



Depression

Introduction

Hello & welcome to Kaiser Permanente's **Understanding Depression**. This program has been designed to help members not only understand but also start to overcome depression. We begin with a good basic understanding of the illness itself - its causes, its different forms, and we'll end with the many treatment options available to you as a Kaiser member. We'd like you to think of this video as an introduction and supplement to the two hour **Depression Overview Class** that is currently offered, usually free-of-charge to all KP members and their families several times a month. And while we'll be covering a number of the same topics as the Depression Overview, there are certain benefits to a live two-hour class that we simply can't duplicate in a video. So, we encourage you to take advantage of the overview.

In the meantime, you might want to have a pen and paper handy while you're watching. We'll be defining various terms as well as talking about symptoms, causes, triggers and treatment options. We'll also be giving you a variety of phone numbers and a website address that you can access for contact information towards the end of the video.

We'll be talking about a lot of things in this video but the main points we'd like you to come away with are:

- While Depression is a very real and very common illness, it's also very treatable.
- Though you may have some or a number of the symptoms that we'll talk about, you're **by no means** "crazy."
- Most importantly, that being depressed is **NOT YOUR FAULT!** You're **NOT ALONE**, and you **CAN FEEL BETTER!**

So, let's learn a little bit about Depression and perhaps more importantly, how to **FIGHT IT!**

WHAT IS DEPRESSION?

Depression is an illness that affects your body, your mood, your thoughts and your feelings. One of the defining characteristics of depression is a low mood, like sadness, anger or negativity that won't go away and that can interfere with daily activities like eating, sleeping, working, and relationships with other people, and the way you think and feel about yourself.

Depression is a real illness – like diabetes, heart disease or asthma, which affects about 1 in 10 Americans of all ages and ethnicities and which should be taken seriously and treated. The good news is that there are a variety of treatments available and that these treatments are generally very effective.

The next important question is **Are You Depressed?** Do you feel bad most of the day? Have you lost interest in things you used to enjoy doing? Do you feel tired and sluggish or restless and

jittery? Do you have trouble sleeping or are you sleeping too much? Do you find yourself eating more or less than usual? Do you have trouble concentrating, remembering things, or making decisions? Do you have feelings of worthlessness and/or guilt? Do you have headaches, stomach problems or other aches and pains? Are you angry or irritable much of the time? Most importantly do you have thoughts or fantasies about death or suicide?

Even if you have just **some** of these symptoms, you might be Depressed. If you are thinking seriously about suicide or hurting yourself, stop this video right now and call your KP medical professional, the Department of Psychiatry, or go to a Health Plan hospital. If you cannot safely go to a plan hospital, go to the nearest hospital emergency room or call 911. Don't use a permanent solution to a temporary problem.

What Should You Do if You Are Depressed? That usually depends on what type of depression you have. We'll discuss the many treatment options available to you a little later on in the video. Now let's talk about the different types of depression.

TYPES OF DEPRESSION

MAJOR DEPRESSION is not only the most common form of depression, it's also the most severe. Major Depression tends to come on strongly and distinctly, lasts at least two weeks, and is characterized by changes in mood, such as irritability, numbness, sadness, worthlessness and despair - as well as trouble concentrating and loss of interest or pleasure in daily activities. Suicidal thoughts or attempts can be a real concern in Major Depression. It responds well to psychotherapy, antidepressants, education and self-care strategies, however, which we'll learn a bit more about shortly.

The next type is called **DYSTHYMIA**, which is a less severe but longer-lasting depression and usually features someone with a continuously depressed mood for two years or more. People with Dysthymia tend to continue working and can maintain relationships with others, but they generally have very low self-esteem and may feel less "fully alive" than the average person.

BIPOLAR DEPRESSION - formerly known as Manic Depression - is far less common than other types of depression and is characterized by periods of severe depression alternating with periods of manic, energetic, and often irresponsible ("up") behavior. The dual nature of this illness can make it challenging to treat. Fortunately, there are some very effective treatments and medications for Bipolar Depression.

POSTPARTUM DEPRESSION affects approximately 10% of new mothers during the first year after childbirth and is thought to be due to rapid hormonal changes that often occur after giving birth. Symptoms include feelings of sadness, anger, loneliness and anxiety and usually begin within 2 to 3 weeks after delivery. Postpartum Depression can be treated much like Major Depression.

SEASONAL AFFECTIVE DISORDER (SAD) is a kind of depression triggered by changes in the amount of available daily sunlight, with onset usually occurring in the Fall and Wintertime. People with Seasonal Affective Disorder tend to respond well to many of the same treatments used to fight Major Depression as well as U.V. light therapy to serve as a supplement for the lost hours of sunlight.

DEPRESSION: FACTS VS. MYTHS

If you *are* depressed, you're not alone. One in 5 Americans will experience a clinical depression in their lifetime. One in 10 suffers from some form of depression each year. Another statistic: women are twice as likely as men to become depressed. These are *facts*. Now, there are a number of *myths* about depression that we'd like to take a moment to address. Unfortunately, many people still believe some (or all) of these myths. We've asked Dr. James Ballenger to help "debunk" some of the most popular myths about depression.

Thanks. Well the first and most popular myth is that depression isn't a "real" illness, and those people who have it tend to bring it on themselves.

The truth is that depression is quite a real illness that affects both the body and the brain. Moreover, you can't "will yourself" into a depression, anyone than you can "will yourself" out of one. Who would ever want to?

Another popular misconception is that if you have depression, it means you are "crazy" or "psychotic".

Fortunately, this is entirely false. Depression and psychosis are two completely different forms of illness.

The next myth is that people with depression are somehow weak or that they have a deficiency in their character.

Again, this is totally untrue. People with depression come from all walks of life and are no weaker than anyone else. The reality is that depression does not really discriminate and it can affect anyone, from all ethnicities and socioeconomic backgrounds.

The last common myth is that your depression may not ever go away, that once you "get it," you've "got it" for life.

Again, the good news here is that this is incorrect. In fact, most people who received appropriate and adequate treatment for depression show significant improvement and return to a "normal" and healthy life.

CAUSES & TRIGGERS OF DEPRESSION

So now we're ready to talk about some of the causes & triggers of depression. We know that depression is associated with a number of chemicals in the brain. Specifically, what we call neuro-transmitters, which are chemicals that affect mood and appetite, energy level and sleep among other things. Genetics certainly play a role as well. We've found that depression can run in families – with close relatives of people with a history of depression being much more likely to experience a depressive episode themselves. Also, other medical illnesses and certain medications used to treat them can sometimes result in a depressive condition. We know that hormone levels can influence brain chemistry which is something we see for example in menopausal women and new mothers. Misuse of drugs and alcohol can affect the body's normal chemical balance and lead to or exacerbate depression. And finally life's circumstances such as severe stress for example, physical, emotional or sexual abuse, or personal loss such as the death of a loved one, losing a job or the end of a relationship can help bring on a depression.

So these are some of the triggers that can lead to depression. Then, if left untreated, people can easily slip into what we call the **Cycle of Depression** – where negative or judgmental thoughts lead back and forth to hopeless or helpless, guilty or sad feelings. These in turn lead to certain behaviors, like keeping to your self, skipping medication, being less active, less productive. These behaviors then lead to certain physical symptoms of depression such as fatigue or sleep problems, changes in appetite or weight, trouble concentrating, etc. It's a cycle, with each part influencing the others. Thankfully, there are several recognized treatments that can effectively break the Cycle.

Which is why getting treatment now - or certainly sooner than later - is really important. It can help prevent a minor depression from getting worse, lasting longer or becoming more difficult to treat.

FREQUENTLY ASKED QUESTIONS

Before we get to treatment options, we wanted to address some of the Frequently Asked Questions about depression that we've run into over the years. We would like to thank Dr. Gerald Whitmore and Program Coordinator Kitsy Schoen for their help with this section. Now if you have a question that we *don't* cover, please contact your primary care provider by calling them or by accessing their physician's home page at www.kp.org/mydoctor. You can also talk to someone in your local Psychiatry or Health Education Department. You can access this information by going to www.kp.org, clicking the "member" button then following the prompts as you can see. If you do not know the number or address for your local Psychiatry or Health Education Department, and don't have access to a computer, you can always contact the Kaiser Permanente Member Services Call Center for this information at one of the toll free numbers on your screen.

Q: So, does this mean I'm crazy?

A: No, not at all. Depression is quite a distinct - and very common - kind of mental health problem, totally separate from the much rarer category of "psychosis", which is what you're talking about. In psychosis, there is a real difficulty in telling the difference between what's real and what's not. In depression, you know what's real and what's not, it's just that there's sort of a gray, "sad filter" that feels like it's been placed over your life, screening out the positive and "screening in" the negative.

Q: Why can't I just "snap out of it" like my friend did?

A: Everybody's situation is different, and people react differently to stress, according to individual childhood experiences, and different biological and environmental circumstances. This makes it hard to compare one person's depression to another's. Also, think about it, if it was that easy, VERY few of us would still be depressed! And we wouldn't need the many effective therapies we've developed to fight depression.

Q: How do I know if I might need medication for my depression?

A: Generally, that has to do with how severe your symptoms are. The therapist that you would see in our department would help you decide whether or not to set up a medication evaluation appointment, and you'd take it from there.

Q: If I change my job, the depression will go away right?

A: Not necessarily. Although external situations like job stress, a difficult relationship partner, or a troubled living situation may all contribute to depression, once depression starts, it often takes on a "life of its own." So even if you remove the original stress, you may still be left with the

depression. There are also usually other factors, such as how you view the world, your tendency to think and act in certain ways, and your brain chemistry, that tend to play a part. You'd need to work on these things as well. Plus, we've found that it's often NOT a good idea to make sweeping changes in your life WHILE you're depressed. Sometimes it's better to get "undepressed" first, before making big life-altering decisions.

Q: What's the difference between anxiety and depression?

A: Anxiety usually involves a heightened state of physical arousal: you are all "keyed up", "jittery" and "antsy." And, psychologically, there is a subjective state of uneasiness, apprehension, or worry. With depression, on the other hand, there is a slowing down that you can feel physically: you might feel tired, lacking in energy, or weak. And psychologically, you might experience a lot of negative and self-critical thoughts in depression which aren't necessarily part of having anxiety.

Q: Are Antidepressants addicting?

A: No. They're not. A lot of research has been done on this topic and study after study has shown that Antidepressant medications are NOT addictive. You should, however, consult with your prescribing practitioner before stopping medications, or even changing the dosage, as with some Antidepressants it is important to taper off slowly, over time.

Q: How long would I have to take Antidepressant medication? Would I have to take it for the rest of my life?

A: For a first time occurrence of depression, the prescribing clinician would probably want you on the medication for 6 to 12 months. At that 6 to 12 month point, if you are doing markedly better, you might have a discussion about tapering off the medication. For more than one episode of depression, experience has shown that it is best to stay on longer. In some cases, it IS best to stay on a medication for an indefinite period of time. And some people simply opt to stay on the medication indefinitely, to lessen the chances of a relapse.

Q: Can I be depressed and working at the same time?

I'm going to let a colleague answer this one. Kitsy.

Thanks Gerald. Hi, I'm Kitsy Schoen and I'm the Coordinator of the Behavioral Health Education Program at the Oakland Department of Psychiatry. I've learned a great deal by teaching the Overcoming Depression class for nearly a decade now.

A: Not only did the class help me improve my patients' care, but it also helped me more clearly identify my *own* symptoms of depression and the ways depression can affect my thinking. I am walking proof that with therapy, support and/or medication, people with depression can not only feel better but can *thrive* on an ongoing basis.

I share my personal experience with depression because I know how incredible common depression is... and yet there is still some stigma and prejudice associated with this very real illness. As people like me - like me and you - come forward and share our experiences with depression, others feel safe to tell their story, and over time, the misconceptions about depression should start to fall away.

Again, if you have a question we haven't covered here, feel free to contact your Kaiser Permanente Primary Care Provider either by phone or by using their physician's homepage at www.kp.org/mydoctor. You can also talk to someone in your local Psychiatry or Health Education Department. You can access this information by going to www.kp.org, clicking the "member" button then following the prompts. If you don't know the number or address for your local Psychiatry or Health Education Department and don't have access to a computer, you can always contact the Kaiser Permanente Member Services Call Center for this information at one of the toll free numbers on your screen.

TREATMENT OPTIONS

As we've mentioned, there are a number of treatment options available to you as a Kaiser Member. And while we'll talk a little bit about each one, deciding which treatment, or which **combination of treatments** will work best for YOU is something you should discuss with your medical caregiver or someone in your local Department of Psychiatry.

Now, to help us better understand the different types of treatment, we would like to welcome Mariko Ono.

Well, when we talk about treating depression, what we generally recommend to everyone as a first step is to sign up and take the **Depression Overview Class** as we've mentioned earlier. This is a one-time (usually free) class that lasts about two hours and will give you a bit more of an in-depth look at the topics we've touched on in this video as well as some others that we just don't have time for today.

The next class we recommend after the Overview is an 8-week class called **Overcoming Your Depression**. This class meets once a week and focuses on **CBT - or Cognitive Behavioral Therapy** skills. CBT skills help to minimize depression by challenging negative thinking, setting goals, teaching self-care methods, relaxation techniques, increasing pleasurable activities, and improving relationships (among other skills).

Some also offer a 12 week **Depression Psychotherapy Group** consisting of a longer timeframe and a smaller, more intimate group. You'll need a referral from your Psychiatry Department care provider to join this group.

There are also weekly **Depression Support Groups** offering support and encouragement after you've completed a CBT class or previous therapy group.

Individual Psychotherapy treatment is another popular and effective option - where you and a therapist work one-on-one on your specific feelings and issues. We've found it helpful for people to take one or more of the CBT classes or groups before starting individual therapy.

There are also a number of non-addictive **Anti-depressant Medications** out there to balance the chemical messengers in the brain (neuro-transmitters) and to help reduce the physical and emotional symptoms of depression. We've found that after learning some CBT skills and behaviors, combining Antidepressant medication and individual or group therapy can be a very effective way to treat Depression.

We call the last item **Self-Care**, where you help yourself get better. There are a variety of ways to do this. We encourage you to **SPEAK UP**, which, as you can see, is an acronym for the following activities:

Setting a **Schedule** - for sleeping, eating, and work. This should help make each day start to feel a little less overwhelming.

Pleasant Activities – making time for the things you enjoy, or which give you pleasure – watch a favorite video, spend time in the garden, read, listen to music, see friends, play with a pet.

Then there's **Exercise**. Research suggests that regular exercise - and it doesn't have to be a lot – can help lift your mood, reduce tension, and increase your energy level.

Avoid alcohol and drugs. Alcohol and drug use can make depression worse, disrupt an already fragile sleep cycle, and interfere with Anti-depressant medications.

Next are **Kind thoughts**. Have some compassion for you. Avoid taking on too many responsibilities, and try not to be so hard on yourself.

After that we have **Unwind**. Take time to relax, set aside a few minutes several times a day just to chill out - via deep breathing, muscle relaxation or visualization.

And lastly, **Practice Assertiveness**. Ask for what you need. **SPEAK UP** and get help.

REVIEWS AND RESOURCES

If you're watching this on a DVD you can use the fast-forward or rewind functions to navigate back to a section if there's something there that you want to see again. If you're watching on VHS or on the web, these section landmarks will help you navigate backwards and forward as well, just not quite as quickly!

In **Section 1 (Introduction)**, we introduced the video, and talked about some of the benefits of the **Depression Overview** class, which is a great next step to take. Then we stressed that Depression is a **very real illness, but one that's highly treatable**. And that if you are depressed, you're not crazy, it's not your fault and you're not to blame.

In **Section 2 (What is Depression)**, we discussed what **Depression** is, exactly, and went over its **various symptoms**.

In **Section 3 (Types of Depression)**, we defined the different types or kinds of Depression – from **Major Depression** to **Dysthymia**, to **Bipolar Depression**, **Postpartum Depression**, and **Seasonal Affective Disorder**.

In **Section 4 (Depression: Facts vs. Myths)** we talked about a number of **facts** and debunked some popular **myths** about depression.

In **Section 5 (Causes & Triggers of Depression)**, we went over the many causes of depression, including chemical imbalances in the brain, genetics, other illnesses and medications, hormones, drug and alcohol use and abuse, death of a loved one or other personal loss, unexpected unemployment, etc. This led to a discussion of the **Cycle of Depression** and why getting treatment now is so important.

In **Section 6 (Frequently Asked Questions)**, we listened in on a number of **Frequently Asked Questions** about Depression.

And in the all-important **Section 7 (Treatment Options)**, we discussed the many **treatment options** available to KP members – from the **CBT classes**, to the *Depression Psychotherapy and Support Groups* to **Individual Psychotherapy treatment** and **Antidepressant Medications** and the **SPEAK UP** self-care protocol.

So if you missed something, you can use the section headers to help you navigate.

And finally, let's talk about next steps. If you're ready to sign up for the Depression Overview Class, simply call your Primary Care Provider or your local Department of Psychiatry and Behavioral Health Medicine. You'd call the same number to sign up for the Overcoming Depression Class. As far as the other treatment options, you'll need to have an intake (interview) meeting at the Department of Psychiatry and Behavioral Medicine and you can call the same number to set *that* meeting up as well. There are also a number of handouts, brochures and reference materials that you can pick up at your local KP Health Education Center. You can find the nearest one at www.kp.org or by calling the Kaiser Permanente Member Services Call Centers at one of the toll free numbers on your screen.

Well, we've come to the end of our program. On behalf of myself, Antonio Curtis, the Department of Multimedia Communications, the Department of Psychiatry and Behavioral Medicine and our expert Clinicians: Dr. James Ballenger, Dr. Gerald Whitmore, Kitsy Schoen & Mariko Ono, we wish you all the best, and encourage you to go and get the care and treatment you deserve! Thanks.