

# Depression Awareness Guide

*For Individuals and Families*

Western  
Health  
Advantage



**1-800-424-1778**

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# About Depression

## DEPRESSION: WHEN IT'S MORE THAN THE BLUES

Every year, more than 19 million Americans suffer from depression. It strikes men, women and children of all races and economic groups. A person can lose motivation, energy and pleasure for everyday life. Depression often goes untreated because people don't know the warning signs.

Depression can start as the blues and everyone gets the blues from time to time. Feeling sad on occasion is normal. If feelings of sadness linger or start to affect your daily routine, you may have more than just a case of the blues.

The blues usually result from a certain event and last only a short time. A bad day at work or an argument with a friend can make you feel sad or sorry for a while. Sadness can be a normal reaction to a trauma or loss, if the reaction is right for the cause.

However, for some people, sadness leads to depression and affects every part of their lives. They see and feel the bad side of everything. Depression is an illness that affects the way we eat, sleep and live our lives. Depression is not a sign of personal weakness or something that can be willed or wished away. People suffering from depression cannot just "snap out of it" and get better. Without care, symptoms can last for weeks, months or years. Depression is a serious health problem that affects feelings, thoughts and actions, and can seem like a physical illness.

The good news is that almost everyone who gets care can feel better soon.

## WHO GETS DEPRESSED?

Depression is a common illness, more common than you may think.

- Anyone can suffer from depression.
- It often goes unrecognized. In fact, two out of three people with depression do not seek help and suffer for no reason.
- Depression often occurs along with other medical conditions, other mental disorders and alcohol and/or other substance abuse.
- Depression is twice more likely to occur in women than in men.
- It occurs mostly between ages 20 and 40 when we are expected to be most productive, but is seen in all age groups, including children and the elderly.
- Depression runs in families.
- It is more likely to occur in separated and divorced people.
- It is more likely to be reported in unmarried vs. married men.

## WHAT CAUSES DEPRESSION?

Depression is generally not due to only one cause, but to a combination of physical and mental factors. Alcohol and/or other drug abuse can also cause depression.

It is important to know that:

- Depression is NOT YOUR FAULT.
- It is NOT caused by personal weakness.
- It is a medical condition that can be helped successfully.

## ALWAYS REMEMBER

- You are not alone.
- Depression is a medical condition, not a personal weakness or flaw.
- Help is available.
- Treatment WORKS!

Recognizing the problem is the first step in getting the help you or your loved one needs.

## THE GOOD NEWS

- Depression, when recognized, can be treated and can even save lives. It is, in fact, one of the most treatable illnesses.
- About 80 percent of people with depression recover successfully.
- With the right help, you will usually feel better in a few weeks.

# Common Signs of Depression

People who are depressed have symptoms all the time, every day, or almost every day, for at least two weeks. These symptoms are:

- Constant sad mood or feelings of emptiness.
- Loss of energy, tiredness, feeling like you are moving more slowly than usual.
- Loss of interest in things you used to enjoy, including sex.
- Having a hard time falling asleep or staying asleep; even oversleeping can point to depression.
- Changes in how you eat—loss of appetite or unexplained weight loss or weight gain.
- Having a hard time concentrating, remembering or making decisions.
- Bad temper.
- Crying a lot.
- Anxiety.
- Feeling hopeless or helpless.
- Feeling guilty or worthless.
- Thinking about hurting yourself or having suicidal thoughts.

Sometimes physical signs can point to depression, such as constant:

- Headaches.
- Aches and pains.
- Sexual problems.
- Digestive problems.

Depression affects every aspect of a person's life. Many times, people do not get help for their depression because they don't think they have depression, they blame themselves or feel embarrassed to ask for help. Many people do not know or believe that, with help, they can get better.

# The Importance of Depression Screening

## WHY SCREEN FOR DEPRESSION?

- Depression can lead to serious medical illnesses.
- Depression can lead to suicide.
- Sometimes people with depression mistakenly believe that the symptoms of depression are a normal part of life.
- Depression affects men and women of all ages, races and socioeconomic groups.
- One in four women and one in 10 men will experience depression at some point during their lifetime.
- Two-thirds of those suffering from the illness do not seek the necessary treatment.
- Depression can co-occur and complicate medical conditions.
- Screenings are often the first step in getting help.

## WHAT IS A DEPRESSION SCREENING LIKE?

When you attend a screening program, which is free and confidential, you will:

1. Hear an educational session on depression.
2. Complete a written screening test.
3. Discuss the results with a mental health professional.
4. If necessary, learn where to go for additional help.

## WHO SHOULD ATTEND A DEPRESSION SCREENING?

People who are depressed have symptoms all the time, every day, or almost every day, for at least two weeks. Please refer to the Common Signs of Depression section for a list of common symptoms. If you are experiencing some of these symptoms, you may benefit from a Depression Screening.

Screenings are not a professional diagnosis. Screenings point out the presence or absence of depressive symptoms and provide a referral for further evaluation if needed. You should see your doctor or a qualified mental health professional if you experience five or more of these symptoms for longer than two weeks or if the symptoms are severe enough to interfere with your daily routine.

Please refer to the *Resources* section of this guide to locate depression screenings that are available through your program, online and in your community.

# Depression in Children and Adolescents

Depression is one of the mental, emotional and behavioral disorders that can appear during childhood and adolescence. Depression in children can lead to school failure, alcohol or other drug use and even suicide.

## BASIC FACTS ABOUT DEPRESSION AND CHILDREN/ADOLESCENTS

As many as one in every 33 children may have depression.

- Up to 2.5 percent of children and up to 8.3 percent of adolescents in the U.S. suffer from depression.
- Once a young person has experienced depression, he or she is at increased risk of experiencing depression again within the next five years.
- Children under stress, who experience loss, have attention, learning or conduct disorders are at a higher risk.
- Two-thirds of children with mental health problems do not get the help they need.

## SYMPTOMS OF DEPRESSION IN CHILDREN/ADOLESCENTS

Symptoms of child and adolescent depression vary in severity and duration and may be different from those in adults. Diagnosing depression in these age groups can be difficult because early symptoms can be hard to detect or may be attributed to other causes. Child and adolescent psychiatrists advise parents and other adults in a young person's life to be aware of signs of depression, such as:

- Missed school or poor school performance.
- Changes in eating and sleeping habits.
- Withdrawal from friends and activities once enjoyed.
- Persistent sadness and hopelessness.
- Problems with authority.
- Indecision, lack of concentration or forgetfulness.
- Poor self-esteem or guilt.
- Overreaction to criticism.
- Frequent physical complaints, such as headaches and stomachaches.
- Anger and rage.
- Lack of enthusiasm, low energy or motivation.
- Drug and/or alcohol abuse.
- Thoughts of death or suicide.

Young people who are depressed and exhibit additional symptoms, such as insomnia, panic attacks and delusions or hallucinations, are at increased risk for suicide. Child and adolescent psychiatrists recommend that if one or more of these symptoms persist, professional evaluation should be sought.

## POSSIBLE CAUSES OF DEPRESSION IN CHILDREN/ADOLESCENTS

- The lack of love or attention in a nurturing environment.
- Ridicule and rejection of the child by a caretaker.
- Parents who have bipolar disorder or who have been hospitalized for chronic physical illness.
- Hospitalization of the child, especially for a chronic illness.

## WHAT PARENTS/ADULTS CAN DO

If parents and adults in a young person's life suspect a problem with depression, they should:

- Be aware of the behaviors that concern them, note how long and how often the behaviors have been occurring, and how severe they seem.
- See a child and adolescent psychiatrist, a mental health professional or the child's doctor for evaluation and diagnosis.
- Get accurate information about depression from your Magellan program, libraries, hotlines and other sources.
- Learn more about available treatments and resources from a doctor or mental health professional.
- Talk to other families in their community that may be able to offer advice and support.

# Depression in Women

Contrary to popular belief, depression is not a normal part of being a woman nor is it a female weakness. Depressive illnesses are serious medical illnesses that affect more than 19 million Americans each year. Depression is a *treatable* medical illness that can occur in any woman, at any time, and for various reasons regardless of age, race or income.

## PREVALENCE

- Approximately 12 million women in the United States experience depression each year.
- About one in every eight women can expect to develop depression during their lifetime.
- Depression occurs most frequently in women ages 25 to 44.

## WOMEN'S ATTITUDES TOWARD DEPRESSION

According to a National Mental Health Association survey on public attitudes and beliefs about depression:

- More than one-half of women believe it is “normal” for a woman to be depressed during menopause and that treatment is not necessary.
- More than one-half of women believe depression is a normal part of aging.
- More than one-half believe it is normal for a mother to feel depressed for at least two weeks after giving birth.
- More than one-half of women cited denial as a barrier to treatment, while 41 percent of women surveyed cited embarrassment or shame as barriers to treatment.
- In general, more than one-half of the women said they think they know more about depression than men do.

## CONTRIBUTING FACTORS

Many factors in women may contribute to depression, such as developmental, reproductive, hormonal, genetic and other biological differences (e.g., premenstrual syndrome, childbirth, infertility and menopause). Social factors may also lead to higher rates of depression among women, including stress from work, family responsibilities, the roles and expectations of women and increased rates of sexual abuse and poverty. Women experience depression at roughly twice the rate of men, while girls 14-18 years of age have consistently higher rates of depression than boys in this age group.

## DEPRESSION DURING PREGNANCY: WHY DO I FEEL SO DOWN WHEN I SHOULD BE SO HAPPY?

Pregnancy is usually a happy time. Yet it is also a time of physical change and mental adjustment. This can sometimes cause feelings of intense anxiety and can lead to depression. There are safe and effective treatments for depression during pregnancy.

Depression is a serious condition that requires care; it does not go away on its own, and it can get worse. The good news is that safe and effective help is available for depression during pregnancy. Ask your health care provider to tell you about treatments that will be safe for you and your baby.

## DEPRESSION AND YOUR BABY

Getting the right care now will help your baby later. Studies have shown that when depressed pregnant women don't get care and remain depressed following delivery, their babies are more likely to become depressed.

Early and effective treatment of depression during pregnancy helps you with the physical and mental demands of pregnancy. This also prepares you to help your baby have a better chance to develop normally.

## POSTPARTUM DEPRESSION: WHEN THE BABY BLUES WON'T GO AWAY

More than half of all new mothers get the baby blues. These blues occur shortly after giving birth. The good news is that most women recover from the baby blues within a few weeks of giving birth, without treatment.

If you think you have the baby blues, ask your health care provider for more information. Let your friends and family know what is going on. Ask them to be patient and caring.

## POSTPARTUM DEPRESSION FACTS

- Postpartum depression is a serious condition. It affects 10 to 15 percent of all new mothers.
- Postpartum depression must be treated medically. Unlike the baby blues, it does not go away on its own.
- Many women do not seek treatment for postpartum depression. Those who do often wait three to nine months before asking for help.
- Babies are less likely to get proper care when their mother's postpartum depression is left untreated.
- Postpartum depression can be treated safely and effectively.
- Depression is not a sign of weakness and it's nobody's fault.

## COMMON SIGNS OF POSTPARTUM DEPRESSION

Postpartum depression is worse than the baby blues. It lasts longer, doesn't go away on its own and can get worse if left untreated.

Some common signs to look for are:

- Feeling hopeless or sad a lot of the time.
- A loss of energy or not enjoying things that used to be fun.
- Sleeping or eating too much or too little.
- Poor concentration or memory.
- Constant worry about your baby's health or your ability to be a good mother.
- Thoughts of hurting yourself or your child.

Newborns need a lot of attention. Caring for a baby while dealing with postpartum depression can be a lot to handle. Early, effective care for postpartum depression makes it easier to give your baby the attention he or she needs to be healthy.

# Depression in Men

Researchers from the National Institute of Mental Health estimate that at least six million men in the United States suffer from depression every year. Research and clinical evidence reveal that while both women and men can develop the standard symptoms of depression, men often express depression differently and may have different ways of coping with the symptoms. Thus, oftentimes depression in men isn't recognized and treated as such.

## WHY ARE THE SYMPTOMS OFTEN HARD TO RECOGNIZE?

There are several reasons why the symptoms of depression in men are not commonly recognized:

- Some men believe that expressing emotion is a feminine trait. Therefore, men may be more willing to talk about the physical symptoms related to depression such as fatigue and sleep problems rather than feelings of sadness, worthlessness and excessive guilt.
- Men are less likely to show outward signs of depression, such as crying or sadness, and may be less likely to verbally express thoughts of suicide. Instead, men are more likely to keep their feelings hidden, but may become more irritable and aggressive.
- Depression can affect sexual desire and performance. Men are often unwilling to talk about sexual problems—mistakenly feeling that it is a reflection on their masculinity, rather than something related to depression, which can be treated.

For these reasons, many men as well as their health care professionals fail to recognize and treat the problem as depression.

Instead of acknowledging their feelings and asking for help, some men may turn to alcohol or drugs when they are depressed, or they may become frustrated, discouraged, angry or irritable. Some men deal with depression by throwing themselves compulsively into their work, attempting to hide their depression from themselves, family and friends. Other men may respond to depression by engaging in reckless behavior, taking risks and putting themselves in harm's way.

Depression in men can have devastating consequences. The Centers for Disease Control and Prevention report that men in the U.S. are about four times more likely than women to commit suicide. Although more women attempt suicide, more men are successful at actually ending their lives. This may be due to the fact that men tend to use more lethal methods of committing suicide; for example, using a gun rather than taking an overdose.

Depression is not a sign of weakness and, in fact, is one of the most treatable illnesses. With the right help, most people feel better in just a few weeks.

# Depression in Older People

Your mother has been losing weight and says she feels tired all the time. She claims the doctor told her she was fine after a recent exam, but you're not so sure. When you press her, she quietly says, "I'm just getting old." But your mother's feelings aren't a natural result of getting older. The false assumption that old age is automatically a time of diminished capacity leads many people to misinterpret the warning signs of depression.

Depression among older people shortens lives unnecessarily, both through disease and suicide. Older Americans have the highest suicide rate of any age group. They make up about 13 percent of the population, but they account for about 20 percent of all suicides, according to the U.S. Surgeon General's Office. Depression can impede recovery from illnesses or injuries, studies show, and it can prevent seniors from living independent, satisfying lives.

## A TREATABLE CONDITION THAT OFTEN GOES UNTREATED

Many people, including physicians, overlook depression among older people. Many older people don't seek treatment because they're ashamed of their symptoms, while others aren't aware of their problems. Too often, older people incorrectly associate depressed feelings with aging, or they falsely assume the depression is part of some other ailment.

Mild depression, with its intermittent symptoms, can be common among older people. They can usually manage daily activities, but over time, the depression drains their quality of life and can lead to other health problems. Older people also might suffer from dysthymia, a chronic feeling of sadness that lasts from two years to a lifetime. A lack of sunlight can bring on seasonal affective disorder (SAD), another problem some older people face. This pattern of depression occurs during the fall and winter, and usually goes away as the days get longer and brighter.

It's extremely important to find a qualified health care provider for an older person who's depressed. Early detection is crucial to avoid prolonged depression or increased risk of suicide. Your primary care physician may be able to refer you to a psychiatrist or health care provider who specializes in working with older people.

A thorough physical is usually performed to rule out any physical causes of depressive symptoms, such as a thyroid imbalance, vitamin deficiency, minor stroke or Alzheimer's disease. The health care provider may look for symptoms of dementia, or review the person's medications to rule out the possibility that one or more of them may be causing the depression.

Physical activity and increased social interaction can help milder depression. Several clinical trials showed that a walking program can lift low moods. (Just be sure to check with your doctor before starting an exercise program.) Friends, too, are good medicine, because depressed people may withdraw from life. Joining with others for a regular morning walk can accomplish both goals.

## WHAT CAUSES DEPRESSION AMONG OLDER PEOPLE?

There are a number of causes; some are genetic or biological, others seem to be environmental. Severe medical illness can set the stage for depression in older people, as can loneliness, isolation or the death of a spouse or loved one.

People may develop depression after experiencing a stroke, caused, at least in part, by the loss of physical and cognitive functions and changed brain chemistry, studies indicate.

### WHAT'S THE DIFFERENCE BETWEEN DEPRESSION AND DEMENTIA?

The symptoms of depression and dementia are often similar. Dementia sets in slowly, and one of its prime symptoms is a significant degree of memory impairment. Other mental functions, including judgment and problem-solving ability, also deteriorate. Friends or family often notice a change in personality and confusion. Antidepressant treatment may not help someone with dementia.

On the other hand, symptoms of depression appear fairly quickly and are more likely to respond to antidepressant medications. Mental functions usually remain intact, and psychotherapy or support groups can help ease many of the symptoms.

### WHAT IS "DEPRESSION CAUSED BY A GENERAL MEDICAL CONDITION?"

This is a diagnostic term for depression resulting directly from changes in the central nervous system caused by a medical problem. Among the most common of these problems are stroke, heart failure (which may cause oxygen deprivation in the brain), diabetes, malnutrition and head injuries (from falls and other accidents). If the medical problem can be treated successfully, there's a good chance the depression will lift.

# Depression and Medical Problems

## CO-OCCURRENCE OF DEPRESSION WITH MEDICAL, PSYCHIATRIC AND SUBSTANCE ABUSE DISORDERS

The risk of depression is often higher in individuals with serious medical illnesses, such as heart disease, stroke, cancer and diabetes. However, the warning signs are frequently discounted by patients and family members, who mistakenly assume feeling depressed is normal for people struggling with serious health conditions. In addition, the symptoms of depression are frequently masked by these other medical illnesses, resulting in treatment that addresses the symptoms but not the underlying depression. It is a myth that depression is a normal emotional response to another illness; it's extremely important to simultaneously treat both medical illnesses.

## WHY DEPRESSION AND MEDICAL ILLNESSES OFTEN OCCUR TOGETHER

- Medical illnesses may contribute biologically to depression.
- Medically ill people may become depressed as a psychological reaction to the prognosis, the pain and/or incapacity caused by the illness or its treatment.
- Though occurring together, depression and a general medical disorder may be unrelated.

## COMMON SYMPTOMS OF DEPRESSION AND OTHER MEDICAL DISORDERS

- Weight loss, sleep disturbances and low energy may occur in people with diabetes, thyroid disorders, some neurological disorders, heart disease, cancer and stroke—and also are common symptoms of depression.
- Apathy, poor concentration and memory loss can occur in individuals with Parkinson's disease and Alzheimer's disease—and also are common symptoms of depression.
- Medications for high blood pressure, Parkinson's disease and other medical problems can produce side effects similar to the symptoms of depression.

## IMPORTANCE OF TREATMENT

- People who get treatment for co-occurring depression often experience an improvement in their overall medical condition, better compliance with general medical care and a better quality of life.
- More than 80 percent of people with depression can be treated successfully with medication, psychotherapy or a combination of both.
- Early diagnosis and treatment can reduce patient discomfort and morbidity, and can also reduce the costs associated with misdiagnosis, and reduce the risk of suicide.

# Suicide

## **No suicide attempt should be dismissed or treated lightly!**

If you think someone you know might be suicidal, don't leave them alone. Try to get them to seek help immediately from an emergency room, physician or mental health professional. Call 911 or the toll-free, 24-hour hotline of the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255) to be connected to a trained counselor at a suicide crisis center.

### **SUICIDE WARNING SIGNS**

- Verbal threats such as “You'd be better off without me” or “Maybe I won't be around anymore . . .”
- Expressions of hopelessness and/or helplessness.
- Previous suicide attempts.
- Daring and risk-taking behavior.
- Personality changes (e.g., withdrawal, aggression, moodiness).
- Depression.
- Giving away prized possessions.
- Lack of interest in the future.

### **WHAT TO DO IF A FRIEND OR RELATIVE IS SUICIDAL**

- Trust your instincts and believe that the person may attempt suicide.
- Talk with the person about your concerns and show that you care and want to help.
- Ask the person direct questions. The more detailed their plan, the greater the immediate risk.
- Remember that the most important thing is to listen.
- Get professional help—even if the person resists.
- Do not leave the person alone.
- Do not swear to secrecy.
- Do not act shocked or judge the person.
- Do not counsel the person.

If someone you know is showing signs of suicide, here are some things to keep in mind:

- Be direct and open about the topic of suicide and death.
- Listen. Let the person open up to you with his/her feelings and don't criticize him/her for it.
- Don't be judgmental.
- Don't lecture the person.
- Be available and show your support and concern.
- Don't dare the person to go through with it.
- Don't seem shocked or appalled by the concept of suicide. This will hurt the person's feelings, make him/her more upset, and reduce his/her trust in you.
- Don't be sworn to secrecy. You must seek help even if it means going against the person's wishes.
- Offer hope and encouragement.
- Take necessary action to remove any harmful means, such as weapons, pills or rope.

# Getting Help

## WHAT SHOULD YOU DO IF YOU THINK YOU'RE DEPRESSED?

**Make a List:** Write down your signs of depression, along with any questions you may have about depression and its treatment.

**Talk with a Health Care Provider:** Set up an exam with a primary care physician or a mental health professional. Share the list of signs and questions about depression and its treatment. Talk about any medications you may already be taking.

**Work with your Health Care Professional to Select the Right Treatment for You:** Ask about the risks and benefits of all types of treatment. Together, you will choose the treatment that is best for you.

**Learn More about Depression:** A health care professional or your local mental health association can recommend reading material about depression and local support groups.

**Remain Actively Involved in Your Recovery:** Tell your doctor about any changes in your mood. Share concerns you may have about getting better. Tell your doctor right away if you are:

- Suicidal.
- Having thoughts of hurting yourself or others.
- Having trouble taking care of yourself.

## WHY GET TREATMENT?

Without help, depression sometimes becomes an ongoing condition, getting worse over time. The more occurrences of depression you have, the more likely you are of having another. For example, if a person has three occurrences of depression, without getting help, he/she has a 90 percent chance of having another occurrence. Depression is also linked to poorer physical health, including increased cigarette smoking and alcohol abuse, which have many related health care problems too.

The ability to enjoy life for the depressed person is often limited by depression. The effect is shocking. Disability because of depression is equal to or worse than that of other ongoing serious medical illnesses such as heart disease, high blood pressure, diabetes or arthritis. The goal in treating depression is to stop the pain and suffering, remove the symptoms and to improve quality of life. By getting help, you can get back your life and once again:

- Enjoy the activities you used to.
- Be productive.
- Relate to your friends and family.
- Function in society and be more resilient to daily life's challenges.

The sooner you get help, the easier it may be to treat. Early treatment may keep the depression from getting worse and can help stop it from coming back.

It is best to get treatment early, but do not be discouraged if you have fought the problem for a long time. Today's medications can help you a lot. Research has shown that even people who have been depressed for more than ten years are helped by treatment.

People get better more often than not. No matter how long you have battled depression, now is the best time to get help and begin healing.

### WHAT TYPE OF TREATMENT WILL YOU GET?

The most often used treatments are antidepressant medications, counseling or a combination of the two. The choice depends on many things, and will be discussed with you at your first appointment with your health care provider. Your individual situation will be considered, and your opinion valued.

You and your healthcare provider will work together to find the right treatment for you, keeping in mind:

- How serious your condition is.
- What treatments will be most successful for you.
- The possible risks and side effects, such as your other medical problems, the medications you may be taking, etc.
- Costs of treatment.
- Details of treatment.
- Your personal preferences.

No matter what specific approach is chosen, it is helpful to keep these things in mind:

- When recognized and treated right, the chance of improving from depression is among the best of any major medical illness.
- As with any other illness, you may need to try more than one treatment before finding the best one for you.
- Don't worry if the first medication is not as good as you and your health care provider had hoped. There are eight categories of medications, with different purposes and side effects, to give you the best individual results. Our growing knowledge of the medications has improved their safe and effective use. At times, you may even need a combination of more than one drug.
- The treatment of depression with medication usually shows some benefit after three to four weeks. It is important to stick with the treatment once you start feeling better. Stopping therapy too early will greatly increase your risk of slipping back into depression. If you are not feeling any better after three to four weeks, it is most important that you stay on your medication, even though it may not seem to be working, until you have had the chance to discuss this with your health care provider.
- Depression counseling can take longer than three to four weeks, but again, it is very important that you stick with it, discussing with your health care provider any frustrations that you may have.
- It is likely that your first therapy will work for you. But if you have given it a reasonable amount of time and you do not feel that you are improving, you should talk with your health care provider about changing your therapy. Remember, there are many other treatments to try. **DO NOT GIVE UP.** Work together with your health care provider.

### HOW LONG WILL YOU BE TREATED?

Treatment for depression is usually in two stages—immediate and continuation. For depression that has been treated before and re-occurred, a third phase of treatment—the maintenance therapy phase— is sometimes added.

The goal of immediate treatment is to stop the symptoms of depression. The goal of continuation therapy is to see that the depressive episode does not come back. It is very important to continue your therapy even after you feel better. If you have had a depressive episode before, your health care provider may recommend maintenance therapy that would extend beyond the continuation phase (which is usually six months after symptoms have resolved). This will help improve your chances of staying depression-free.

The exact length of therapy depends on your individual situation and response to therapy. Remember—do not feel rushed in finishing therapy. Sometimes ending therapy too soon can cause the depressive episode to return. More complete information regarding specific therapies is available.

### **IS A SUPPORT GROUP RIGHT FOR YOU?**

Support groups can have many benefits. Among other things, they can help you feel better about yourself, help you cope with your situation and help you learn to better deal with others in your life. The number one reason people join a support group is to be with other people who have been there—not because they do not receive support from friends and family.

#### **Could a support group help you?**

If you answer yes to most of the questions that follow, you may want to try one out.

- Do you enjoy being part of a group?
- Are you ready to talk about your feelings with others?
- Do you want to hear others' stories about their depression?
- Would you like the advice of others who have gone through what you're going through?
- Do you have helpful advice or hints to offer others?
- Would reaching out to support others make you feel better?
- Would you be able to work with people who have different ideas than yours?

#### **Finding a support group**

You've decided you'd like to join a support group. Now how do you actually find a group to join? First, ask your doctor, therapist or mental health expert for a suggestion. Other ways to find a support group include:

- Contacting a local, state or national mental health organization.
- Asking your church, synagogue or other place of worship.
- Looking in your phone book under mental health, counseling or similar topics.
- Checking your newspaper for a listing of support resources.
- Contacting community centers or libraries.
- Getting recommendations from friends or family.
- Searching the Internet.

#### **Questions to ask before joining**

Before joining a support group, here are some questions you may want to ask the group's contact person:

- How large is the group?
- Who attends?
- How long are the meetings?
- How often does the group meet?
- How long has the group been together?
- Who leads the meetings?
- What is the format of the meetings?
- Is the main purpose to share feelings, or do people also offer tips to solve common problems?

#### **Spotting red flags in support groups**

Here are some red flags that may indicate the support group isn't in your best interest:

- You feel worse after joining the support group.
- You feel pressure to try a certain kind of treatment.
- Other members encourage you to stop traditional treatment.

- Sessions are centered around complaining and negativity.
- Members insist that you reveal private information.
- It charges unreasonable fees.
- It requires you to buy certain products it endorses.
- It demands your allegiance to a cult-like leader.
- A few people dominate the discussions.

If you are not happy with a support group you join, you may want to try finding another group. Support groups vary greatly, and one bad experience doesn't mean they are not a good option for you.

Joining a support group may be just what you need to get on the path to feeling better. Meeting others with depression in a safe and welcoming environment may make you feel less alone or isolated. As with all methods of treatment, however, be sure to discuss your participation with your health care provider or mental health professional.

### **MIND-BODY CONNECTION**

If you've ever felt your stomach tie up in knots before you give a speech, you already know there's a mind-body connection. When a person is under a lot of stress, has anxiety or is depressed, the body reacts. Thinking healthy is an important part of being healthy!

Have a positive outlook on life. People who deal well with stress and life pressure, and have a supportive circle of friends and family (pets count, too!) tend to suffer less from illness and recover more quickly when they do get sick.

Is there such a thing as ill will? Maybe. People who are more pessimistic, who don't handle stress or pressure well and don't have some sort of social support system tend to get sick more often. They also tend to have more physical complaints and don't recover as quickly. Think about it—when everything is going wrong and you wonder what else could possibly happen—that's often when you get sick.

Bottom line? Optimism can be the best medicine. It could be just what the doctor ordered to keep you healthy.

### **Mind your Body**

- Look for the positive side of situations.
- Calm your mind and body with meditation and deep breathing.
- Live a balanced life. Make time for things you enjoy.
- Laugh loud and laugh often.

# Depression in the Workplace

Depression can affect workers' productivity, judgment, ability to work with others and overall job performance. The inability to concentrate fully or make decisions may lead to costly mistakes or accidents. In addition, it has been shown that depressed individuals have high rates of absenteeism and are more likely to abuse alcohol and drugs, resulting in other problems on and off the job.

## SYMPTOMS OF WORKPLACE DEPRESSION

- Decreased productivity.
- Morale problems.
- Lack of cooperation.
- Safety risks, accidents.
- Absenteeism.
- Frequent statements about being tired all the time.
- Complaints of unexplained aches and pains.
- Alcohol and drug abuse.

## WHAT CAN A SUPERVISOR DO?

As a supervisor, you can play an important role in reducing the devastating effects of depression in the workplace. While it is not your job to diagnose depression, you can make a difference by having a better understanding of the condition and encouraging employees to seek treatment.

All employees—especially supervisors—play an important role in reducing the impact of depression on the workplace.

As a supervisor, you should:

- **Learn more about depression.** Become more familiar with symptoms and treatment options.
- **Understand your employee benefits.** Make sure that you and your employees fully understand the resources available through your benefits.
- **Recommend your organization's program** to employees who appear to be depressed.
- **Be flexible.** Recognize that a depressed employee may need a flexible work schedule during treatment. If the employee requests a flexible work schedule as an accommodation for depression, check your company's policy by contacting your human resources specialist.
- **Take threats seriously.** In severe cases, depression may be life-threatening to the employee. Don't take comments such as "life isn't worth living anymore" lightly. Seek assistance immediately.

# A Bright Future

With the growing awareness of the seriousness of depression, the understanding and support of family and friends may be easier to come by. More and more public figures are coming out and talking about their personal bouts with depression, which encourages other people to talk about it.

Researchers continue to make great strides in understanding and treating depression. For example, scientists are beginning to learn more about the chromosomes where affective disorder genes appear to be located.

**No one, young or old, has to accept depression as a part of life. By trying different options for facing their personal challenges, people have learned what treatments help them most.**

# Resources

## MAGELLANHEALTH.COM

Magellan's vast online library puts depression information, self-assessments and self-help programs at your fingertips.

Accessing MagellanHealth.com is easy:

- Log on to [www.MagellanHealth.com](http://www.MagellanHealth.com)
- Click on "I'm a Member"
- Use your program's toll-free number as your log in
- Create a unique username and password for easier future access.

Here are some areas on the Web site to help you learn more about depression and how your program can help:

### Providers/Caregivers

- Search for a provider by name or by area using MapQuest®.
- Learn how to prepare for your appointment.

### Benefits

Learn about program services available to you and your eligible household members.

### Library & Resources

- Access a vast library of articles on depression and other topics.
- Locate Community Resources
- Go to Medication to access the drug information center and learn about medications
- Learn about Prevention Programs

### Member Services

- Forms
- Consumer Guidelines
- Online Trainings

### Care Guide

- How to Initiate Care
- Preparing For Your Appointment
- Member Rights & Responsibilities

## MENTAL HEALTH ORGANIZATIONS

### American Managed Behavioral Healthcare Association (AMBHA)

[www.ambha.org](http://www.ambha.org)

Phone: 202-434-4525

1101 Pennsylvania Avenue N.W., 6th Floor  
Washington, DC 20004

The American Managed Behavioral Healthcare Association, AMBHA, is an association of the nation's leading managed behavioral healthcare companies. AMBHA member companies are both national and regional and are collectively responsible for managing mental health and substance abuse services in the public and private sector for over 110 million individuals across the country.

### American Psychological Association (APA)

[www.apa.org](http://www.apa.org)

Phone: 800-374-2721

750 First Street, NE  
Washington, DC 20002-4242

Based in Washington, DC, the American Psychological Association (APA) is a scientific and professional organization that represents psychology in the United States. With 150,000 members, APA is the largest association of psychologists worldwide.

### Depression and Bipolar Support Alliance

[www.dbsalliance.org](http://www.dbsalliance.org)

Phone: 800-826-3632

730 N. Franklin St. Suite 501  
Chicago, IL 60610-7224

The Depression and Bipolar Support Alliance (DBSA) is the nation's leading patient-directed organization focusing on depression and bipolar disorder. The organization fosters an understanding about the impact and management of these life-threatening illnesses by providing up-to-date, scientifically-based tools and information written in language the general public can understand. DBSA supports research to promote more timely diagnosis, develop more effective and tolerable treatments and discover a cure. The organization works to ensure that people living with mood disorders are treated equitably.

## Healthy Minds

[www.healthyminds.org](http://www.healthyminds.org) Phone: 888-357-7924  
1000 Wilson Boulevard, Suite 1825  
Arlington VA 22209-3901

Healthy Minds is a consumer-oriented Web site that seeks to inform and educate the public about mental health treatment and resources. This site was launched in May 2005 (Mental Health Month) as a component of the American Psychiatric Association's "Healthy Minds. Healthy Lives." public information campaign to raise awareness on mental health issues.

## National Alliance on Mental Illness (NAMI)

[www.nami.org](http://www.nami.org) Phone: 800-950-6264  
Colonial Place Three  
2107 Wilson Blvd, Suite 300  
Arlington, VA 22201-3042

NAMI (the National Alliance on Mental Illness) is the nation's largest grassroots mental health organization dedicated to improving the lives of persons living with serious mental illness and their families. Founded in 1979, NAMI has become the nation's voice on mental illness, a national organization including NAMI organizations in every state and in over 1100 local communities across the country who join together to meet the NAMI mission through advocacy, research, support and education.

## National Institute of Mental Health

[www.nimh.nih.gov](http://www.nimh.nih.gov) Phone: 866-615-6464  
6001 Executive Boulevard  
Room 8184, MSC 9663  
Bethesda, MD 20892-9663

The NIMH is a component of the National Institutes of Health and is the lead Federal agency for research on mental and behavioral disorders. The National Institute of Mental Health (NIMH) mission is to reduce the burden of mental and behavioral disorders through research on mind, brain and behavior.

## National Mental Health Association (NMHA)

[www.nmha.org](http://www.nmha.org) Phone: 800-969-6642  
2000 N. Beauregard Street, 6th Floor  
Alexandria, VA 22311

The National Mental Health Association (NMHA) is the country's oldest and largest nonprofit organization addressing all aspects of mental health and mental illness.

With more than 340 affiliates nationwide, NMHA works to improve the mental health of all Americans, especially the 54 million individuals with mental disorders, through advocacy, education, research and service.

## MENTAL HEALTH WEB SITES

### Are You Suffering From Depression Fallout?

[www.depressionfallout.com](http://www.depressionfallout.com)

A site that describes how to live and cope with depression.

### Internet Mental Health

[www.mentalhealth.com](http://www.mentalhealth.com)

A site whose goal is to improve understanding, diagnosis and treatment of mental illness throughout the world; includes online diagnosis of certain conditions.

### Mental Help Net

[www.mentalhelp.net](http://www.mentalhelp.net)

An award-winning guide to online mental health, psychology and psychiatry resources. Includes a link to an online depression questionnaire at depression.mentalhelp.net

### National Mental Health Information Center

[www.mentalhealth.org](http://www.mentalhealth.org)

A site developed by the National Center for Mental Health Services to provide information about mental health.

### Online Depression Screening Test

[www.med.nyu.edu/psych/screens/](http://www.med.nyu.edu/psych/screens/)

New York University Department of Psychiatry offers an online depression screening test.

## SOURCES:

FirstGov.gov

Journal of American Medical Association

National Mental Health Association

National Institute of Mental Health

U.S. Department of Health and Human Services

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