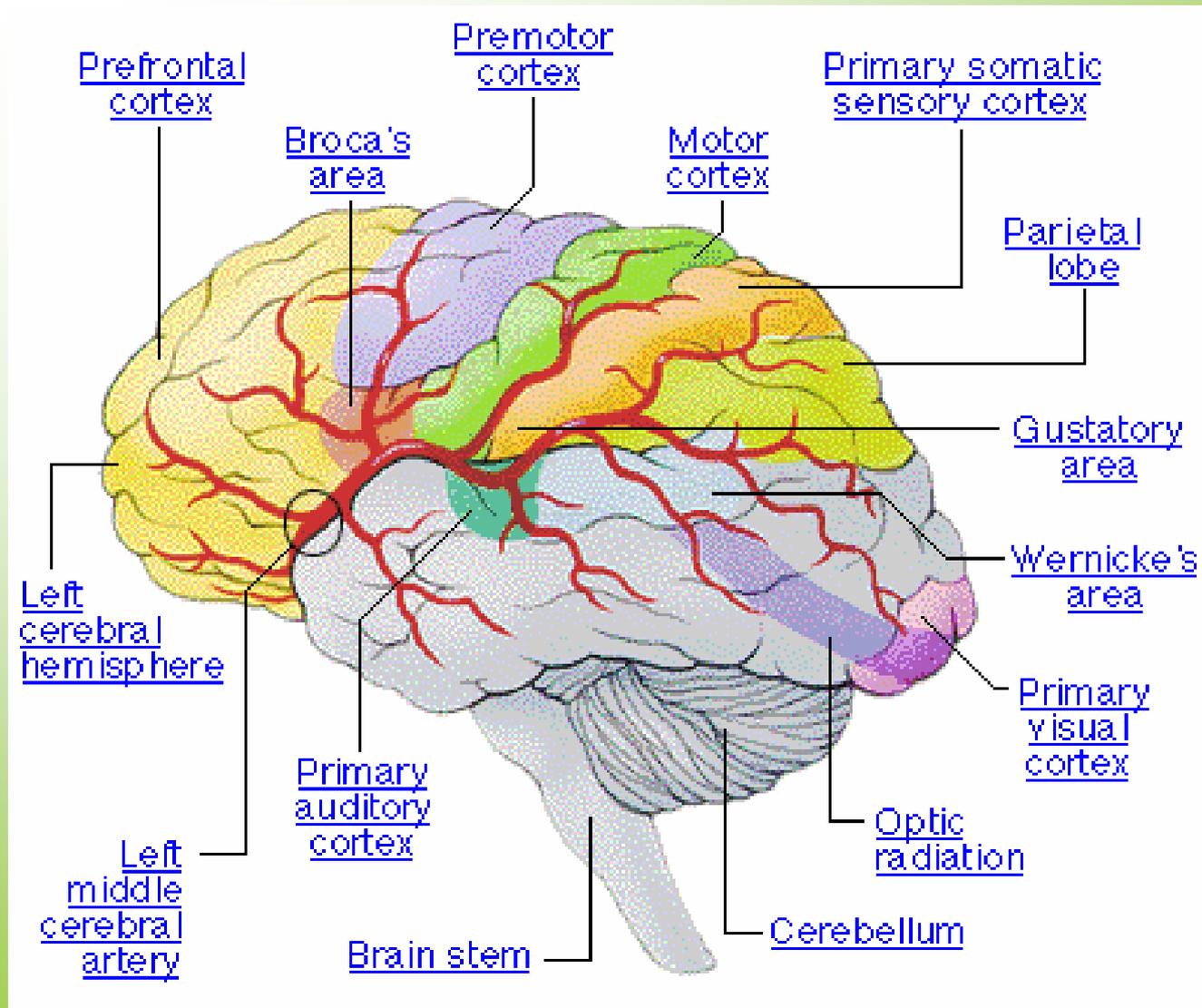


Mental Health & Coping: *Discussing Depression with Diverse High School Students*



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What is Good Mental Health?



Emotions...

- A difficult concept to define
- Many different emotions such as happiness, anger, frustration, shame, fear, etc.

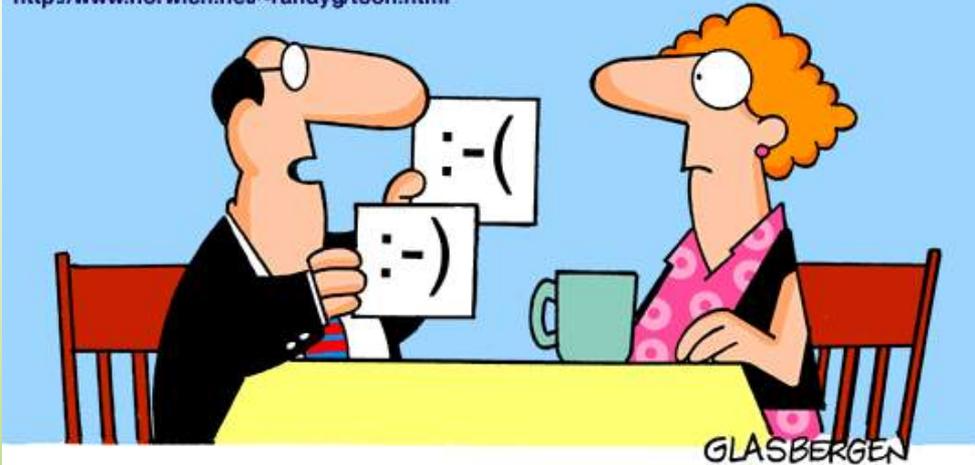


Situation → Appraisal → Action & Perception of Action

Cognitive aspect of Emotion

Feeling aspect of Emotion

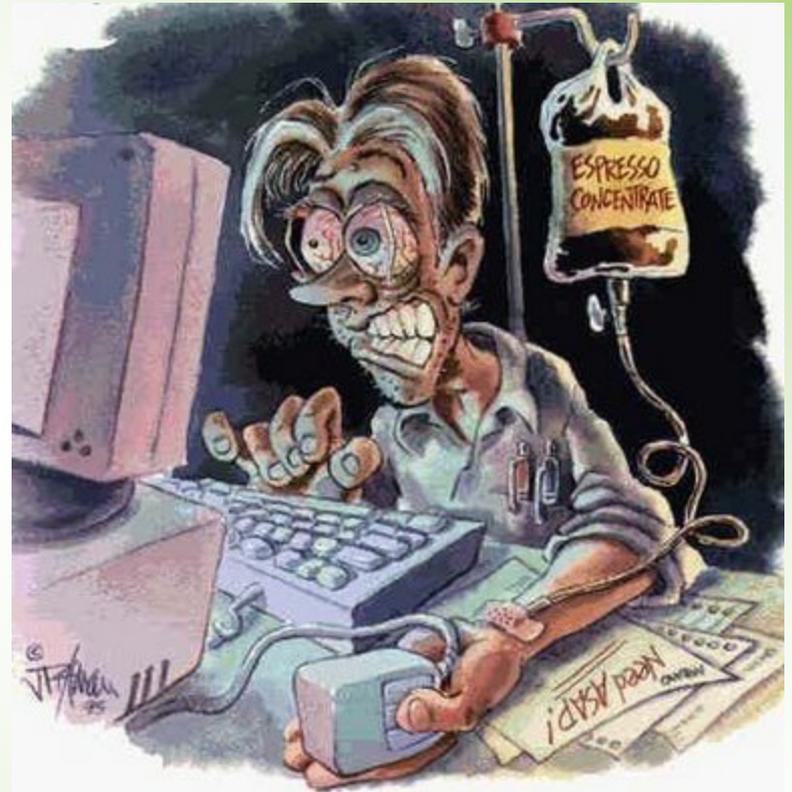
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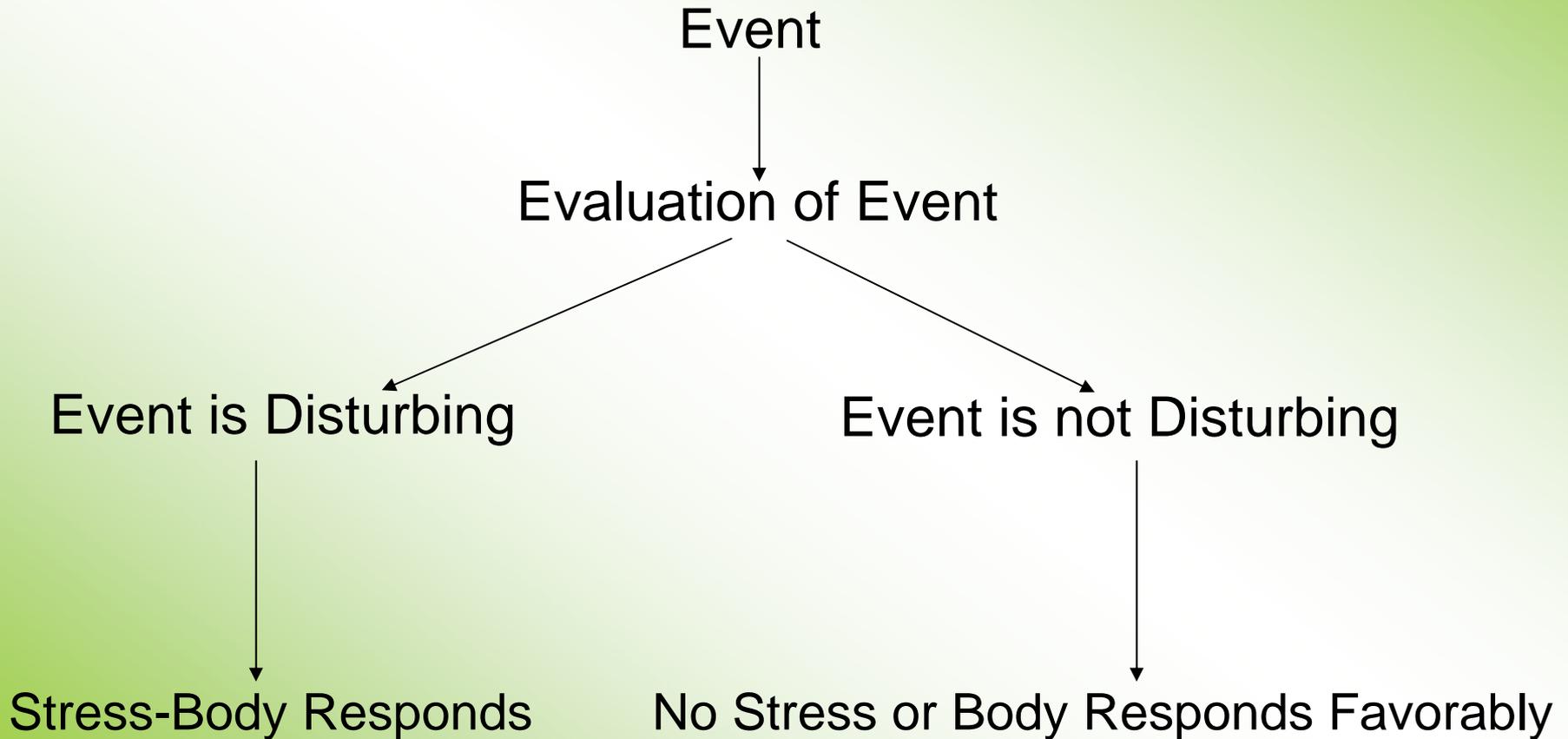
“You always complain that I don’t know how to show my emotions, so I made these signs.”

Stress...

- According to Hans Selye, **stress** is the nonspecific response of the body to any demand made upon it
- Stress can be positive or negative



Appraisal & Response



Is it Good to Have Emotions?



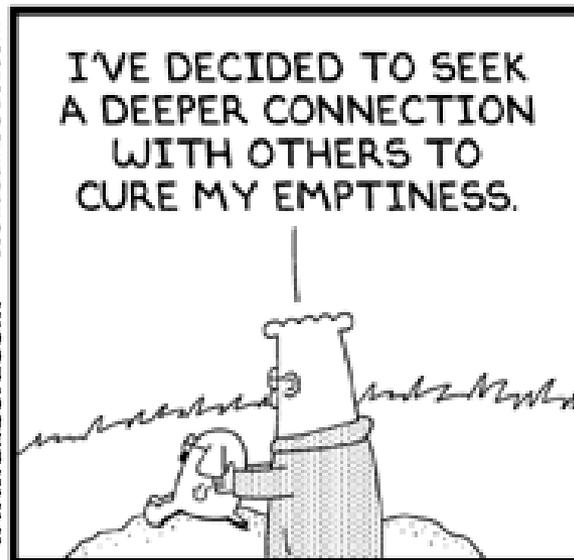
- How can you respond to stress in a favorable way?

Major Depression...

- *A extreme condition, persisting **most of each day** for **at least 2 weeks**, usually more, during which the person experiences little pleasure (anhedonia), and little motivation for any productive activity.*



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DSM-IV-TR~

The Diagnostic & Statistical Manual of Mental Disorders (Fourth Edition, Text Revised)

A. Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning, and at least one of the symptoms is either:

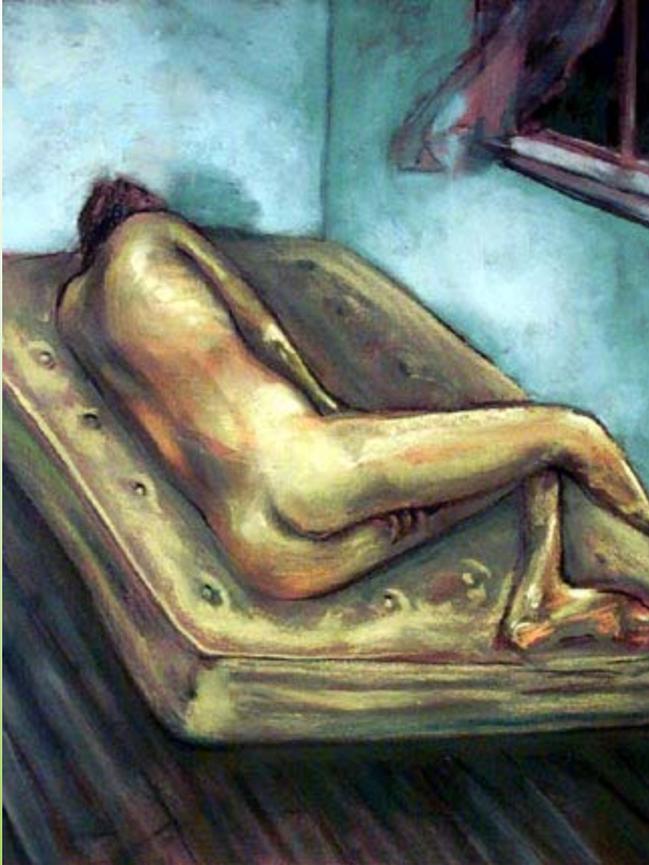
- Depressed Mood, or
- Loss of Interest or Pleasure

Symptoms of Depression...

1. Depressed mood most of the day, nearly all day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful). **Note:** In children & adolescents, can be irritable mood).

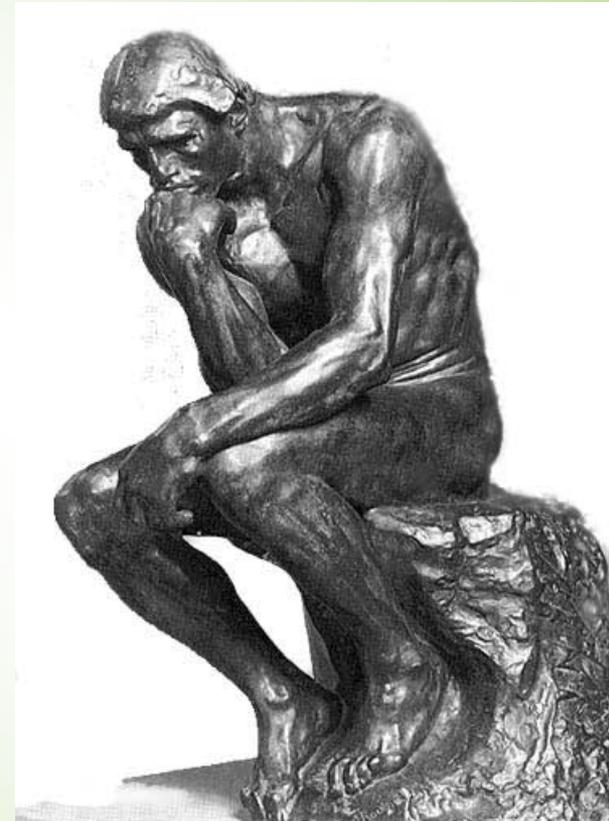


2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly all of the day.



3. Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight/month), or decrease or increase in appetite nearly everyday.
4. Insomnia or hypersomnia nearly everyday.
5. Psychomotor agitation or retardation nearly everyday
6. Fatigue or loss of energy nearly everyday

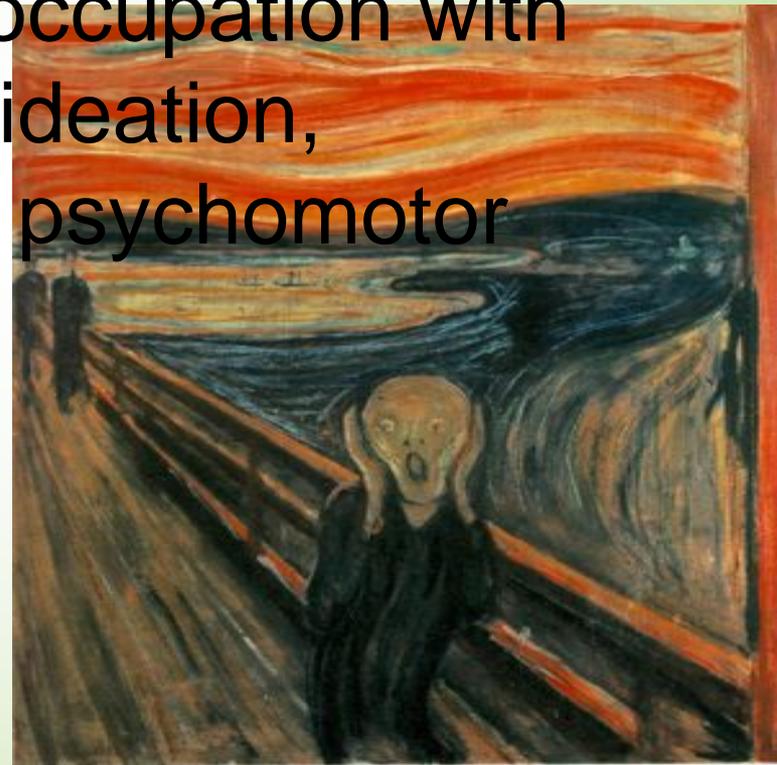
7. Feelings of worthlessness or excessive or inappropriate guilt nearly everyday.
8. Diminished ability to think or concentrate or indecisiveness nearly everyday.
9. Recurrent thoughts of death, recurrent suicidal ideation without a specific plan or a suicide attempt or a specific plan for committing suicide.



DSM-IV-TR Criteria for Depression...

- B. Symptoms do not meet criteria for a Mixed Episode
- C. Symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning
- D. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hypothyroidism)

E. The symptoms are not better accounted for bereavement, i.e., after the loss of a loved one, the symptoms persist for longer than 2 months or are characterized by marked functional impairment, morbid preoccupation with worthlessness, suicidal ideation, psychotic symptoms, or psychomotor retardation



Causes of Depression

- Depression has no single cause and often, may results from a combination of things
- Is very complicated—is not just a state of mind, related to physical changes in the brain, and connected to an imbalance of a type of chemical (neurotransmitters) that carries signals in your brain and nerves.
- May include issues surrounding genetics, environment and biology

Common Factors Involved in Depression

Stress

Day-to-day problems that may become overwhelming such as financial problems, relationship problems, changes in your life like a graduating high school, starting college, or new job

Trauma

The death of a loved one, a major accident, being robbed or assaulted or even threatened.

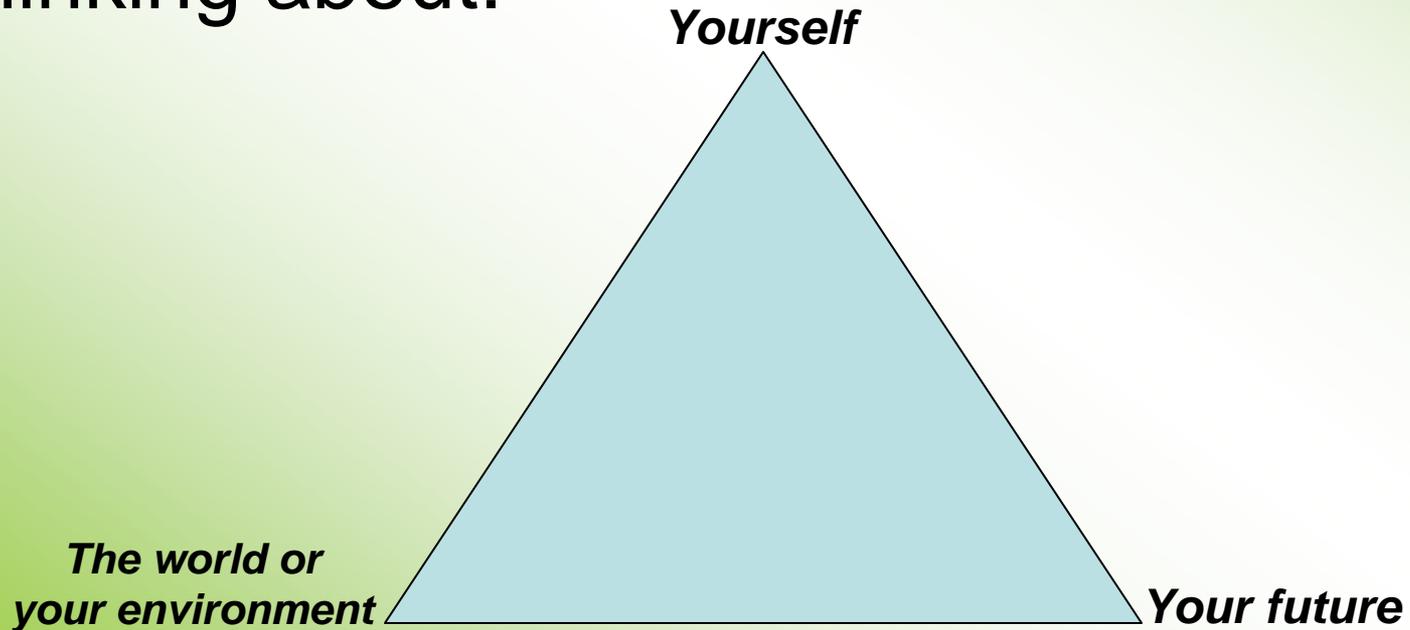
Physical Condition & Health

Serious or chronic medical conditions such as heart disease, cancer, and HIV. **Note:** Depression can make medical conditions worse since it weakens the immune system.

Cognitive Triad of Depression

Negative Thinking

Aaron Beck (a Psychiatrist) described the ***Cognitive Triad of Depression***-negative thinking about:



Family & Genetics

- Depression can be inherited
- What appears to be inherited is a *vulnerability* to depression. This means that if we have close relatives who have clinical depression, we may inherit a tendency to develop the illness. It does not mean that we are destined to become depressed

- If you have a parent or sibling that has had major depression, you may be 1.5 to 3 times more likely to develop the condition than those who do not have a close relative with the condition





Psychoanalytic Theory

Sigmund Freud

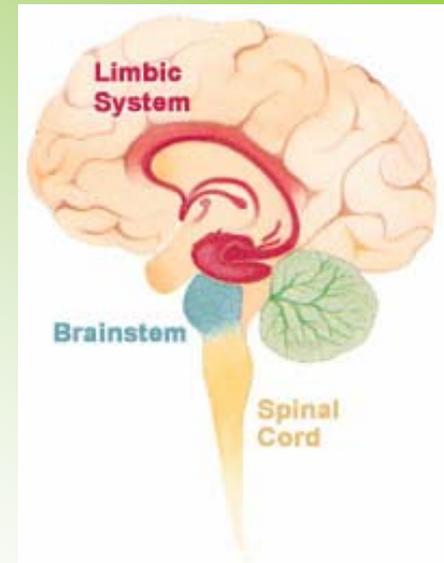
- Freud believed depression was a turning inward of aggression instincts (i.e., anger)
- He theorized that a child's early attachment to an object contains a mixture of love and hate
- When a child loses the object or their dependency needs are frustrated, feelings of loss coexist with anger
- The experience is turned inward and experienced as depression

Biology of Depression

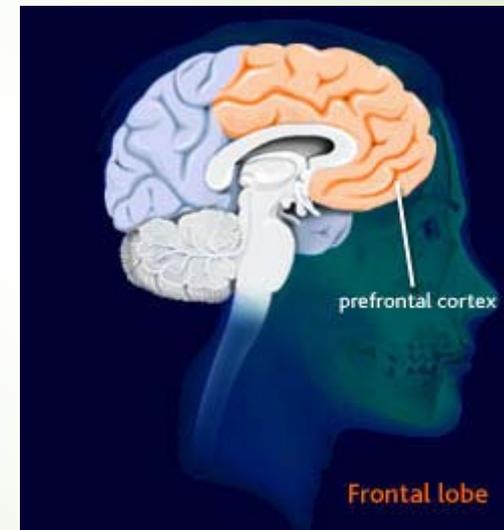
- Depression may be caused by imbalances of **neurotransmitters**, natural substances that allow brain cells to communicate with one another
 - Two transmitters implicated in depression are **serotonin** and **norepinephrine**
- Scientists think a deficiency in serotonin may cause the sleep problems, irritability, and anxiety associated with depression
- A decrease in the amount of norepinephrine, which regulates alertness and arousal, may contribute to the fatigue and depressed mood of the illness

- Other body chemicals also may be altered in depressed people
 - Among them is **cortisol**, a hormone that the body produces in response to stress, anger, or fear
 - In normal people the level of cortisol in the bloodstream peaks in the morning, then decreases as the day progresses
 - In depressed people, however, cortisol peaks earlier in the morning and does not level off or decrease in the afternoon or evening

- Increased blood flow to ***limbic areas*** (primarily responsible for our emotions & has a lot to do with the formation of memories)



- Decreased blood flow to ***prefrontal cortex*** (planning complex cognitive behaviors, personality expression, and moderating correct social behavior).



Who gets Depression?

- Depression is common from adolescence through old age
- About 5% of adults are depressed within any given year and 10-20% are depressed at some time in their life
- An episode of depression may last up to a few months, followed by a recovery period of months to years
- The earlier the appearance of depression and the longer the episode, the worse the prognosis
- Depression is 1.5-3 times more common among first-degree biological relatives of persons with this disorder than among the general population

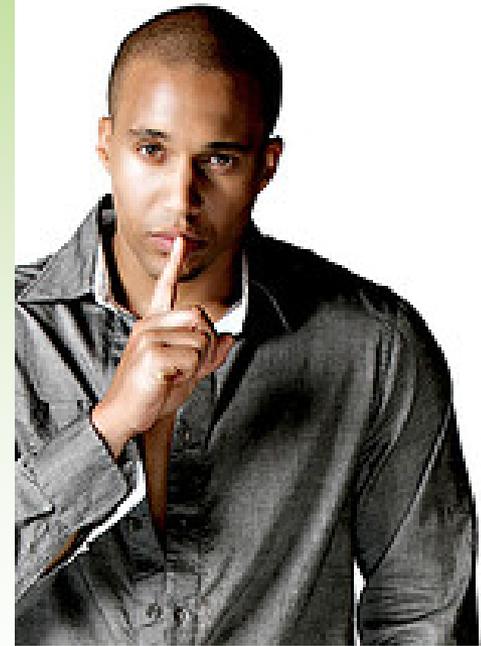
Women...

- Women are almost twice as likely to become depressed when compared to men



Men...

- Even though their risk is lower than women, men are more likely to go undiagnosed and less likely to seek help
- Even though they may show the typical symptoms of depression, they are more likely to be angry and hostile or to mask their condition with alcohol or drug abuse
- Suicide is an especially serious risk for men with depression, who are four times more likely than women to kill themselves



Elderly...

- Older people may lose loved ones and have to adjust to living alone; They may become physically ill and unable to be as active as they once were
 - These changes can all contribute to depression



- Loved ones may attribute the signs of depression to the normal results of aging, and many older people are reluctant to talk about their symptoms
 - As a result, older people may not receive treatment for their depression



Adolescents...

- Teens do experience depression
 - Historically, the teenage years have been described as a period of great change-physically and emotionally
 - Complaints of moodiness, rebelliousness, conflictual relationships and misunderstandings
- Rates of teen depression have been estimated between 5% and 15%

Major Depression & Health Disparities

Are some people more likely than others to have depression?

- ❖ **Health Disparity:** Health disparities are differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States
- ❖ **Racial disparity:** Especially in mental health treatment, is a difference across racial groups not justified by underlying in mental health status or patient treatment preferences

- Reasons for racial disparities are numerous
- Compared to whites, African Americans and Latinos are more likely to be poor, uninsured, or have restrictive insurance policies and to have limited means of transportation to reach health services
- Even after controlling for differences in insurance and socioeconomic status, African Americans and Latinos are less likely than whites to use outpatient mental health services



THE MAN IS OBVIOUSLY DELUSIONAL...HE THINKS HE SHOULD HAVE A DECENT JOB AND A GOOD CAR LIKE THE REST OF US!

Does it matter if people see a primary care doctor versus a mental health expert like a psychiatrist or psychologist?

- African Americans and Latinos are more likely to seek help from primary care clinicians than from mental health experts
 - However, in primary care settings, depression is less likely to be detected

Does Race/Ethnicity Influence the Care Given?

- White primary care physicians were twice as likely as African American physicians to diagnose depression
- Approximately 1 in 5 African American patients seek care from a physician outside of their own race
 - such differences can influence the overall rate of recognition

Does Communication Style Between Physician-Patient Matter in Diagnosis of Depression?

- Problems with communication may lead to misunderstandings, misdiagnosis, inappropriate treatments and premature termination of treatment
- Physicians may be more likely to minimize emotional symptoms of African Americans than White
- Depressed African American patients are more likely than white patients to have symptoms of poor physical health and pain and to have somatization
- African Americans were less likely to receive antidepressant medication for treatment

Strategies for Coping with Depression...

Start with the basics:

✓ Diet & Nutrition

- Make sure you are eating healthy; good nutrition is linked to overall health and well-being



✓ **Exercise** – benefits include:

- Reduces stress and depression
- Boost self-esteem
- Improves sleep
- Builds energy levels
- Improves muscle tone and strength
- Strengthens and builds bones
- Helps reduce body fat
- Stimulates the release of *endorphins* = *feel good*
- Strengthens the heart, makes the body better able to use oxygen, and lowers blood pressure



“What fits your busy schedule better, exercising one hour a day or being dead 24 hours a day?”

✓ Proper Rest/Sleep

- Effects of fatigue makes you feel irritable
- May affect circadian rhythms – sleep/wake cycle and cortisol

➤ *Sleep disturbance is a symptom of depression*



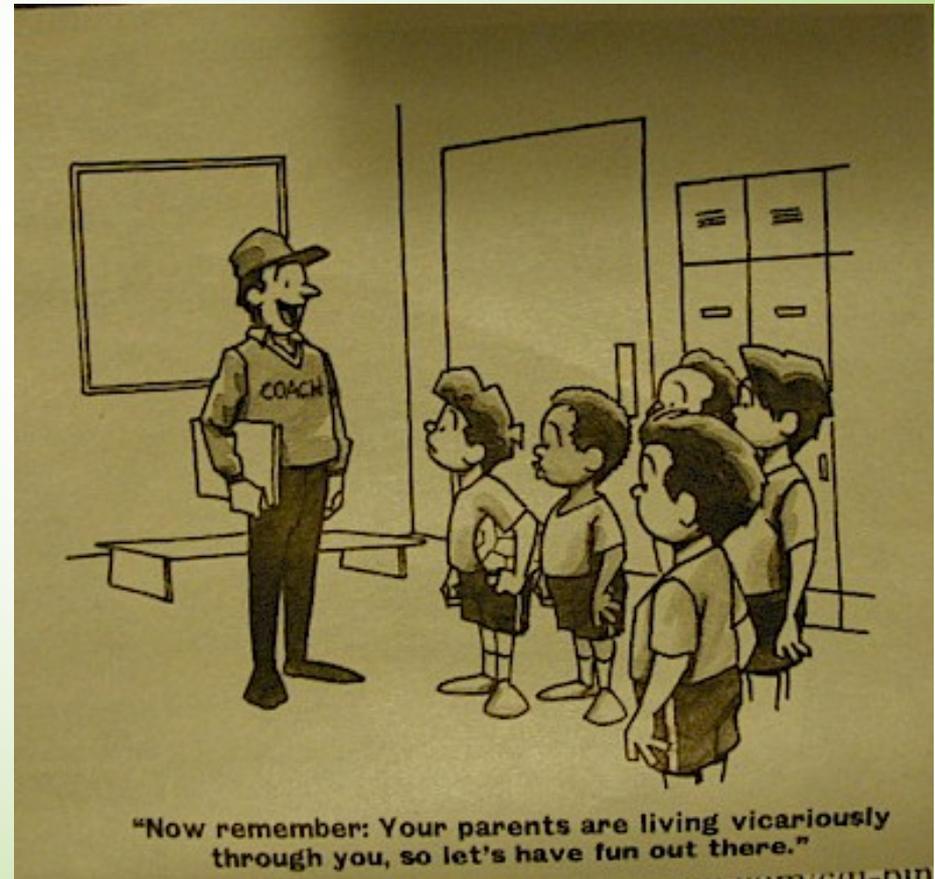
✓ Relaxation Techniques

- Meditation/reflexation and/or deep-breathing
- Relaxing music
- Reading
- Warm baths
- Quiet places



✓ Social Support

- Talking to family and friends
- Accessing resources like teachers, coaches, school counselors
- Support groups, especially for teens



✓ Accessing Mental Health Experts

- Therapists

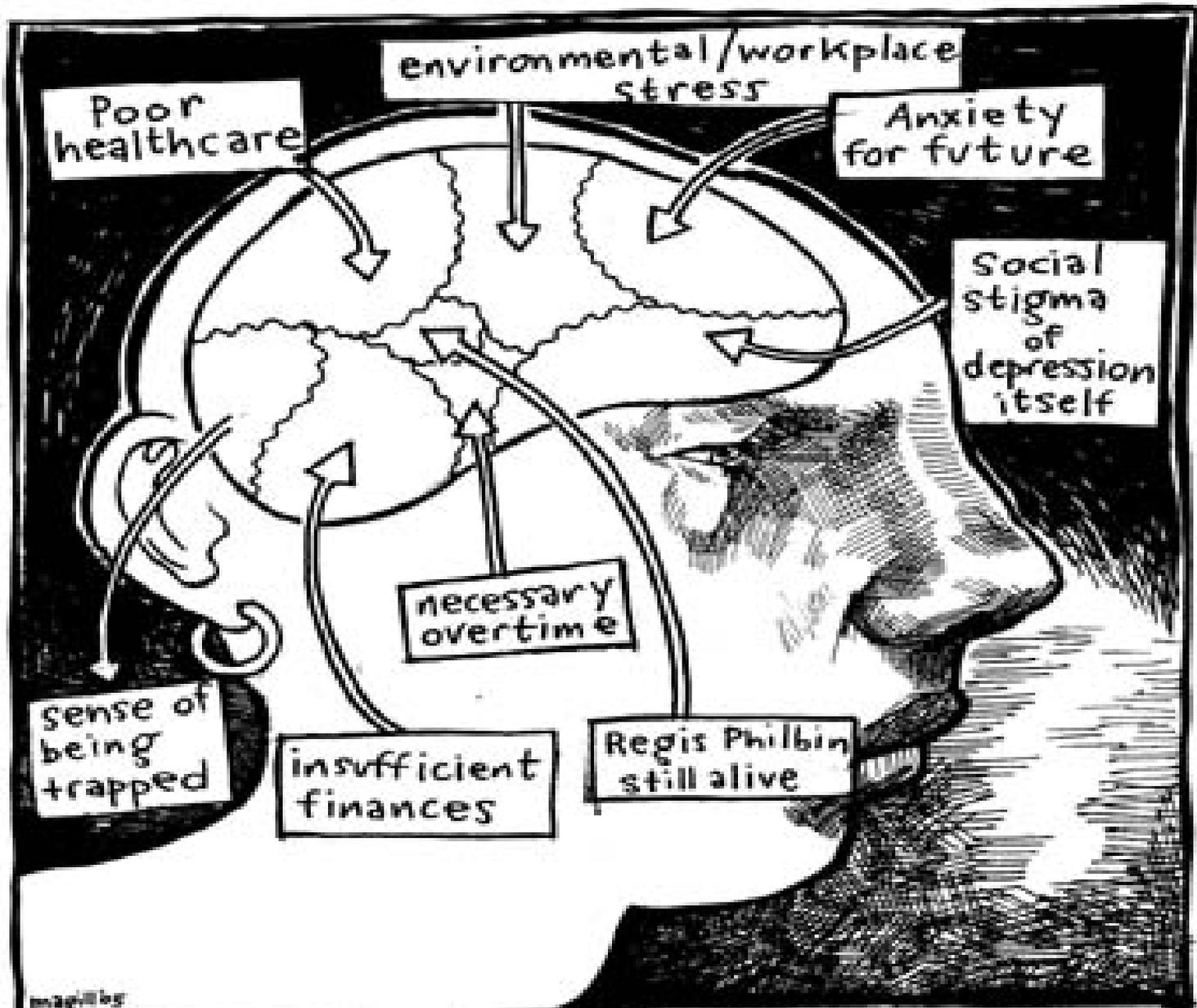
- ◆ Psychologist & Psychiatrist

- Therapy

- ◆ Tailored to the needs of the client

- Medication

- ◆ Antidepressants



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ANATOMY OF DEPRESSION.

My Treatment for Depression

