The Importance of Recognizing Depression
Overview

- Depression and the human condition
- Prevalence, Disability, and Stigma
- When Depression becomes a clinical condition requiring treatment
- Defining Depression
- Causes - Risk Factors
- Types of Depression
- Evidenced Based Treatments
- Self Help and Supportive Strategies
- Primary Care I-Behavioral Health
- Community Resources
Depression and the Human Condition

- Ubiquitous and Common
- Part of human experience and normal human suffering
- The psychology of spiritual growth
  - *The Dark of Night of the Soul*
  - *Valley of the Shadow of Death*
- When does Depression become clinically significant?
  - Frequency – Intensity – Duration
- Affects on Work and Relationships
- Disability (lost days, weeks, months, years..)
Prevalence and Disability

World Health Organization:

- Affects 121 Million Worldwide
  - 850,000 deaths yearly

- Leading Cause of Disability in YLD’s Worldwide
  - Leading Cause of Disability for 15-44 age group in U.S.

- By 2020 predicted to be:
  - 2nd most common health issue in the world
  - 2nd place in DALY’s for all ages and both sexes

(YLD-yrs. lived w/disability, DALY-disability adj. life yrs.)
Age-standardized* percentage of adults meeting criteria for current depression,\(^\wedge\) by state/territory — Behavioral Risk Factor Surveillance System, United States, 2006 and 2008\(^\$\)

* Age standardized to the 2000 U.S. standard population.
\(^\wedge\) Based on responses to Patient Health Questionnaire 8.
\(^\$\) Data presented were collected by 16 states in 2006 and by 29 different states, the District of Columbia, and two territories in 2006. Five states (Kentucky, New Jersey, North Carolina, Pennsylvania, and South Dakota) did not participate in either year. Nine states (Hawaii, Kansas, Louisiana, Maine, Mississippi, Nebraska, North Dakota, Vermont and Washington) participated in both years, but only 2008 data were included.
Figure 1. Percentage of persons 12 years of age and older with depression by demographic characteristics: United States, 2005–2006

- Total: 5.4%
- Age:
  - 12–17: 4.3%
  - 18–39: 4.7%
  - 40–59: 7.3%
  - 60 and older: 4.0%
- Sex:
  - Female: 6.7%
  - Male: 4.0%
- Race and Hispanic origin:
  - Mexican American: 6.3%
  - Non-Hispanic black: 4.8%
  - Non-Hispanic white: 8.0%

*Significantly different from all other age groups.
*Significantly different from men.
*Significantly different from non-Hispanic white persons.

SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey.
Stigma

• Societal
  “Mental Illness is nothing to be ashamed of, but stigma and bias shame us all ”
  Bill Clinton

• Faith Based
  Personal Sin, Spiritual Failing, Demons
  Failure of Intellect or Will / Social Failure
What is Depression?

**DIAGNOSTIC CRITERIA FOR MAJOR DEPRESSION DSM-IV-R**

5 of 9 symptoms lasting 2 weeks or longer

1. Depressed mood most of the day (e.g., feels sad or empty or appears tearful). **Note:** In children and adolescents, can be irritable mood.

2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.
What is Depression?

3. Significant weight loss when not dieting or weight gain **Note:** in children, consider failure to make expected weight gains.

4. Insomnia or hyper-somnia nearly every day

5. Psychomotor agitation or retardation nearly every day (i.e., Moving or speaking so slowly that other people could have noticed. Or the opposite; being so fidgety or restless that you have been moving around a lot more than usual)
What is Depression?

6. Fatigue or loss of energy nearly every day
7. Feelings of worthlessness or excessive or inappropriate guilt
8. Diminished ability to think or concentrate, or indecisiveness, nearly every day
9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide
More Signs and Symptoms

**Emotions**
- Sadness, anxiety, guilt, anger, mood swings, lack of emotional responsiveness, feelings of helplessness, hopelessness, irritability

**Thoughts**
- Frequent self-criticism, self-blame, pessimism, impaired memory and concentration, indecisiveness and confusion, tendency to believe others see one in a negative light, thoughts of death and suicide
More Signs and Symptoms

Behaviors
Crying spells, withdrawal from others, neglect of responsibilities, loss of interest in personal appearance, loss of motivation, slow movement, use of drugs and alcohol

Physical
Fatigue, lack of energy, sleeping too much or too little, overeating or loss of appetite, constipation, weight loss or gain, headaches, irregular menstrual cycle, loss of sexual desire, unexplained aches and pains
Risk Factors

- Distressing and uncontrollable event
- Exposure to stressful life events
- Difficult childhood
- Ongoing stress and anxiety
- Another mental illness
- Previous episode of depression
- Family history
- More sensitive emotional nature
Risk Factors

• Illness that is life threatening, chronic, or associated with pain
• Medical conditions
• Side effects of medication
• Recent childbirth
• Premenstrual changes in hormone levels
• Lack of exposure to bright light in winter
• Chemical (neurotransmitter) imbalance
• Substance misuse
Types of Depression

• Major Depressive Disorder (several types)
• Post Partum Depression
• Adjustment to Life Changes, i.e., stressors
• Bi-Polar Depression
• Seasonal
Evidenced Based Treatments

• Cognitive Behavioral Therapy
• Acceptance and Commitment Therapy (ACT)
• Mindfulness Based Cognitive Therapy
• Trauma Informed Therapies, e.g., EMDR
• Narrative Therapies
• Motivational Interviewing (MI)
Evidence Based Treatments

• Medications
  – SSRI’s (Prozac, Zoloft, Celexa, Lexapro)
  – SNRI’s (Pristiq, Effexor, Cymbalta)
  – Tricyclics (Elavil, Pamelor, Sinequan)
  – MAOI’s (Nardil, Marplan, Eldepryl)
  – Wellbutrin

• Electroconvulsive Therapy- ECT

• Light Therapy- for SAD
Self Help and Supportive Strategies

- Based upon personal preference
- Values, dreams or aspirations
- Activities that were once important or brought pleasure and interest
- Developing a self management plan and/or tools to prevent relapse
Self Help and Supportive Strategies

- Exercise and physical activity
- Healthy Sleep Hygiene
- Social Engagement
- Faith Based Community
- Healthy Nutrition
- Peer Support Groups
- Dance, Art, Music
Self Help and Supportive Strategies

- Complimentary and Alternative Medicine
- Acupuncture, Massage Therapy, Reiki,
- Yoga
- Cultural Activities
- Relaxation practices
- Meditation and prayer
- Hobbies and meaningful activities
Primary Care Behavioral Health

- Psycho-Education
- Supportive Counseling, e.g., ACT
- Self Management Planning with MI
  - Physical activity
  - Social engagement – especially with supportive people
  - Good nutrition
  - Doing pleasant activities
  - Relaxing activities
- Consulting with Medical Provider
- Identification and Referral to outside specialist and/or community resources
Community Resources

• Crisis Line 622-6000 or 800-796-6762
  – Tucson 24/7 Resources:
    • SAMHC (Southern Arizona Mental Health Corporation)
    • Crisis Response Center

• CPSA Member Services
  – (520) 318-6946 –OR- 1-800-771-9889

• Mental Health First Aid Trainings

• ASIST (Applied Suicide Intervention Skills Training)
  – Contact CPSA for more info
Presenter’s Contact Information

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