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Welcome

Marguerite Grandelious MHB Secretary/Treasurer



Welcome to the Winter 2002 issue of *How's YOUR Mental Health?* The City of St. Louis Mental Health Board of Trustees (MHB) has developed this quarterly e-zine to help St. Louis residents become better informed about mental health and substance abuse. Many people know relatively little about these topics, even though an MHB study found that 31 percent of city voters surveyed have an alcoholic in their immediate family, 22 percent have a relative addicted to other drugs and 25 percent have a close relative who is mentally ill. Directly or indirectly, these are problems that touch all of us.

Each edition of *How's YOUR Mental Health?* focuses on a topic that impacts the lives of many St. Louisans. This issue is devoted to clinical depression, including:

- What it is
- Its symptoms and causes
- Some amazing facts about depression
- How depression impacts various populations, such as women, the elderly, children and adolescents
- Treatments that offer hope for recovery
- A real-life success story and self-help suggestions
- Links to helpful web sites and other sources of information
- A link to the MHB staff and board

MHB hopes you will find these stories informative and useful. And we hope this e-zine will help readers to be more aware of the signs of potential trouble and where to get appropriate assistance.

The MHB staff and trustees salute the hundreds of police officers, firefighters and emergency medical personnel who, without hesitation, risked and lost their lives in an attempt to save others on Sept. 11. We express our appreciation, too, to their counterparts in our community, whose services we will never again take for granted.

Depression: It's Not All in Your Head!

Clinical depression is a brain disorder that affects thoughts, moods, behavior and physical health. Although it's the most common mood disorder — chances are that someone you know or you yourself may suffer from it — it's also one of the most misunderstood. Research has proved that depression is a medical condition with a biological basis, often caused by chemical imbalances in the brain. But many people still believe that it's "all in the head" and that someone suffering from depression could "snap out of it" if he tried.



Marian Dugger,
Executive Secretary
Depressive/Manic Depressive
Assn. of St. Louis

That was the reaction Marian Dugger often received from others. Diagnosed with manic depression at 17, she got little medical help because she couldn't afford it. As a college student, she moved to St. Louis to study speech pathology, but was asked by the university to leave before she completed her degree. "That was nearly 40 years ago," Marian says. "There wasn't much sympathy for mentally ill people in those days."

Fortunately, before facing the trauma of her husband's death from cancer at age 44, Marian had discovered the St. Louis Depressive and Manic Depressive Association. "I was lonely," she says, "and needed contact with people who could understand what I was going through without a lot of explanation." DMDA and its Empowerment Center have been tremendously helpful. They're as important to me as my psychiatrist and my medication." For the past two years, she has served as executive secretary to DMDA's executive director, something that affords her the opportunity to "give back" by helping others like herself. DMDA and the Empowerment Center are located at 1905 S. Grand Blvd. in St. Louis and can be contacted at 314-776-3969.

Marian's case is far from unique. Depression affects more than 17 million Americans of all ages and races. The first episode usually occurs between the ages of 25 and 44. It's less common among married people, especially men, and it occurs more often among divorced people and those who live alone.

It's normal to feel sad sometimes, but people who are not seriously depressed manage to cope with life's problems without becoming incapacitated. In clinical depression, sad feelings are out of proportion to any external causes. And sadness is not always the dominant feeling of a depressed person. Instead, they may experience a numb or empty feeling — or no awareness of feelings at all.

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An episode of depression may be mild and last for only a short time, or it may be long-term and so severe as to be life threatening. There are three primary forms of depression:

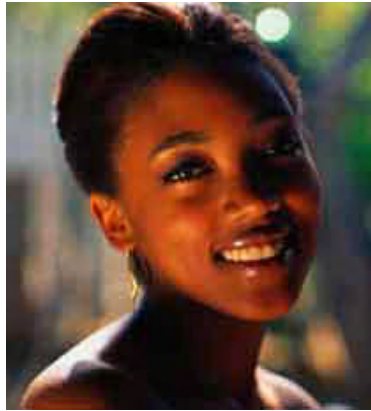
- Major depression, which has a combination of symptoms, interferes with the ability to work, sleep, eat and enjoy previously pleasurable activities. Such episodes may occur once or several times in a lifetime.
- Dysthymia is a less severe, but often more long-lasting type of depression, with symptoms that are not disabling, but keep people from functioning at their best.
- Bipolar disorder or manic-depression — which is less common than the two previous types — includes cycles of depression and elation. The mood switches are usually gradual, but may be dramatic and rapid. The manic stage can affect judgment and social behavior in ways that cause serious problems and embarrassment. This form of depression is likely genetic.

Other forms of depression which occur less frequently include:

- Seasonal Affective Disorder (SAD), a pattern of depression which recurs every winter and is often characterized by a marked decrease in energy, a need for more sleep than usual and a craving for carbohydrates.
- Postpartum depression, with symptoms which go beyond the mild moodiness and “blues” that are very common after childbirth, can be serious for both mother and baby. Medical help is needed if symptoms last more than a few days.

Some people hesitate to tell others they're depressed or to see a doctor because they're afraid they'll be viewed as weak and unable to handle their own problems. This is unfortunate, especially since so many new medications that are generally safe and effective have been developed in recent years. Even the most severely depressed people usually improve with proper treatment and can return to normal daily activities, often within weeks.

Causes and Symptoms of Depression



Either a psychological or a physical event can trigger a change in brain chemistry that causes an episode of depression. Some women experience depression during their premenstrual phase. Oral contraceptives, the end of pregnancy and menopause may also be culprits.

People with low self-esteem, who are pessimistic, easily overwhelmed by stress and overly dependent on others seem to be particularly vulnerable to depression. People who experience the death of a loved one, divorce, moving to a new place, money problems or other unwelcome change in life patterns may find that stress and grief trigger depression, especially if they have no friends or family members to help them cope.

Some drugs used to treat high blood pressure and arthritis may cause depressive symptoms as side effects. Long term or sudden illnesses, such as strokes, certain types of cancer, diabetes, Parkinson's disease and hormonal disorders may bring on or aggravate depression.

Depression often runs in families. Children of depressed parents have a higher risk of being depressed themselves.

Symptoms of clinical depression include:

- A persistent sad, anxious or "empty" mood
- Sleeping too little or too much
- Eating significantly more or less with weight gain or loss
- Loss of interest or pleasure in activities once enjoyed
- Restlessness or irritability
- Persistent physical symptoms that don't respond to treatment
- Difficulty concentrating, remembering or making decisions
- Fatigue or loss of energy
- Feelings of guilt, hopelessness or worthlessness
- Thoughts of death or suicide



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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, you should see a doctor or other qualified mental health professional.


People diagnosed as manic-depressive may experience these symptoms, ranging from mild to severe, during the manic stage:

- Excessively “high” mood
- Irritability
- Decreased need for sleep
- Increased energy
- Increased talking, moving and sexual activity
- Racing thoughts
- Disturbed ability to make decisions
- Grandiose notions
- Being easily distracted

It is important to note that some symptoms of depression are also characteristic of other medical conditions. For instance, weight loss, sleep disturbance and low energy also occur in diabetes and heart disease. Apathy, poor concentration and memory loss are also found in patients with Parkinson’s and Alzheimer’s diseases. Fatigue is typical of many illnesses. A doctor must make a thorough evaluation to arrive at a diagnosis. Keep in mind, too, that depressed older people are more apt to complain about physical problems than to mention that they feel sad, anxious or hopeless.

*Adapted from material developed by the
National Mental Health Association
and the National Institute for Mental Health*

Did You Know?

- 
- Depression affects 340 million people in the world today and accounts for ten percent of the productive years lost.
 - No one is immune from depression.
 - One in four women and one in ten men can expect to develop depression during their lifetime.
 - Depression affects at least one in 50 children under 12 and one in 20 teenagers.
 - About half of all cases of depression are unrecognized and untreated.
 - About 10 to 15 percent of depressed people take their own lives.
 - Depression costs the United States an estimated \$53 billion a year.
 - The World Health Organization predicts that by 2020 depression will be the greatest burden of ill health to people in the developing world and that by then severe depression will be the second largest cause of death and disability.
 - **But depression is one of the most treatable mental illnesses!**

*Adapted from material developed by
Organon, a pharmaceutical manufacturer
based in the Netherlands*

How Depression Affects Various Populations

Women

Women suffer from depression twice as often as men, and their rate of associated problems such as eating disorders, migraine headaches and anxiety disorders is also higher. However, women are more likely than men to seek help for their symptoms.

Carla Conway, for example, was homeless, manic-depressive and addicted to drugs when she came to Community Alternatives, a St. Louis agency that provides outpatient mental health services, about five years ago. "Community Alternatives is my life blood, my heart and brain," Carla says. "They helped me get a place to live and arranged for the consistent therapy that makes it possible for me to hold a job. There's no way I could have made it without their help." Today Carla has her own home, does data entry for a department of the University of Missouri Medical School and is a consumer representative for Community Alternatives. Community Alternatives is located at 3738 Chouteau Avenue, Suite 200 and can be reached at 314-772-8801 or 314-772-7449.

Ten to 20 percent of new mothers suffer from postpartum depression, not to be confused with the "baby blues," the very common feeling of being overwhelmed, combined with the sudden mood swings that occur after the birth of a child. A much smaller number experience the much more severe postpartum psychosis — speculated to be what triggered Houston mother Andrea Yates to drown her five young children in June 2001.

Premenstrual dysphoric disorder (PMDD) causes symptoms of depression (or increased severity of these symptoms) only during the premenstrual period. This is a debilitating condition — a combination of depression and anxiety coupled with both physical and mental symptoms — that affects three to five percent of women. Unfortunately, many women mistake PMDD for PMS (premenstrual syndrome) and fail to seek medical help.

Studies show that women molested as children or who are physically abused or sexually harassed on the job as adults experience higher rates of depression. Women and children comprise 75 percent of the U.S. population considered poor, and low economic status brings many stresses that contribute to depression, as well as poor access to helpful resources.

The Elderly

Most older people, research tells us, feel satisfied with their lives, but about six percent of those over 65 — about two million in this age group in a given year — suffer from clinical depression. Depression often co-occurs with other medical illnesses such as cardiovascular disease, stroke, diabetes and cancer. Because many older adults have

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these conditions, as well as various social and economic difficulties, their doctors — and often the patients themselves — assume that depression is a normal consequence of their other problems. Unfortunately, this results in their depression being undiagnosed and untreated. Depression is also a side effect of many drugs commonly prescribed for the elderly. Thus, it is often difficult to determine if the patient's depression is a psychological reaction to the illness, caused by the disease itself or completely independent from the medical condition. It is estimated that only 17 percent of depressed elderly persons are adequately treated.

Children

Until the early 1980s most people thought children could not suffer from clinical depression. Even medical professionals thought children lacked the emotional maturity to get depressed. But childhood depression is a very real problem, affecting about five percent of the population at any given time and often leading to serious emotional consequences later in life. Bouts of depression may be triggered by divorce, the death of a friend or family member or other family problems. If one of a child's parents suffers from depression, there's a 40 percent chance the child will become depressed before his/her 20th birthday. The younger the parent was when he or she first experienced depression, the more likely their children are to become depressed.

About 90 percent of the time, childhood depression is gone within a year, sometimes without any treatment. But depression in children is recurrent. Even after a child recovers, he or she is much more likely to have more episodes — 35 percent within a year of recovery, 50 percent within two years and 75 percent within four years.

Warning signs of depression in children include:

- Frequent complaints of vague physical ailments such as headaches, stomach aches or fatigue
- Sudden drop in school performance
- Lack of interest in play
- Excessive concern with failure
- Frequent irritability and crying
- Lack of social interaction
- Boredom
- Attempts to run away from home
- Reckless behavior
- Greater tendency to bully others

Adolescents

More than 20 percent of adolescents in the general population have emotional problems, and one-third of those attending psychiatric clinics suffer from depression. Because teenagers often experience emotional turmoil, mood changes, gloomy

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introspection, great drama, heightened sensitivity, rebellion and behavioral experimentation, diagnosing depression may be difficult.

Signs of depression in adolescents include:

- Changes in eating and sleeping patterns
- Loss of interest in activities previously enjoyed
- Loss of energy
- Low self-esteem and feelings of guilt
- Inability to concentrate and indecisiveness
- Difficulty with relationships and social isolation
- Frequent absences from school and poor school performance
- Feelings of hopelessness and helplessness
- Recurring thoughts of death, suicide and harming oneself
- Problems with drugs, alcohol or sex
- Wearing black clothes
- Writing morbid poetry
- Listening to music with nihilistic themes

If symptoms in children and adolescents persist for several weeks, medical help should be sought. If treatment is called for, parents should play a vital, supportive role. When children have problems, it is normal for parents to wonder if they might have done something to prevent them. But in the case of depression, it is important for them to understand that clinical depression is no more the result of "bad parenting" than are diabetes or cancer.

There Is Hope For Recovery!

Most people with depression can be helped with psychotherapy, medicine or a combination of both. Wendy Robinson, for example, has been taking antidepressants for about a year. During that time, her psychiatrist changed her prescription three times and also adjusted the dosage until he found the combination that was most effective for Wendy and had the fewest side effects.

The right treatment for an individual depends on the nature and severity of the depression and, to some extent, the patient's preferences. In cases of mild or moderate depression, one or both treatments may be effective, while for severe, incapacitating depression, medication is generally recommended as a first step. This can relieve physical symptoms quickly, while psychotherapy makes it possible for the patient to learn, over time, more effective ways of handling problems.

Several types of antidepressant medications, including selective serotonin reuptake inhibitors (SSRIs) and the tricyclics and monoamine oxidase inhibitors (MAOIs), are used to treat depressive disorders. Each works on different chemical pathways of the human brain related to moods.

The SSRIs and other newer medications that affect neurotransmitters (such as dopamine and norepinephrine) generally have fewer side effects than tricyclics. Antidepressant medications are not habit-forming.

Although some individuals notice improvement in the first two weeks, antidepressants usually must be taken for at least four weeks, and in some cases up to eight weeks before the full therapeutic effect occurs. To be effective and to prevent a relapse of the depression, medications must be taken for about six to 12 months. Long-term treatment with medication is the most effective means of preventing recurring episodes of depression.

Lithium is usually the treatment of choice for bipolar disorder, although the dosage must be carefully monitored. Other medications helpful in controlling mood swings are two anticonvulsants, carbamazepine (Tegretol®) and valproate (Depakote®).

In mild to moderate cases of depression, psychotherapy is also a treatment option. "Talking" therapies help patients gain insight into and resolve their problems through verbal give-and take with the therapist. "Behavioral" therapies help patients learn new behaviors that lead to more satisfaction in life and "unlearn" counter-productive behaviors. Research has shown that two short-term (10 - to 20-week) psychotherapies, interpersonal and cognitive-behavioral, are helpful for some forms of depression by changing interpersonal relationships and negative styles of thinking and behaving.

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One study reported that up to 90 percent of patients with major depression improved with good compliance and adequate doses of the right antidepressants.

For individuals whose depression is severe or life-threatening or for those who cannot take antidepressant medication, electroconvulsive therapy (ECT) is useful. This treatment has been much improved over the years. A muscle relaxant is given before treatment, which is done under brief anesthesia. The person experiencing ECT does not consciously experience the electrical stimulus.

*Adapted from material developed by the
National Institute for Mental Health*

A Self-help Success Story



Walter Walker, Librarian
Depressive/Manic
Depressive Association of
St. Louis

Walter Walker had his first bout of depression in 1975, although it was not diagnosed until years later. Trained as a professional librarian, he was working in Hawaii in the '80s when depression triggered by work-related stress caused him to lose two jobs and his home and almost cost him his marriage. He returned to St. Louis and was retrained as a computer program analyst, but after eight years, work-related stress and the threat of downsizing caused his depression to return with a vengeance. Such classic symptoms as loss of concentration, the inability to analyze and memory problems put him "in a world of hurt," and that job was also lost.

That's when Walker discovered the St. Louis Chapter of the Depressive and Manic Depressive Association (DMDA). He's been involved there since 1991, served on the board for six years, is a former board president and for ten years has been a group leader. In 1997, when DMDA opened its Empowerment Center, which emphasizes self-help activities, Walter volunteered to organize and run its library, where he now works eight hours a week.

"I'm on corporate disability," Walker says, "but I needed something to do with my time. Library work is what I'm trained for and love to do, and it gives me the opportunity to help others while I'm helping myself." He is a strong booster of the Empowerment Center, which offers as many as 18 different activities a week, helping people to come to terms with their problems and work through them.

Here are other self-help suggestions for people with depression:

- Goal setting and time management, breaking down tasks into smaller steps that are easier to accomplish. This helps people regain a sense of control over their lives, boosting self-esteem and positive thinking.
- Stress management and relaxation techniques to ease muscle tension and anxiety
- Exercise to fight tension and improve body image, self-confidence and self-awareness
- Support groups like those found at the Empowerment Center
- Not expecting too much of yourself too soon
- Avoiding alcohol and non-prescribed drugs
- Participation in sports, cultural, religious or social events, without overdoing it

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- Keeping a journal
- Reading
- Getting enough sleep and eating well
- Getting out of bed and going out
- Phoning a friend
- Watching funny videos
- Doing something unexpectedly nice for yourself
- Singing and dancing, alone or with friends
- Pulling weeds

Resources:

For information about where to call or write for more information or help with depression:

Behavioral Health Response (BHR)
24-hour crisis hotline staffed
by professional counselor
www.bhrstl.org 314-469-6644

**City of St. Louis
Mental Health Board of Trustees**
www.stlmhb.com 314-535-6964

**City of St. Louis
Mental Health Board
Comment Line** 314-658-3603

Help with Gambling 1 800 BETS OFF

Life Crisis Service
24-hour hotline staffed
by trained volunteers
www.lifecrisis.org 314-647-4357

**Missouri Department of
Mental Health
Eastern Region Office**
dmhmail@mail.dmh.state.mo.us 314-877-0370

Community Alternatives
3738 Chouteau Ave., Suite 200
St. Louis, MO 63110 314-772-8801
Assertive community treatment for homeless and mentally-ill individuals

**Mental Health Association
of Greater St. Louis**
1905 South Grand Blvd.
St. Louis, MO 63104 314-773-1399
*Assistance with budgetary and bill paying services for persons with
mental illnesses*

Resource list, continued

Places for People

4120 Lindell Blvd.
St. Louis, MO 63106 **314-535-5600**
Support services for mentally-ill individuals to develop the skills necessary for independent living

Aid for Victims of Crime

4144 Lindell Blvd., Suite B20
St. Louis, MO 63108 **314-652-9630**
Counseling services for victims of crime

War Trauma Recovery Project

P.O. Box 63110
St. Louis, MO 63163 **314-771-7061**
Assistance to immigrants and refugees with post-traumatic stress

**National Alliance for the
Mentally Ill-NAMI of St. Louis**

134 West Madison Ave.
St. Louis, MO 63122 **314-966-4670**
Outreach to minority families

**Mental Health Association/
Depressive/Manic Depressive
Association**

1905 South Grand Blvd.
St. Louis, MO 63104 **314-776-3969**
A consumer drop-in center, friendship line, peer support and self-help groups

**Substance Abuse Mental
Health Information Online (SAMHI)**

www.samhi.org

The National Mental Health Association

1021 Prince Street **703-684-7722**
Alexandria, VA 22314-2971 **1-800-433-5959**
<http://www.nmha.org> **703-684-5968 (fax)**

Mental Health Information Center 800-969-NMHA
TTY 800-433-5959 -more-

Resource list, continued

National Institute of Mental Health

6001 Executive Boulevard, Rm. 8184, MSC 9663
Bethesda, MD 20892-9663 U.S.A.

301-443-4513

301-443-4279 (fax)

TTY 301-443-8431

National Depressive and Manic Depressive Association

730 North Franklin Street Suite 501
Chicago, IL 60610-3526

312-642-0049

<http://www.ndmda.org>

National Alliance for the Mentally Ill (NAMI)

Colonial Place Three
2107 Wilson Blvd., Suite 300
Arlington, VA 22201-3042

<http://www.nami.org>

703-524-7600

1-800-950-NAMI

National Foundation for Depressive Illnesses, Inc.

P. O. Box 2257
New York, NY 10016

<http://www.depression.org>

212-268-4260

1-800-239-1265

Child and Adolescent Bipolar Foundation

1187 Wilmette Ave., PMB #331
Willmette, IL 60091

<http://www.bpkids.org>

847-256-8525

Helpful Web sites

- The National Institute of Mental Health (NIMH) provides good general information about depression, treatments and self-help at <http://www.nimh.nih.gov/publicat/depression.cfm>
- NIMH has a document especially helpful to teenagers who believe they or their friends may be clinically depressed at <http://www.nimh.nih.gov/publicat/letstalk.cfm>

Resource list, continued

- The NIMH document found at <http://www.nimh.nih.gov/publicat/depchildresfact.cfm> deals with depression in children and youth.
- Depression and new treatments for the elderly are discussed in the NIMH document at <http://www.nimh.nih.gov/publicat/over65.cfm>
- Another NIMH document at <http://www.nimh.nih.gov/publicat/depwomenknows.cfm> and a document from the National Association for the Mentally Ill at <http://www.nami.org/helpline/women.html> provide information on depression in women.
- Documents with suggestions for self help can be found at <http://www.treatments-for-depression.com/html/self-help.html>, <http://www.depression.org/howtohelp.html>, <http://www.depression.org/better.html> and <http://www.wingofmadness.com/articles/asd4.htm>