

Living with a long-term health condition affects more than your body.

The worry, frustration, or low mood that can come with ongoing illness is real and common. This resource looks at why physical and mental health are connected, and small steps that can help. If this feels personal, that makes sense, and support is available.

WHY THIS HAPPENS

It is not all in your head

Living with a long-term health condition asks a lot of you. Appointments, symptoms, medication, and uncertainty take up space. So can the worry, frustration, or low mood that often comes with them.

If your mental health has shifted since your diagnosis, you are not imagining it, and you are not alone. Anxiety and low mood are more common in people with ongoing conditions, and this is a recognised part of living with illness, not a sign that you are not coping.

You might notice it as less energy for things you used to manage, worry about your health that is hard to switch off, or quietly pulling back from people. These are understandable responses, not character flaws.

RESEARCH CONTEXT

Across conditions such as heart disease, diabetes, and respiratory illness, depression and anxiety occur more often than in the general population, and the two appear to be linked through shared pathways in the body, including stress and inflammation (Scott et al., 2023; Prigge et al., 2022).

The link runs both ways. A condition can affect your mood, and low mood or anxiety can make it harder to sleep, stay active, or keep up with treatment. So caring for your emotional health is part of caring for your physical health, not something separate.

WORKING WITH IT, NOT AGAINST IT

Some days will be harder than others, and that is expected. The aim is not to feel positive all the time. It is to give the emotional side of your health the same attention you give the physical side.

WHAT CAN HELP

Small, steady steps

You do not need to change everything at once. Often the most useful place to start is noticing how you are, and letting someone know.

Ask yourself:

- 1 **Since my diagnosis**, how have I been in myself, not just physically?
- 2 **What has changed** about how I live, and how do I feel about it?
- 3 **What have I not yet said out loud** to anyone?

THE GOAL

Not to fix everything at once, but to treat the emotional side of your health as **real and worth attention**.

Other things that may help:

- **Stay connected.** Time with people you trust protects your mood. Even brief contact counts.
- **Find a support group.** Connecting with others who live with your condition, in your area or online, can help you feel less alone.
- **Move within your limits.** Gentle activity that suits your energy can support body and mood. Ask your GP what is safe for you.
- **Pace yourself.** Spreading activity across the day, and resting before you are exhausted, is a skill.
- **Tell your GP how you are.** Mention the emotional side, not only the physical. They can point you to support.
- **Consider talking therapy.** Support alongside your medical care is associated with improvements in mood and anxiety for people with chronic conditions (Scott et al., 2023).

C Connected

Your physical and emotional health move together. Looking after your mood is part of looking after your health, not a distraction from it.

E Expected

Feeling low, worried, or worn down is a common response to a long-term condition. It does not mean you are not coping.

S Support

You do not have to carry the emotional side alone. Your GP or a psychologist can help, alongside your medical care.

If you need support now

LIFELINE

13 11 14

24/7 crisis support and suicide prevention

BEYOND BLUE

1300 22 4636

Anxiety, depression and low mood, 24/7

MINDSPOT

1800 61 44 34

Free phone and online therapy, including for distress linked to chronic illness

If you are experiencing thoughts of suicide or self-harm, please contact Lifeline (13 11 14) or attend your nearest emergency department.

This resource is for general information only. It does not constitute clinical advice and is not a substitute for consultation with a registered health professional. Please speak with your GP or a registered psychologist about what is right for your situation.

References: Scott, A. J., Bisby, M. A., Heriseanu, A. I., Salameh, Y., Karin, E., Fogliati, R., Dudeney, J., Gandy, M., McLellan, L. F., Wootton, B., McDonald, S., Correa, A., Titov, N., & Dear, B. F. (2023). Cognitive behavioral therapies for depression and anxiety in people with chronic disease: A systematic review and meta-analysis. *Clinical Psychology Review*, 106, 102353. · Prigge, R., Wild, S. H., & Jackson, C. A. (2022). Depression, diabetes, comorbid depression and diabetes and risk of all-cause and cause-specific mortality. *Diabetologia*, 65(9), 1450–1460. · Australian Bureau of Statistics. (2023). *National Study of Mental Health and Wellbeing, 2020–2022*.