.

What is a chronic physical illness?

A chronic physical illness is an enduring health problem that will not go away – for example diabetes, asthma, arthritis or cancer. Chronic physical illnesses can be managed, but they cannot be cured. People who live with a chronic illness have a greater risk of developing anxiety and/or depression.

There are many different types of chronic physical illness and each presents its own challenges. Here is an overview of some of the more common types.

Heart disease

Of the different forms of cardiovascular (heart and blood vessel) disease, coronary heart disease is the heart condition most closely linked with depression.

Coronary heart disease is a long-term condition that affects around 685,000 Australians¹ and is a common cause of death and disability.

Depression is a significant risk factor for heart disease.² Depression is more common among people with heart disease and it affects recovery and increases the risk of further heart-related incidents such as heart attack and sudden death.² People who do not have good social support networks (such as someone to confide in and opportunities to participate in social activities) are also at greater risk of developing heart disease. Anxiety can also be a risk factor for heart attack and other heart-related events.³

Stroke

Stroke is Australia's second biggest cause of death after coronary heart disease and is a leading cause of disability.⁴ In 2012, about 50,000 Australians suffered new and recurrent strokes – that is 1,000 strokes every week or one stroke every 10 minutes.⁵ In 2012 there were over 420,000 people living with the effects of stroke and 30 per cent of these people were under the age of 65.⁵

A stroke occurs when blood flow to the brain is interrupted. Having a stroke can result in many changes. On a physical level, it can lead to people finding it difficult to move and swallow. Having a stroke can also cause stress, worry and sadness, and affect the way in which people think and feel. There is a strong link between depression, anxiety and stroke.

Cancer

Cancer is a leading cause of death in Australia – more than 43,200 people are estimated to have died from cancer in 2011. An estimated 128,000 new cases of cancer will be diagnosed in Australia in 2014, with that number set to rise to 150,000 by 2020. Half of Australian men and one in three Australian women will be diagnosed with cancer by the age of 85.⁶

Cancer is a disease of the body's cells. Normally cells grow and multiply in a controlled way, however, if something causes a mistake to occur in the cells' genetic blueprints, this control can be lost. Cancer is the term used to describe collections of these cells, growing and potentially spreading within the body. As cancerous cells can arise from almost any type of tissue cell, cancer actually refers to about 100 different diseases. The most common cancers in Australia (excluding non-melanoma skin cancer) are prostate, bowel, breast, melanoma and lung cancer, accounting for over 60 per cent of all cancers diagnosed in Australia.⁷ Men with prostate cancer are nearly twice as likely to develop depression as men in the general community.⁸ Research shows that anxiety and depression are common among women with breast cancer, and one study found that up to 50 per cent of women with early breast cancer may experience anxiety and/or depression in the year after diagnosis.⁹



Diabetes

There are several types of diabetes, although people with diabetes all have one thing in common – too much sugar, or glucose, in their blood. The hormone that helps the body convert glucose to energy, insulin, is either no longer made by the body (type 1 diabetes) or not produced in sufficient quantities and/or the body becomes resistant to the effects of insulin (type 2 diabetes). Diabetes can lead to serious complications if it is not diagnosed and managed – including eye and kidney damage, nerve damage, heart attacks and stroke.¹⁰

Research shows there are strong links between anxiety and depression and diabetes. Approximately one in four people with type 2 diabetes experience depression and one in six with type 2 diabetes experience anxiety.¹¹ Among people with type 1 diabetes, approximately one in five experience depression and one in seven experience anxiety.¹¹

Arthritis

Arthritis is a name for over 100 conditions that cause damage to the joints, usually resulting in joint pain and stiffness. Arthritis can affect many different parts of the joint and nearly every joint in the body. In 2011/12, 3.3 million people in Australia reported having arthritis.¹²

Many people think arthritis is a condition that affects people when they get older. In fact, two out of every three people with arthritis are between 15 and 64 years old.¹³

Up to two-thirds of people with arthritis say their condition has affected them emotionally.¹⁴

Osteoporosis

In Australia, 1.2 million people live with osteoporosis and a further 6.3 million people have low-bone density or osteopenia, which is often a precursor to osteoporosis.¹⁵ Reduced bone mineral density is a risk factor for osteoporotic fracture. Ten per cent of Australians are currently affected by osteoporosis-related conditions and osteoporosis-related fractures currently occur in nearly one-third of men over the age of 60.¹⁶

Musculoskeletal conditions such as osteoporosis may have significant psychological impacts on people, such as loss of independence and increased risk of experiencing depression.¹⁷

Asthma

More than 2 million Australians have asthma and research indicates that there is a link between asthma, anxiety and depression.¹⁸

Asthma is a condition of the airways. A person with asthma has symptoms that affect their breathing, often disturbing their sleep.

Waking up at night and early morning due to asthma symptoms can leave a person feeling tired during the day. Having asthma can make it hard to join in with everyday activities, such as playing sport and other recreational interests. This can lead to feeling unmotivated and socially isolated.

Chronic pain

Chronic pain is pain that lasts beyond the time expected for healing following surgery, trauma or other condition, or it can exist without any clear reason at all. Left untreated, chronic pain can have a devastating impact on all aspects of people's lives – such as sleep, sex, work, exercise and routine self-care. It can also severely impact personal relationships, social interactions and lifestyles.

Ninety per cent of people with severe and very severe pain find that their work is affected (inside and outside the home)¹⁹ and chronic pain accounts for 40 per cent of forced retirements.²⁰ The impact on personal life is greatest in young adults, with four in five people with chronic pain aged 20-24 reporting interference in daily life.²¹

Rates of depression are four times higher among people with chronic pain than people without pain, and almost one in three Australian adults with severe or very severe pain have high or very high levels of psychological distress.⁵ In people with chronic pain, depressive symptoms are characterised predominantly by mood-related symptoms and they are more likely to think about and attempt suicide.^{15,16} In Australia, one in five suicides are linked to physical health problems²², and some studies suggest the risk of death by suicide may be double in people who have chronic pain.²³

Dementia

Dementia is a term used to describe a set of symptoms including changes in thinking, memory, behaviour and mood, and difficulties with communication. Many conditions cause dementia, including Alzheimer's disease, vascular dementia and dementia with Lewy bodies.

There were over 322,000 Australians living with dementia in 2013.²⁴ In 2011, 9 per cent of Australians aged 65 and over, and 30 per cent of Australians aged 85 and over, had dementia.²⁴

There were an estimated 23,900 Australians under the age of 65 with dementia in 2011.²⁴

Older people with dementia are at greater risk of depression. Depression is thought to affect one in five people experiencing dementia.²⁴

Chronic Fatigue Syndrome

Myalgic encephalomyelitis (ME), commonly known as Chronic Fatigue Syndrome (CFS), is defined by the World Health Organisation as a neurological illness. The main symptom of CFS is having 'flu like' symptoms after exertion and not having enough energy for daily activities. Other symptoms include pain, disrupted sleep, difficulty thinking, and changes in blood pressure, hormones and body temperature.²⁵ Over 180,000 Australians of all ages have CFS.²⁶ For some people, a viral infection, toxic exposure, anaesthetic, immunisation, gastroenteritis or trauma may trigger the illness. In other people, CFS may develop slowly over a period of years.²⁵

What is anxiety?

Anxiety is more than just feeling stressed or worried. While stress and anxious feelings are a common response to a situation where we feel under pressure, they usually pass once the stressful situation has passed, or 'stressor' is removed.

Anxiety is when these anxious feelings don't subside - when they're ongoing and exist without any particular reason or cause. It's a serious condition that makes it hard to cope with daily life. Everyone feels anxious from time to time, but for someone experiencing anxiety, these feelings can't be easily controlled.



Living with chronic physical illness is one of many things – such as a family history of mental health conditions, stressful life events and personality factors – that may trigger anxiety. The combination of chronic physical illness, lost educational or employment opportunities and financial worries can lead to the development of anxiety.

Anxiety is common and the sooner you seek support, the sooner you can begin to recover.

Signs of anxiety

The symptoms of anxiety conditions are sometimes not all that obvious as they often develop slowly over time and, given we all experience some anxiety at various points in our lives, it can be hard to know how much is too much. Normal anxiety tends to be limited in duration and connected with some stressful event or situation, such as a job interview. The type of anxiety experienced by people with an anxiety condition is more frequent or persistent, not always connected to an obvious challenge, and impacts on their quality of life and day-to-day functioning. There are many types of anxiety, and there are a range of symptoms for each.

Anxiety can be expressed in different ways such as uncontrollable worry, intense fear (phobias or panic attacks), upsetting dreams or flashbacks of a traumatic event.

Some common symptoms of anxiety include:

- hot and cold flushes
- racing heart
- tightening of the chest
- snowballing worries
- obsessive thinking and compulsive behaviour.

There are effective treatments available for anxiety. For more information on anxiety and treatments visit www.beyondblue.org.au/anxiety

What is depression?

While we all feel sad, moody or low from time to time, some people experience these feelings intensely, for long periods of time (weeks, months or even years) and sometimes without any apparent reason. Depression is more

than just a low mood – it's a serious condition that has an impact on both physical and mental health.

Depression affects how you feel about yourself. You may lose interest in work, hobbies and doing things you normally enjoy. You may lack energy, have difficulty sleeping or sleep more than usual, feel anxious or irritable, or find it hard to concentrate.

The good news is that depression is treatable and effective treatments are available. There are also a range of actions you can take to help yourself.

Signs of depression

You may be depressed if you have felt sad, down or miserable most of the time for more than two weeks and/or have lost interest or pleasure in usual activities, and have also experienced some of the signs and symptoms on the list below.

It's important to remember we all experience some of these symptoms from time to time, and it may not necessarily mean you're depressed. Equally, not every person who is experiencing depression will have all of these symptoms. The symptoms will not provide a diagnosis – for that you need to see a health professional – but they can be used as a guide.

Some common symptoms of depression include:

- not going out anymore, loss of interest in enjoyable activities
- withdrawing from close family and friends
- being unable to concentrate and not getting things done at work or school
- feeling overwhelmed, indecisive and lacking in confidence
- increased alcohol and drug use
- loss or change of appetite and significant weight loss or gain
- trouble getting to sleep, staying asleep and being tired during the day
- feeling worthless, helpless and guilty
- increased irritability, frustration and moodiness
- feeling unhappy, sad or miserable most of the time
- thoughts such as, "I'm a failure", "Life's not worth living", "People would be better off without me".

As with anxiety, there are effective treatments available for depression. For more information on depression and treatments visit www.beyondblue.org.au/depression

What are the links between anxiety, depression and chronic physical illness?

Research indicates there are strong links between anxiety, depression and chronic physical illness. Anxiety is the most common mental health condition in Australia – one in four people will experience anxiety at some stage in their life.¹ Depression is also common – one in five women and one in eight men will experience depression in their lifetime.¹ For people who live with a chronic physical illness, this figure is even higher. Research shows that 28 per cent of people with a chronic physical condition also have a mental health condition.⁴

People who experience persistent pain are four times more likely to experience anxiety or depression than people living without pain.¹⁴ Having a chronic physical illness puts a person at greater risk of developing anxiety or depression.⁹ The symptoms of chronic physical illnesses, as well as some of the treatments, can result in major lifestyle changes which may cause severe disruptions to a person's work/social life and create financial difficulties.

Depression also increases the likelihood of developing a chronic physical illness, particularly heart disease, stroke and diabetes.⁵ Continuing physical illness can also trigger anxiety, complicate the treatment of anxiety or the physical illness itself. Common conditions that can do this include hormonal problems (e.g. overactive thyroid), diabetes, asthma and heart disease.

If you have a chronic physical illness, anxiety or depression can make living with the condition even more difficult. It can make it harder for you to find the energy to eat healthily, exercise or take medication regularly. Depression is more debilitating than the feelings of frustration or disappointment at having a chronic health condition.

You may lose enjoyment, as well as the other changes described in the 'signs of depression' list. Some chronic physical illnesses, such as chronic pain, can be largely invisible so that you can feel misunderstood and stigmatised by co-workers, friends, family and even the medical profession.²⁷

Having a chronic physical illness can also make it seem like an effort to connect with family members and friends. This can make you feel isolated and make it harder to recover from anxiety or depression.

What are the treatments for anxiety and depression?

Talking and emotional support can help to reduce the stress of coping with a chronic physical illness, but if things become more difficult, professional help may be needed. There is no one proven way that people recover from anxiety or depression and it's different for everybody. However, there is a range of effective treatments and health professionals who can help you on the road to recovery.

There are also many things that people with anxiety or depression and a chronic physical illness can do to help them to recover and stay well. Different treatments work for different people, and it can take time, strength and patience to find a treatment that's right for you.

Different types of anxiety or depression require different types of treatment. These may include physical exercise for preventing and treating mild anxiety and depression, counselling by a trained health professional or, in some circumstances, treatment with antidepressant medications. The treatment for anxiety and depression in someone with a chronic physical illness involves a coordinated approach managed by your primary health professional that monitors and treats the symptoms of anxiety, depression and chronic physical illness.

Psychological treatments

Psychological treatments (also known as talking therapies) can help you change your thinking patterns and improve your coping skills so you're better equipped to deal with life's stresses and conflicts. As well as supporting your recovery, psychological therapies can also help you stay well by identifying and changing unhelpful thoughts and behaviour. These treatments help build skills in coping with stressful life circumstances and can be provided by a psychologist, psychiatrist or other trained health professional.

- **Cognitive behaviour therapy (CBT)** is one of the most effective treatments for people with anxiety and depression. It works to change your thoughts and shift negative or unhelpful thought patterns and reactions to a more realistic, positive and problem-solving approach.



- **Interpersonal therapy (IPT)** is also effective for treating depression and some types of anxiety. It helps people find new ways to get along with others and to resolve losses, changes and conflict in relationships.

Medication

Antidepressant medication

is sometimes used along with psychological therapies to treat moderate to severe depression and some anxiety conditions.

Making a decision about which antidepressant is best for a person can be complex. The decision will be made in consultation with your doctor, after careful assessment and consideration. The doctor should discuss differences in effects, possible side effects of medications, and whether they can interact with other medications you are taking. Stopping medication should only be done gradually, with a doctor's recommendation and under supervision.

A doctor or treating health professional will take into account several factors when suggesting the most suitable treatment. Regular contact with and ongoing assessment by a doctor to check that treatments are working effectively is an important part of becoming and staying well. Most people taking medication will also benefit from psychological therapies, which will reduce the likelihood of anxiety or depression coming back after the person has stopped taking the medication.

Who can assist?

General Practitioners (GPs) are the best starting point for someone seeking professional help. A good GP can:

- make a diagnosis
- check for any physical health problem or medication that may be contributing to the condition
- discuss available treatments
- work with the person to draw up a Mental Health Treatment Plan so he or she can get a Medicare rebate for psychological treatment
- provide brief counselling or, in some cases, psychological therapies



- prescribe medication
- refer a person to a mental health specialist such as a psychologist or psychiatrist.

It is recommended that people consult their regular GP or another GP in the same clinic, as medical information is shared within a practice.

Psychologists are health professionals who provide psychological therapies such as cognitive behaviour therapy (CBT) and interpersonal therapy (IPT). Psychologists are not doctors and cannot prescribe medication in Australia.

Psychiatrists are doctors who specialise in mental health. They can make medical and psychiatric assessments, conduct medical tests, provide therapy and prescribe medication. Psychiatrists often use psychological treatments such as CBT, IPT and/or medication. If the condition requires hospital admission, a psychiatrist will be in charge of the person's treatment.

Mental health nurses are specially trained to care for people with mental health conditions. They work with psychiatrists and GPs to review a person's mental health, monitor medication and provide information about mental health conditions and treatment. Some have training in psychological therapies.

Accredited Mental Health Social Workers

Workers specialise in working with and treating mental health conditions. Many are registered with Medicare to provide focused psychological strategies, such as CBT, IPT, relaxation training, psycho-education and interpersonal skills training. Accredited Mental Health Social Workers draw on a range of theories and therapeutic approaches to work holistically with people to support their recovery and help them to effectively manage or change the situations that may contribute to mental health conditions.

Occupational therapists in mental health

help people who, because of a mental health condition, have difficulty participating in normal, everyday activities. Some occupational therapists are registered with Medicare to provide focused psychological strategies.

Aboriginal and Torres Strait Islander health workers

understand the health issues of Indigenous people and what is needed to provide culturally safe and accessible services. Some may have undertaken training in health and psychological therapies. Support provided by Aboriginal and Torres Strait Islander health workers might include, but is not limited to, case management, screening, assessment, referrals, transport to and attendance at specialist appointments, education, improving access to mainstream services, advocacy, counselling, support for family and acute distress response.



The cost of treatment from a mental health professional varies. However, in the same way that people can get a Medicare rebate when they see a doctor, they can also get part or all of the consultation fee subsidised when they see a mental health professional for treatment of anxiety or depression. For more information visit www.beyondblue.org.au/get-support

To find a mental health practitioner in your area, visit www.beyondblue.org.au/find-a-professional or call the *beyondblue* Support Service on 1300 22 4636.

Helpful strategies and tips

Coping with a chronic physical illness and its treatments can be challenging enough, but if you experience mental health conditions as well, it can be very difficult to work out how to manage – both emotionally and practically. Remember, you don't have to sort everything out at once. It may take some time to deal with each issue. Ask for help if you need it – your doctor or other health professional can refer you to a mental health professional who has special training or experience in supporting people with chronic physical illness. Remember, it's important to seek support early – the sooner the better.

The following tips may be helpful in managing depression and anxiety:

- Speak to your doctor about your concerns and discuss treatment options. Make sure you attend all of your appointments and have regular check-ups.
- Learn as much as you can about depression and the chronic physical illness.
- Accept help, support and encouragement from family and friends.
- Avoid feeling isolated by becoming involved in social activities, if you are able.
- Talk to others who are going through a similar experience, such as in a peer support group.

It's important to be kind to yourself, eat well, get regular exercise if you are able, try to get enough sleep and avoid alcohol. Make time for activities that you enjoy and allow yourself time to relax. You can find helpful tips for recovery and staying well at www.beyondblue.org.au/staying-well

Advice for family and friends

When a person has a chronic physical illness and anxiety or depression, it can affect family members and friends.

You may be at increased risk of anxiety and/or depression, so it's important that you look after your own health by doing the following:

- Make sure you eat well, exercise regularly, get enough sleep and avoid alcohol and other drugs.
- Allow yourself time to relax and do what you enjoy. Plan activities like social outings and exercise.
- Look for symptoms of anxiety and depression in yourself and seek support at the earliest sign.
- Seek support from professionals. This may involve having counselling or attending a carer support group.
- Find ways to ease the load, for example take Carer's Leave from work.
- Involve other family members and friends and accept offers of help and encouragement.
- Acknowledge you are going through a difficult time and are likely to experience periods of grief.
- Remember that allowing others to help is not a sign of weakness – rather it is an act of generosity to allow them to show their concern and support for you.

For more information, see www.beyondblue.org.au/supporting-someone or by calling 1300 22 4636.

References

- ¹ Australian Bureau of Statistics (2008). 2007 *National Survey of Mental Health and Wellbeing: Summary of Results* (4326.0). Canberra: ABS.
- ² Bunker, S.J., Colquhoun, D.M., Esler, M.D. et al (2003). Stress and coronary heart disease: psychosocial risk factors. National Heart Foundation of Australia position statement update. *Medical Journal of Australia*, 178, pp.272-276.
- ³ Roest, A.M., Martins, E.J., de Jonge, P et al (2010). Anxiety and risk of incident coronary heart disease. A meta-analysis. *J Am Coll Cardiol*, 56, pp.38-46.
- ⁴ Australian Institute of Health and Welfare (2012). *Australia's health no. 13*. Cat. no. AUS 156. Canberra: AIHW.
- ⁵ Deloitte Access Economics (2013). *The economic impact of stroke in Australia*. Melbourne: National Stroke Foundation.
- ⁶ Cancer Council (2013). *How many Australians get cancer?* Accessed 13 December 2013, <<http://www.cancer.org.au/about-cancer/faq.html>>.
- ⁷ Cancer Council (2014). *What are the most common cancers?* Accessed 15 April 2014, <<http://www.cancer.org.au/about-cancer/faq.html>>.
- ⁸ Couper, J.W., Block, S., Love, A., Duchesne, G., Macvean, M., Kissane, D.W. (2006). The psychological impact of prostate cancer on patients and their partners. *Medical Journal of Australia*, 185(8), pp.428-432.
- ⁹ Burgess, C., Cornelius, V., Love, S., Graham, J., Richards, M., Ramirez, A. (2005). Depression and anxiety in women with early breast cancer: five year observational cohort study. *British Medical Journal*, 330(7493), pp. 702.
- ¹⁰ Forbes, J.M., Cooper, M.E. (2013). Mechanisms of diabetic complications. *Physiological reviews*, 93.1, pp.137-188.
- ¹¹ Speight, J., Browne, J.L., Holmes-Truscott, E., Hendrieckx, C., Pouwer, F. (2011). On behalf of the Diabetes MILES – Australia reference group. *Diabetes MILES – Australia 2011 Survey Report*. Melbourne: Diabetes Australia.
- ¹² Australian Bureau of Statistics (2012). *Australian Health Survey: First Results, 2011–12* (4364.0.55.001). Canberra: ABS.
- ¹³ Deloitte Access Economics (2007). *Painful realities: The economic impact of arthritis in Australia in 2007*. Sydney: Arthritis Australia.
- ¹⁴ Arthritis Australia (2011). *Arthritis and emotions*. Accessed 22 July 2013, <www.arthritisaustralia.com.au/images/stories/documents/info_sheets/2011/2011_updates/General_Information/Arthritis_and_Emotions.pdf>.
- ¹⁵ Henry, M.J., Pasco, J.A., Nicholson, G.C., Kotowicz, M.A. (2011). Prevalence of osteoporosis in Australian men and women: Geelong Osteoporosis Study. *Medical Journal of Australia*, 195 (6), pp. 321-322.
- ¹⁶ Jacka, F.N., Pasco, J.A., Henry, M.J., Korn, S., Williams, L.J., Motowicz, M.A., Nicholson, G.C., Berk, M. (2007). Depression and bone mineral density in a community sample of men: Geelong Osteoporosis Study. *Journal of Men's Health and Gender*. Vol. 4 (3), pp.292-297.
- ¹⁷ Australian Institute of Health and Welfare (2007). *Impairments and disability associated with arthritis and osteoporosis*. Arthritis series no. 4. Cat. no. PHE 90. Canberra: AIHW
- ¹⁸ Australian Centre for Asthma Monitoring (2011). *Asthma in Australia 2011: with a focus chapter on chronic obstructive pulmonary disease*. Asthma series no. 4. Cat. no. ACM 22. Canberra: AIHW. Accessed 7 August 2013, <www.aihw.gov.au/publication-detail/?id=10737420159>.
- ¹⁹ Australian Bureau of Statistics (2011). *Facts at your fingertips: Health: Characteristics of bodily pain in Australia* (4841.0). Canberra: ABS.
- ²⁰ Schofield et al. (2012). *Quantifying the productivity impacts of poor health and health interventions*, Health Economics, University Sydney.
- ²¹ Blyth, F., March, L., Brnabic, A., Jorm, L., Williamson, M., Cousins, M. (2001). *Chronic Pain in Australia: a prevalence study*. *Pain*, Vol. 89, pp.127-134.
- ²² Commonwealth of Australia, 2006. *National Activities in Suicide Bereavement Project*: Canberra, Department of Health and Ageing.
- ²³ Tang, N. & Crane, C., 2006. *Suicidality in chronic pain: a review of the prevalence, risk factors and psychological links*. *Psychological Medicine*, Vol. 36, pp.575-586.
- ²⁴ Australian Institute of Health and Welfare (2012). *Dementia in Australia*. Canberra: AIHW.
- ²⁵ Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) Australia (Victoria) 2011. Accessed 7 April 2014, <www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Chronic_fatigue_syndrome>.
- ²⁶ Royal Australian College of Physicians (2002). *Chronic Fatigue Syndrome Clinical Practice Guidelines*. Sydney: Royal Australasian College of Physicians.
- ²⁷ Cohen, M., Quintner, J., Buchanan, D., Nielsen, M., Guy, L. (2011). Stigmatisation of patients with chronic pain: the extinction of empathy. *Pain Medicine*.



Where to find more information

beyondblue

www.beyondblue.org.au

Learn more about anxiety, depression and suicide prevention, or talk through your concerns with our Support Service. Our trained mental health professionals will listen, provide information and advice, and point you in the right direction so you can seek further support.

 1300 22 4636

 Email or  chat to us online at www.beyondblue.org.au/getsupport

mindhealthconnect

www.mindhealthconnect.org.au

Access to trusted, relevant mental health care services, online programs and resources.

Alzheimer's Australia

www.fightdementia.org.au

1800 100 500

Provides advocacy, support services, education and information about dementia

Arthritis Australia

www.arthritisaustralia.com.au

1800 111 101

Information about arthritis

Asthma Foundations of Australia

www.asthmaaustralia.org.au

1800 645 130

Information, advice, education, counselling and support for people with asthma

Pain Australia

www.painaustralia.org.au

1300 340 357

Provides information and support services to prevent and manage pain

Diabetes Australia

www.diabetesaustralia.com.au

1300 136 588

Information about diabetes

Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) Australia

www.mecfs.org.au

03 9529 1344

Information about ME/CFS

National Heart Foundation of Australia

www.heartfoundation.org.au

1300 36 27 87

Information on a range of heart-health topics

National Stroke Foundation

www.strokefoundation.com.au

1800 787 653

Information on stroke

Osteoporosis Australia

www.osteoporosis.org.au

1800 242 141

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