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FACES OF DEPRESSION

Presented by Lynda Nyseth & Rose Mary Hafer

FCE State Meeting 2005

FACES OF DEPRESSION

Teachers Guide

Prepared by Lynda Nyseth & Rose Mary Hafer

Objectives:

- Recognize types of Depression
- Recognize Symptoms
- Recognize how Depression affects a person's life
 - Brenda's Story
 - Rob's Story
- Recognize Causes of Depression
- Recognize Risk Factors of Depression
- Learn where to get help
 - For yourself
 - For a relative or friend
- Learn what treatments are available
- Learn that Depression affects people in the public eye as well as people like us

Leaders Packet Includes:

1. Lesson materials
2. Quiz
3. Web site for materials included in this lesson
4. National Organizations to contact for additional information
5. Evaluation Form
6. Newstips, August—September 2005, Brook Shields

Participants Packet Includes:

1. Quiz
2. Brief outline of materials covered in lesson
3. Web site for materials included in this lesson
4. National Organizations to contact for additional information
5. Evaluation Form

Hand out the True/False quiz before you start the lesson. Have them write on the back of the page “Types of Depression” and “Symptoms of Depression”. Ask them to list all the types and symptoms they can think about. (Allow 5 minutes.)

What is Depression? (Allow 5 minutes for this and answer to T/F Quiz if you chose to answer them at this time.)

Clinical depression is more than just the “blues,” being “down in the dumps” or experiencing temporary feelings of sadness we all have from time to time in our lives. It is a serious condition that affects a person’s mind and body. It impacts all aspects of everyday life including eating, sleeping, working, relationships and how a person thinks about himself/herself. People who are clinically depressed cannot simply will themselves to feel better or just “snap out of it.” If they do not receive appropriate treatment their symptoms can continue for weeks, months or years.

The good news is that very effective treatments are available to help those who are depressed. However, only about one-third of those who are depressed actually receive treatment. This is unfortunate since upwards of 80-90% of those who do seek treatment can feel better within just a few weeks. Many people do not seek treatment for depression for a variety of reasons. Some believe that depression is the result of a personal weakness or character flaw. This is simply not true. Like diabetes, heart disease or any other medical condition, clinical depression is an illness that should be treated by a mental health professional or physician. Another reason why many people do not seek help for depression is that they simply do not recognize the signs or symptoms that something may be wrong.

Depression affects approximately 19 million Americans, or 9.5% of the population in any given one-year period. At some point in their lives, 10%-25% of women and 5%-12% of men will likely become clinically depressed. In fact, it affects so many people that it is often referred to as the “common cold” of mental illness. It is estimated that depression exacts an economic cost of over \$30 billion each year, but the cost of human suffering cannot be measured. Depression not only causes suffering to those who are depressed, but it also causes great difficulty for their family and friends who often do not know how to help.

(Answer True/False questions now or as you come to them in the lesson.)

Types of Depression (Allow 10 minutes, they can check their answers.)

Major Depressive Disorder

This illness impairs a person's ability to work, sleep, eat and function as he or she normally would. It keeps people from enjoying activities that were once pleasurable, and causes them to think about themselves and the world in negative ways. Major depression is often disabling and may occur several times in a person's lifetime.

Dysthymic Disorder

A milder yet more enduring type of major depression. People with dysthymia may appear to be chronically mildly depressed to the point that it seems to be a part of their personality. When a person finally seeks treatment for dysthymia, it is not uncommon that he/she has struggled with this condition for a number of years.

Bipolar Disorder

Also known as manic-depression or manic-depressive disorder. This condition is characterized by mood that alternates between periods of depression and periods of elation and excitable behavior known as mania (see symptoms below). For people who have bipolar disorder, the depressions can be severe and the mania can seriously impair one's normal judgment. When manic, a person is prone towards reckless and inappropriate behavior such as engaging in wild spending sprees or having promiscuous sex. He or she may not be able to realize the harm of his/her behavior and may even lose touch with reality.

Cyclothymic Disorder

A milder yet more enduring type of bipolar disorder. A person's mood alternates between a less severe mania and a less severe depression.

Mood Disorder Due to a General Medical condition

Depression may be caused or precipitated by a known or unknown physical medical condition such as hypothyroidism.

A. Substance-Induced Mood Disorder

Depression may be caused or precipitated by the use or abuse of substances such as drugs, alcohol, medications or toxins.

B. Seasonal Affective Disorder

This condition affects people during specific times or seasons of the year. During the winter months individuals feel depressed and lethargic, but during other months their moods may be normal.

C. Postpartum Depression

Postpartum depression is not really a separate mood disorder from major depression or bipolar disorder. The word, “postpartum” is a specifier used as additional diagnostic information to describe the onset or occurrence of the depressive episode associated with major depression or bipolar disorder.

Postpartum onset describes an uncommon depressive episode that begins within four weeks of giving birth to a child and may affect up to 10% of new mothers. It is very different than the “baby blues” that women can experience usually 3-7 days after delivery. Many women with postpartum depression may experience great anxiety, panic attacks, spontaneous crying, difficulty sleeping and there may even be the presence of psychotic features (delusions, hallucinations). If this is the case, a woman should receive immediate medical attention and hospitalization may be necessary. Whether or not psychotic features are present, a woman may have suicidal thoughts, continuous thoughts about violence towards her child, a difficulty with concentration and she may feel and appear to be quite agitated.

Brook Shields, the movie star, recently wrote about her postpartum depression in her book “Down Came the Rain”. (See Newstips, August-September 2005 from Oregon State University.)

D. Premenstrual Dysphoric Disorder

This is an uncommon type of depression affecting a small percentage of menstruating women. It is a cyclical condition in which women may feel depressed and irritable for one or two weeks before their menstrual period each month.

Symptoms of Depression (Allow 5 minutes, they can check their answers.)

People who are depressed or manic may not experience all of the following symptoms. Some will have many symptoms, others will have just a few. The severity of the symptoms may also be different for every person and even vary over time. If you are experiencing some of these symptoms or if you have questions about whether you may be depressed or manic, you should consult with your physician or a qualified mental health professional. If you or someone you know is considering suicide, or has made plans to do so, you should seek the help of a mental health professional or physician immediately.

- Sadness, anxiety or “empty” feelings
- Decreased energy, fatigue, being “slowed down”
- Loss of interest or pleasure in activities that were once enjoyed, including sex
- Insomnia, oversleeping or waking much earlier than usual
- Loss of weight or appetite or overeating and weight gain
- Feelings of hopelessness and pessimism

- Feelings of helplessness, guilt and worthlessness
- Thoughts of death or suicide or suicide attempts
- Difficulty concentrating, making decisions or remembering
- Restlessness, irritability or excessive crying
- Chronic aches and pains or physical problems that do not respond to treatment

Professional recommendation: If you think you might be depressed you should consult a qualified mental health professional. No one should have to suffer from the unpleasant symptoms of depression since very effective treatments are available.

Additional Statistics and Information About Depression

- Major depression is the leading cause of disability in the United States
- Depression affects almost 10% of the population or 19 million Americans, in a given year
- During their lifetime, 10%-25% of women and 5%-12% of men will become clinically depressed
- Women are affected by depression almost twice as often as men
- The economic cost of depression is estimated to be over \$30 billion each year
- Two-thirds of those who are depressed never seek treatment and suffer needlessly
- 80%-90% of those who seek treatment for depression can feel better within just a few weeks
- Research on twins suggest that there is a genetic component to the risk of developing depression

Research has also shown that the stress of a loss, especially the death of a loved one, may lead to depression in some people.

How Depression Affects a Person's Life (Allow 5 minutes.)

Clinical depression affects all aspects of a person's life. It impairs our ability to sleep, eat, work and get along with others. It damages our self-esteem, self-confidence and our ability to accomplish everyday tasks. People who are depressed find daily tasks to be a significant struggle. They tire easily, yet cannot get a good night's sleep. They have no motivation and lose interest in activities that were once enjoyable. Depression puts a dark, gloomy cloud over how we see ourselves, the world and our future. This cloud cannot be willed away, nor can we ignore it and have it magically disappear.

Here are first hand accounts of how Brenda and Rob experienced and managed their own depression.

Brenda's story:

"It was really hard to get out of bed in the morning. I just wanted to hide under the covers and not talk to anyone. I didn't feel much like eating and I lost a lot of weight. Nothing seemed fun anymore. I was tired all the time, yet I wasn't sleeping well at night. But I knew that I had to keep going because I've got kids and a job. It just felt so impossible, like nothing was going to change or get better.

"I started missing days from work, and a friend noticed that something wasn't right. She talked to me about the time that she had been really depressed and had gotten help from her doctor.

"I called my doctor and talked about how I was feeling. She had me come in for a checkup and gave me the name of a psychiatrist, who is an expert in treating depression.

"Now, I'm seeing the psychiatrist once a month and taking medicine for depression. I'm also seeing someone else for "talk" therapy, which helps me learn ways to deal with this illness in my everyday life.

"Everything didn't get better overnight, but I find myself more able to enjoy life and my children."

Rob's story:

"Things in my life were going all right. I had just gotten my GED and was starting a new job in a week. My family was really proud of me. But inside, I was feeling terrible.

"At first I was feeling sad all the time, even though I had no reason to be. Then the sadness turned into anger, and I started having fights with my family and friends. I felt really bad about myself, like I wasn't good enough for anyone. It got so bad that I wished I would go to bed and never wake up.

"My older brother, who I always looked up to, saw that I wasn't acting like my usual self. He told me straight out that I seemed depressed and that I should talk to a doctor about it. I hate going to the doctor. I thought, 'No way am I going in for this.'

"But after a few weeks, I started having problems at work too. Sometimes I wouldn't show up because I wasn't able to sleep the night before. When I got fired, I knew I had to listen to my brother and get help.

"I saw a doctor at the health clinic. He told me I had a common illness called depression and that treatment could help. So I started to see someone at the clinic each week for "talk" therapy. This treatment helps me learn to control depression in my everyday life. It has taken some time, but I'm finally feeling like myself again."

Causes of Depression (Allow 5 minutes.)

Unfortunately, it is not fully known what exactly causes clinical depression. There are numerous theories about causes such as biological and genetic factors, environmental influences and childhood or developmental events. However, it is generally believed that clinical depression is most often caused by the influence of more than just one or two factors.

The causes of clinical depression are likely to be different for different people. Sometimes a depressive episode can appear to come out of nowhere at a time when everything seems to be going fine. Other times, depression may be directly related to a significant event in our lives such as losing a loved one, experiencing trauma, or battling a chronic illness.

Stress

There appears to be a complex relationship among stressful situations, our mind and body's reaction to stress and the onset of clinical depression. It is clear that some people develop depression after a stressful event in their lives. Events such as the death of a loved one, the loss of a job or the end of a relationship are often negative and traumatic and cause great stress for many people. Stress can also occur as the result of a more positive event such as getting married, moving to a new city or starting a new job. It is not uncommon for either positive or negative events to become a crisis that precedes the development of clinical depression.

The more stress and difficulty a person experiences, the longer a recovery from depression may take.

Trauma

Many times, people who become depressed report that a single traumatic event happened just prior to their becoming depressed. Painful experiences such as the death of a loved one, divorce, a medical illness or losing everything in a natural disaster may be so impactful as to trigger clinical depression. Events like these take away a sense of control and cause great emotional upheaval. Some traumatic events may cause more distress for one person than for another. For instance, a man who loses his wife to death may be more prone to becoming clinically depressed than a woman who loses her husband. This may be because the loss of a wife can lead to additional losses for a man. He might lose contact with children and other family members. He may also become more emotionally distressed and isolated if he has difficulty reaching out to others. Women who lose their husbands may be more willing to seek out emotional support.

Risk Factors for Depression (Allow 5 minutes.)

Essentially, we are all at risk for developing a depressive illness. People of all ages, races and social class can become clinically depressed. No one is completely immune to this condition. However, it is important to know that the more common illnesses of major depression and bipolar disorder do tend to affect some groups of individuals more so than others. Some features of these groups, when associated with the development of a depressive illness, are known as "risk factors".

Please remember that no one is predestined to develop clinical depression. However, it can be very important to be aware of risk factors so that those of us who may be vulnerable can educate ourselves, be attentive to warning signs and take steps towards recognizing and preventing this illness.

Risk Factors for Major Depression:

Gender: In the United States, women are about as twice as likely as men to be diagnosed and treated for major depression. Among children, depression appears to occur in equal numbers of girls and boys. However, as girls reach adolescence, they tend to become more depressed than boys do. This gender difference continues into older age.

There are several theories as to why more women than men are diagnosed and treated for depression:

- Women may be more likely than men to seek treatment. They may be more willing to accept that they have emotional symptoms of depressed mood and feelings of worthlessness or hopelessness.
- Men may be less willing to acknowledge their emotional symptoms and more apt to suppress their depression through the use of alcohol or other substances. In such cases depression can be "masked" or viewed only as alcohol or drug dependency/abuse rather than as clinical depression.
- Women may tend to be under more stress than men. In today's American society women often have to manage a variety of conflicting roles. They have many responsibilities and full schedules at home and work.
- Women may be more prone to depression because of the possible effects of hormones. Women have frequent changes in their hormone levels, from their monthly menstrual cycles, to the time during and after pregnancy, to menopause. Some women develop a depressive illness around these events.

Marital factors: women who are unhappily married, divorced or separated, have high rates of major depression. The rates are lowered for those who are happily married.

Age: While clinical depression usually occurs for the first time when a person is between the ages of 20 and 50, people over the age of 65 may be especially vulnerable.

Previous episode: If you have had major depression once before, your chances of developing it again increase. According to some estimates, approximately one-half of those who have developed depression will experience it again.

Heredity: People who have relatives who have had clinical depression have a greater chance of developing it themselves. Also, having a close relative with bipolar disorder may increase a person's chances of developing major depression.

Risk Factors For Bipolar Disorder:

Bipolar disorder: Diagnosed in equal numbers of men and women. It is not known for sure why major depression seems to affect more women than men while mania affects both equally. One reason may be that mania, with its very conspicuous symptoms, is much more easily recognized than depression. Depression may also go unrecognized in men.

Previous episode: If you have had major mania once before, your chances increase of developing it again. Most of those who have had an episode of mania once will have a second.

Heredity: People who have relatives who have had bipolar disorder have a greater chance of developing it themselves. Immediate relatives (parents, siblings, children) of those with bipolar disorder are 8 to 18 times more likely to develop the condition than those not related to people with bipolar disorder. Having a close relative with bipolar disorder may also increase a person's chances of developing major depression.

Diagnosis of Clinical Depression (Allow 15 minutes.)

Mental health professionals and physicians are careful and deliberate when evaluating their clients for clinical depression. It takes more than just tearfulness or a feeling of sadness on the part of the client to indicate the presence of depression. A professional should take the time to gather a good deal of information about a person before determining that he or she is clinically depressed. In addition to a medical evaluation, a clinical interview and possibly additional assessments are used by a professional to evaluate whether a person has specific symptoms of a mood disorder such as major depression, dysthymia or bipolar disorder. Each mood disorder is characterized by a unique set of symptoms or diagnostic criteria, which are listed in a publication called the Diagnostic and Statistical Manual of Mental Disorders- Fourth Edition (American Psychiatric Association, 1994). This is the current reference used by mental health professionals and physicians to diagnose mental disorders.

Diagnostic criteria for mental disorders are essentially descriptions of symptoms that fall into one of four categories. In major depressive disorder for example,

affective or mood symptoms include depressed mood and feelings of worthlessness or guilt. **Behavioral** symptoms include social withdrawal and agitation. **Cognitive** symptoms, or problems in thinking include difficulty with concentration or making decisions. Finally, **somatic** or physical symptoms include insomnia or hypersomnia (sleeping too much).

Getting Help for Depression *(allow 10 min)*

It is not uncommon for people to wonder just when it is necessary to seek help for depression. Sometimes we hear people casually say, "I'm depressed," when they have had a bad day at work or a fight with their spouse. Typically, these kinds of feelings pass or lessen within a short period of time. In cases such as these, we are not really "depressed," but we experience normal and temporary feelings of sadness, frustration or stress. These normal feelings are different than the more extreme and pervasive feelings associated with clinical depression. However, if depressive symptoms persist for a period of two weeks or more, or they are particularly distressing, then it is probably time to consult a mental health professional or a physician.

If you have any doubts or questions about seeking help for depression, it is better to be on the safe side and go ahead and speak with a professional. Left untreated, depression can continue for weeks, months or years. Over time it can become worse and may be more difficult to treat successfully. Untreated depression can also increase a person's risk of suicide. Up to 15% of those who are clinically depressed die by suicide.

The following individuals or organizations can often provide treatment services and/or make referrals for service:

- Family doctors and other physicians
- Mental health professionals: psychiatrists, psychologists, social workers, counselors
- Your insurance provider
- Community mental health centers
- Hospital psychiatry departments and outpatient clinics
- Hospital emergency rooms in times of crisis
- University- or medical school-affiliated programs
- State hospital outpatient clinics
- Family service/social agencies
- Private clinics and facilities
- Employee assistance programs
- Local medical and/or psychiatric societies

The Yellow Pages can provide additional phone numbers and addresses under "mental health", "health", "social services", "suicide prevention", "crisis intervention services",

“hotlines”, “hospitals” or “physicians”. Assistance may also be provided by some of the organizations listed in the Resources section of this lesson.

Helping Yourself When You Are Depressed

Depressive disorders make one feel exhausted, worthless, helpless and hopeless. Such negative thoughts and feelings make some people feel like giving up. It is important to realize that these negative views are part of the depression and typically do not accurately reflect the situation. Negative thinking fades as treatment begins to take effect. In the meantime:

- Set realistic goals and assume a reasonable amount of responsibility.
- Break large tasks into small ones, set some priorities and do what you can as you can.
- Try to be with other people and to confide in someone; it is usually better than being alone and secretive.
- Participate in activities that may make you feel better.
- Mild exercise, going to a movie, a ballgame or participating in religious, social or other activities may help.
- Expect your mood to improve gradually, not immediately. Feeling better takes time.
- It is advisable to postpone important decisions until the depression has lifted. Before deciding to make a significant transition – change jobs, get married or divorced – discuss it with others who know you well and have a more objective view of your situation.
- People rarely “snap out of” a depression. But they can feel a little better day by day.
- Remember, positive thinking will replace the negative thinking that is part of the depression and will disappear as your depression responds to treatment.
- Let your family and friends help you.

Helping a Relative or Friend Who is Depressed

The most important thing anyone can do for the depressed person is to help him or her get an appropriate diagnosis and treatment. This may involve encouraging the individual to stay with treatment until symptoms begin to abate (several weeks) or to seek different treatment if no improvement occurs. On occasion, it may require making an appointment and accompanying the depressed person to the doctor. It may also mean monitoring whether the depressed person is taking medication. The depressed person should be encouraged to obey the doctor’s orders about the use of alcoholic products while on medication.

The second most important thing is to offer emotional support. This involves understanding, patience, affection and encouragement. Engage the depressed person in conversation and listen carefully. Do not disparage feelings expressed,

but point out realities and offer hope. Do not ignore remarks about suicide. Report them to the depressed person's therapist. Invite the depressed person for walks, outings, to the movies and other activities. Be gently insistent if your invitation is refused. Encourage participation in some activities that once gave pleasure, such as hobbies, sports, religious or cultural activities, but do not push the depressed person to undertake too much too soon. The depressed person needs diversion and company, but too many demands can increase feelings of failure.

Do not accuse the depressed person of faking illness or of laziness, or expect him or her "to snap out of it". Eventually, with treatment, most depressed people do get better. Keep that in mind, and keep reassuring the depressed person that, with time and help, he or she will feel better.

Antidepressant Medications

There are several types of antidepressant medications used to treat depressive disorders. Sometimes your doctor will try a variety of antidepressants before finding the medication or combination of medications most effective for you. Sometimes the dosage must be increased to be effective. Antidepressant medications must be taken regularly for as many as 8 weeks before the full therapeutic effect occurs.

Patients often are tempted to stop medication too soon. They may feel better and think they no longer need the medication. Or they may think the medication isn't helping at all. It is important to keep taking medication until it has a chance to work, though side effects may appear before antidepressant activity does. Once the individual is feeling better, it is important to continue the medication for 4 to 9 months to prevent a recurrence of the depression. Some medications must be stopped gradually to give the body time to adjust. For individuals with bipolar disorder or chronic major depression, medication may have to be maintained indefinitely.

Antidepressant drugs are not habit-forming. However, as is the case with any type of medication prescribed for more than a few days, antidepressants have to be carefully monitored to see if the correct dosage is being given. The doctor will check the dosage and its effectiveness regularly.

For the small number of people for whom MAOIs (monoamine oxidase inhibitors) are the best treatment, it is necessary to avoid certain foods that contain high levels of tyramine, such as many cheeses, wines and pickles, as well as medications such as decongestants. The interaction of tyramine with MAOIs can bring on a hypertensive crisis, a sharp increase in blood pressure that can

lead to a stroke. The doctor should furnish a complete list of prohibited foods that the patient should carry at all times. Other forms of antidepressants require no food restrictions.

Medications of any kind – prescribed, over-the counter, or borrowed – should never be mixed without consulting the doctor. Other health professionals who may prescribe a drug – such as a dentist or other medical specialist – should be told that the patient is taking antidepressants. Some drugs, although safe when taken alone can, if taken with others, cause severe and dangerous side effects. Some drugs, like alcohol or street drugs, may reduce the effectiveness of antidepressants and should be avoided. This includes wine, beer and hard liquor. Some people who have not had a problem with alcohol use may be permitted by their doctor to use a modest amount of alcohol while taking one of the newer antidepressants.

Antianxiety drugs or sedatives are not antidepressants. They are sometimes prescribed along with antidepressants; however, they are not effective when taken alone for a depressive disorder. Stimulants, such as amphetamines, are not first-line antidepressants and share the habit-forming risks of antianxiety medications and sleeping pills.

Lithium has for many years been the treatment of choice for bipolar disorder, as it can be effective in smoothing out the mood swings common to this disorder. Its use must be carefully monitored, as the range between an effective dose and a toxic one is small. If a person has pre-existing thyroid, kidney or heart disorders or epilepsy, lithium may not be recommended. Fortunately, other medications have been found to be of benefit in controlling mood swings.

Most people who have bipolar disorder take more than one medication including, along with lithium and/or an anticonvulsant, a medication for accompanying agitation, anxiety or insomnia. Finding the best possible combination of these medications is of utmost importance to the patient and requires close monitoring by the physician.

Depression and ... Childhood Difficulties

People who become clinically depressed have generally experienced more severe difficulties in childhood than those who do not become depressed. These difficulties may include sexual or physical abuse, a turbulent upbringing, separation from a parent or mental illness in a parent. Some researchers believe that a problematic childhood may trigger an early-onset of depression (first episode occurs before age 20). The most significant event that seems to be

related to clinical depression is separation from or death of a parent before the age of 11.

During World War II there were a number of children who were separated from their mothers. It was noticed that these children became depressed after going through several stages of grief. First, the children cried strenuously for their mothers. Then the children became very agitated. Afterwards, they became despondent and still. Lastly, they became very withdrawn. This severe reaction to losing their mothers is known as anaclitic depression. This same type of reaction to separation has been observed in studies with monkeys. In these studies, the monkeys secreted higher amounts of cortisol (a stress hormone) during the earlier stages of grief. It was found that the more cortisol that was released into the blood, the more intense the monkey's depression became later on. In approximately one-half of all depressed humans there are high levels of cortisol in the blood.

Medical Conditions

We all are vulnerable to depression, but people with some serious or chronic diseases may be at greater risk. It may also be true that those who are depressed could be at greater risk for developing certain medical conditions. Treatment for depression can help people manage symptoms of both diseases and thereby improve the overall quality of their lives.

Symptoms of depression may also signify the presence of a medical condition, which once treated may alleviate the depressive symptoms. A thorough medical evaluation by a physician is always an important part of the diagnostic process.

(Material taken from AOL web site search. I looked up depression+treatment and found "All about Depression: Treatment: Getting Help" at www.allaboutdepression.com/tre_ol.html).

Depression Quiz

True or False

1. Depression is experiencing temporary feelings of sadness we all have from time to time in our lives. True or False
2. People do not seek treatment because they believe that depression is the result of a personal weakness or character flaw. True or False
3. Depression affects almost 10% of the population in any given year. True or False
4. Men are more likely to become clinically depressed than women. True or False
5. Depression is referred to as the “common cold” of mental illness. True or False
6. Seasonal changes are not conditions that affect people. True or False
7. Insomnia, oversleeping or waking much earlier than usual is not a symptom of Depression. True or False
8. Loss of weight or appetite, or overeating and weight gain are symptoms of Depression. True or False
9. Symptoms of Depression could be chronic aches and pains or physical problems that do not respond to treatment. True or False
10. Major depression is the leading cause of disability in the United States. True or False
11. People who have relatives who have had bipolar disorder have a greater chance of developing it themselves. True or False
12. You can help yourself when you are depressed. True or False
13. You can help someone that is depressed by offering emotional support. Be understanding, patient and encouraging. True or False
14. Do not accuse the depressed person of faking illness or of laziness. True or False
15. People in the public eye are not affected by Depression. True or False

National Organizations

Please call or write to the following organizations for more information or for local chapters in your area.

Agency for Health Care Policy and Research (AHCPR)

AHCPR Publications Clearinghouse

P.O. Box 8547

Silver Spring, MD 20907-8547

phone: 1-800- 358-9295

e-mail: info@ahcpr.gov

web site: <http://www.ahcpr.gov/>

American Academy of Child and Adolescent Psychiatry

3615 Wisconsin Avenue, NW

Washington, DC 20016-3007

phone: 1-800- 333-7636

web site: <http://www.aacap.org/>

American Psychiatric Association

1400 K Street, NW

Washington, DC 20005

phone: (202) 682-6220

web site: <http://www.psych.org/>

American Psychological Association

750 First Street, NE

Washington, DC 20002-4242

phone: (202) 336-5500

web site: <http://www.apa.org/>

AMI Quebec

5253 boul. Decarie

bureau 150

Montreal, Quebec

H3W 3C3

phone: (514) 486-1448

Anxiety Disorders Association of America

11900 Parklawn Drive, suite 1200

Rockville, MD 20852

web site: <http://www.adaa.org>

Canadian Medical Association

1867 Alta Vista Drive

Ottawa, ON

K1G 3Y6

phone: (613) 731-9331

web site: <http://www.cma.ca>

Depression and Bipolar Support Alliance

730 North Franklin Street, suite 501

Chicago, IL 60610-3526

phone: 1-800-826-3632; (312) 642-0049

e-mail: myrtis@aol.com
web site: <http://www.ndmda.org>

Depression and Related Affective Disorders Association (DRADA)

Meyer 3-181
600 N. Wolfe Street
Baltimore, MD 21287-7381
phone: (410) 955-4647 (Baltimore); (202) 995-5800 (Washington, DC)
e-mail: drada-g@welchlink.welch.jhu.edu
web site: <http://www.med.jhu.edu/drada>

Federation of Families for Children's Mental Health

1021 Prince Street
Alexandria, VA 22314-2971
phone: (703) 684-7710
e-mail: ffcmh@crosslink.net
web site: <http://www.ffcmh.org>

Health Canada

A. L. 0913A
Ottawa, Canada
K1A 0K9
phone: (613) 941-5336
web site: <http://www.hc-sc.gc.ca>

National Alliance for the Mentally Ill

Colonial Place Three
2107 Wilson Blvd., Suite 300
Arlington, VA 22201-3042
phone: 1-800-950-NAMI, (703) 524-7600
web site: <http://www.nami.org>

National Foundation for Depressive Illness

P.O. Box 2257
New York, NY 10116
phone: 1-800-248-4344 or 1-800- 239-1265
web site: <http://www.depression.org>

National Institute of Mental Health

Information Resources and Inquiries Branch
6001 Executive Boulevard, Room 8184, MSC 9663
Bethesda, MD 20892-9663
phone: (301) 443-4513
fax: (301) 443-4279
free brochures: 1-800-421-4211
e-mail: nimhinfo@nih.gov
web site: <http://www.nimh.nih.gov/>

National Mental Health Association

1021 Prince Street
Alexandria, VA 22314-2971
phone: 1-800-969-6642, (703) 684-7722
fax: 1-703-684-5968

web site: <http://www.nmha.org>

Center for Mental Health Services

P.O. Box 42490

Washington, DC 20015

phone: 1-800-789-2647

TDD: (301) 443-9006

e-mail: ken@mentalhealth.org

web site: <http://www.mentalhealth.org/>

National Organization for Seasonal Affective Disorder (NOSAD)

P.O. Box 40133

Washington, DC 20016

Postpartum Support International

927 North Kellog Avenue

Santa Barbara, CA 93111

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Watch out for those "baby blues"!

Brooke Shields, the movie star, recently came out with a message for all new mothers who may be feeling depressed. In her new book, "Down Came the Rain," about her battle with postpartum depression, Brooke writes, "Do not waste time! Get help right away."

In this book, Brooke describes her inability to get out of bed for weeks on end and says she was barely being able to care for herself or her baby before she got help. She urges all new mothers to understand that postpartum depression is extremely treatable and there are many ways to cope and get through it. She says, "Having it does not mean you are not a good mother or crazy. The important thing is that you don't wait for it to pass."

This is an important message for many women. Ten to 20 percent of new mothers experience depression within weeks or months of giving birth, but fewer than one woman in five gets help and receives treatment. Failure to get needed help can lead to months of misery, resulting in a battle with depression that can last a year or more.

For some 400,000 U.S. women each year (10 percent of all births), postpartum depression leads to crying, uncontrollable mood swings, fear of being alone, loss of energy and motivation, lack of interest in the baby, and withdrawal from family and friends. Physical symptoms can include extreme fatigue, sleep disturbance, and loss of appetite.

A woman experiencing these symptoms needs to see her physician. The many different types of treatment options include individual psychotherapy, group therapy, and medication with antidepressants or hormones. Self-help options also are available. Friends and family can do a lot to help by giving a new mother a chance to get out by herself, caring for the new baby during the night, or preparing nutritious meals.

Postpartum depression: What to look for

The Family Mental Health Foundation provides a questionnaire online at www.ppdhope.com to help women recognize postpartum depression. A woman who agrees with five or more of the following statements about how she has been feeling in the last 7 days is urged to seek help:

- I am not interested in activities I usually enjoy.
- I feel hopeless about the future.
- I can't make decisions.
- I feel sluggish or restless.
- I feel guilty or blame myself when anything goes wrong.
- I am gaining or losing weight.
- I am sleeping too much, or can't sleep even when the baby does.
- I feel unhappy.
- I feel irritable or anxious for no good reason.
- I think about dying or killing myself.

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References

Jane E. Brody. Don't Let Your Baby Blues Go Code Red. *The New York Times*, June 7, 2005, p. D7.

Brook Shields. "Down Came the Rain." Hyperion Press. 2005.

Family Mental Health Foundation, www.ppdhope.com

Contact

[name], OSU family and community development educator, [county name] County, [telephone and e-mail address]

Source

Ann Zukoski, interim health specialist, Oregon State University; ann.zukoski@oregonstate.edu

Depression Quiz

True or False

1. Depression is experiencing temporary feelings of sadness we all have from time to time in our lives. True or False
2. People do not seek treatment because they believe that depression is the result of a personal weakness or character flaw. True or False
3. Depression affects almost 10% of the population in any given year. True or False
4. Men are more likely to become clinically depressed than women. True or False
5. Depression is referred to as the “common cold” of mental illness. True or False
6. Seasonal changes are not conditions that affect people. True or False
7. Insomnia, oversleeping or waking much earlier than usual is not a symptom of Depression. True or False
8. Loss of weight or appetite, or overeating and weight gain are symptoms of Depression. True or False
9. Symptoms of Depression could be chronic aches and pains or physical problems that do not respond to treatment. True or False
10. Major depression is the leading cause of disability in the United States. True or False
11. People who have relatives who have had bipolar disorder have a greater chance of developing it themselves. True or False
12. You can help yourself when you are depressed. True or False
13. You can help someone that is depressed by offering emotional support. Be understanding, patient and encouraging. True or False
14. Do not accuse the depressed person of faking illness or of laziness. True or False
15. People in the public eye are not affected by Depression. True or False

Participant copy
What is Depression?

What is Depression?

Clinical depression is more than just the “blues,” being “down in the dumps” or experiencing temporary feelings of sadness we all have from time to time in our lives. It is a serious condition that affects a person’s mind and body. It impacts all aspects of everyday life including eating, sleeping, working, relationships and how a person thinks about himself/herself. People who are clinically depressed cannot simply will themselves to feel better or just “snap out of it.” If they do not receive appropriate treatment their symptoms can continue for weeks, months or years.

The good news is that very effective treatments are available to help those who are depressed. However, only about one-third of those who are depressed actually receive treatment. This is unfortunate since upwards of 80-90% of those who do seek treatment can feel better within just a few weeks. Like diabetes, heart disease or any other medical condition, clinical depression is an illness that should be treated by a mental health professional or physician.

Types of Depression

Major Depressive Disorder

This illness impairs a person’s ability to work, sleep, eat and function as he or she normally would.

Dysthymic Disorder

A milder yet more enduring type of major depression.

Bipolar Disorder

Also known as manic-depression or manic-depressive disorder. This condition is characterized by mood that alternates between periods of depression and periods of elation and excitable behavior known as mania.

Cyclothymic Disorder

A milder yet more enduring type of bipolar disorder.

Mood Disorder Due to a General Medical condition

Depression may be caused or precipitated by a known or unknown physical medical condition such as hypothyroidism.

A. Substance-Induced Mood Disorder

Depression may be caused or precipitated by the use or abuse of substances such as drugs, alcohol, medications or toxins.

B. Seasonal Affective Disorder

This condition affects people during specific times or seasons of the year. During the winter months individuals feel depressed and lethargic, but during other months their moods may be normal.

C. Postpartum Depression

Postpartum depression is not really a separate mood disorder from major depression or bipolar disorder. The work, "postpartum" is a specifier used as additional diagnostic information to describe the onset or occurrence of the depressive episode associated with major depression or bipolar disorder.

Postpartum onset describes an uncommon depressive episode that begins within four weeks of giving birth to a child and may affect up to 10% of new mothers.

D. Premenstrual Dysphoric Disorder

This is an uncommon type of depression affecting a small percentage of menstruating women. It is a cyclical condition in which women may feel depressed and irritable for one or two weeks before their menstrual period each month.

Symptoms of Depression

People who are depressed or manic may not experience all of the following symptoms.

- Sadness, anxiety or "empty" feelings
- Decreased energy, fatigue, being "slowed down"
- Loss of interest or pleasure in activities that were once enjoyed, including sex
- Insomnia, oversleeping or waking much earlier than usual
- Loss of weight or appetite or overeating and weight gain
- Feelings of hopelessness and pessimism
- Feelings of helplessness, guilt and worthlessness
- Thoughts of death or suicide or suicide attempts
- Difficulty concentrating, making decisions or remembering
- Restlessness, irritability or excessive crying
- Chronic aches and pains or physical problems that do not respond to treatment

Professional recommendation: If you think you might be depressed you should consult a qualified mental health professional. No one should have to suffer from the unpleasant symptoms of depression since very effective treatments are available.

Additional Statistics and Information About Depression

- Major depression is the leading cause of disability in the United States
- Depression affects almost 10% of the population or 19 million Americans, in a given year
- During their lifetime, 10%-25% of women and 5%-12% of men will become clinically depressed
- Women are affected by depression almost twice as often as men
- The economic cost of depression is estimated to be over \$30 billion each year
- Two-thirds of those who are depressed never seek treatment and suffer needlessly
- 80%-90% of those who seek treatment for depression can feel better within just a few weeks
- Research on twins suggest that there is a genetic component to the risk of developing depression

Research has also shown that the stress of a loss, especially the death of a loved one, may lead to depression in some people.

How Depression Affects a Person's Life

Clinical depression affects all aspects of a person's life. It impairs our ability to sleep, eat, work and get along with others. It damages our self-esteem, self-confidence and our ability to accomplish everyday tasks. People who are depressed find daily tasks to be a significant struggle. They tire easily, yet cannot get a good night's sleep. They have no motivation and lose interest in activities that were once enjoyable. Depression puts a dark, gloomy cloud over how we see ourselves, the world and our future. This cloud cannot be willed away, nor can we ignore it and have it magically disappear.

Causes of Depression

Unfortunately, it is not fully known what exactly causes clinical depression. There are numerous theories about causes such as biological and genetic factors, environmental influences and childhood or developmental events. However, it is generally believed that clinical depression is most often caused by the influence of more than just one or two factors.

Sometimes a depressive episode can appear to come out of nowhere at a time when everything seems to be going fine. Other times, depression may be directly related to a significant event in our lives such as losing a loved one, experiencing trauma, or battling a chronic illness.

Stress

There appears to be a complex relationship among stressful situations, our mind and body's reaction to stress and the onset of clinical depression.

The more stress and difficulty a person experiences, the longer a recovery from depression may take.

Trauma

Many times, people who become depressed report that a single traumatic event happened just prior to their becoming depressed. Painful experiences such as the death of a loved one, divorce, a medical illness or losing everything in a natural disaster may be so impactful as to trigger clinical depression.

Risk Factors for Depression

Essentially, we are all at risk for developing a depressive illness. People of all ages, races and social class can become clinically depressed. No one is completely immune to this condition. However, it is important to know that the more common illnesses of major depression and bipolar disorder do tend to affect some groups of individuals more so than others. Some features of these groups, when associated with the development of a depressive illness, are known as "risk factors".

Please remember that no one is predestined to develop clinical depression.

However, it can be very important to be aware of risk factors so that those of us who may be vulnerable can educate ourselves, be attentive to warning signs and take steps towards recognizing and preventing this illness.

Risk Factors for Major Depression:

Gender: In the United States, women are about as twice as likely as men to be diagnosed and treated for major depression. Among children, depression appears to occur in equal numbers of girls and boys. However, as girls reach adolescence, they tend to become more depressed than boys do. This gender difference continues into older age.

There are several theories as to why more women than men are diagnosed and treated for depression:

- Women may be more likely than men to seek treatment. They may be more willing to accept that they have emotional symptoms of depressed mood and feelings of worthlessness or hopelessness.
- Men may be less willing to acknowledge their emotional symptoms and more apt to suppress their depression through the use of alcohol or other substances. In such cases depression can be "masked" or viewed only as alcohol or drug dependency/abuse rather than as clinical depression.

- Women may tend to be under more stress than men. In today's American society women often have to manage a variety of conflicting roles. They have many responsibilities and full schedules at home and work.
- Women may be more prone to depression because of the possible effects of hormones. Women have frequent changes in their hormone levels, from their monthly menstrual cycles, to the time during and after pregnancy, to menopause. Some women develop a depressive illness around these events.

Marital factors: women who are unhappily married, divorced or separated, have high rates of major depression. The rates are lowered for those who are happily married.

Age: While clinical depression usually occurs for the first time when a person is between the ages of 20 and 50, people over the age of 65 may be especially vulnerable.

Previous episode: If you have had major depression once before, your chances of developing it again increase. According to some estimates, approximately one-half of those who have developed depression will experience it again.

Heredity: People who have relatives who have had clinical depression have a greater chance of developing it themselves. Also, having a close relative with bipolar disorder may increase a person's chances of developing major depression.

Risk Factors For Bipolar Disorder:

Bipolar disorder: Diagnosed in equal numbers of men and women. It is not known for sure why major depression seems to affect more women than men while mania affects both equally. One reason may be that mania, with its very conspicuous symptoms, is much more easily recognized than depression. Depression may also go unrecognized in men.

Previous episode: If you have had major mania once before, your chances increase of developing it again. Most of those who have had an episode of mania once will have a second.

Heredity: People who have relatives who have had bipolar disorder have a greater chance of developing it themselves.

Diagnosis of clinical Depression

Mental health professionals and physicians are careful and deliberate when evaluating their clients for clinical depression. It takes more than just tearfulness or a feeling of sadness on the part of the client to indicate the presence of depression. A professional should take the time to gather a good deal of information about a person before determining that he or she is clinically depressed. In addition to a medical evaluation, a clinical interview and possibly additional assessments are used by a professional to evaluate whether a person

has specific symptoms of a mood disorder such as major depression, dysthymia or bipolar disorder. Each mood disorder is characterized by a unique set of symptoms or diagnostic criteria, which are listed in a publication called the Diagnostic and Statistical Manual of Mental Disorders- Fourth Edition (American Psychiatric Association, 1994). This is the current reference used by mental health professionals and physicians to diagnose mental disorders.

Diagnostic criteria for mental disorders are essentially descriptions of symptoms that fall into one of four categories. In major depressive disorder for example, **affective** or mood symptoms include depressed mood and feelings of worthlessness or guilt. **Behavioral** symptoms include social withdrawal and agitation. **Cognitive** symptoms, or problems in thinking include difficulty with concentration or making decisions. Finally, **somatic** or physical symptoms include insomnia or hypersomnia (sleeping too much).

Getting Help for Depression

It is not uncommon for people to wonder just when it is necessary to seek help for depression. However, if depressive symptoms persist for a period of two weeks or more, or they are particularly distressing, then it is probably time to consult a mental health professional or a physician.

If you have any doubts or questions about seeking help for depression, it is better to be on the safe side and go ahead and speak with a professional. Left untreated, depression can continue for weeks, months or years. Over time it can become worse and may be more difficult to treat successfully. Untreated depression can also increase a person's risk of suicide. Up to 15% of those who are clinically depressed die by suicide.

The following individuals or organizations can often provide treatment services and/or make referrals for service:

- Family doctors and other physicians
- Mental health professionals: psychiatrists, psychologists, social workers, counselors
- Your insurance provider
- Community mental health centers
- Hospital psychiatry departments and outpatient clinics
- Hospital emergency rooms in times of crisis
- University- or medical school-affiliated programs
- State hospital outpatient clinics
- Family service/social agencies
- Private clinics and facilities
- Employee assistance programs
- Local medical and/or psychiatric societies

The Yellow Pages can provide additional phone numbers and addresses under “mental health”, “health”, “social services”, “suicide prevention”, “crisis intervention services”, “hotlines”, “hospitals” or “physicians”. Assistance may also be provided by some of the organizations listed in the Resources section of this lesson.

Helping Yourself When You Are Depressed

Depressive disorders make one feel exhausted, worthless, helpless and hopeless. Such negative thoughts and feelings make some people feel like giving up. It is important to realize that these negative views are part of the depression and typically do not accurately reflect the situation. Negative thinking fades as treatment begins to take effect. In the meantime:

- Set realistic goals and assume a reasonable amount of responsibility.
- Break large tasks into small ones, set some priorities and do what you can as you can.
- Try to be with other people and to confide in someone; it is usually better than being alone and secretive.
- Participate in activities that may make you feel better.
- Mild exercise, going to a movie, a ballgame or participating in religious, social or other activities may help.
- Expect your mood to improve gradually, not immediately. Feeling better takes time.
- It is advisable to postpone important decisions until the depression has lifted. Before deciding to make a significant transition—change jobs, get married or divorced—discuss it with others who know you well and have a more objective view of your situation.
- People rarely “snap out of” a depression. But they can feel a little better day by day.
- Remember, positive thinking will replace the negative thinking that is part of the depression and will disappear as your depression responds to treatment.
- Let your family and friends help you.

Helping a Relative or Friend Who is Depressed

The most important thing anyone can do for the depressed person is to help him or her get an appropriate diagnosis and treatment. This may involve encouraging the individual to stay with treatment until symptoms begin to abate (several weeks) or to seek different treatment if no improvement occurs. On occasion, it may require making an appointment and accompanying the depressed person to the doctor. It may also mean monitoring whether the depressed person is taking medication. The depressed person should be encouraged to obey the doctor’s orders about the use of alcoholic products while on medication.

The second most important thing is to offer emotional support. This involves understanding, patience, affection and encouragement. Engage the depressed person in conversation and listen carefully. Do not disparage feelings expressed, but point out realities and offer hope. Do not ignore remarks about suicide. Report them to the depressed person's therapist. Invite the depressed person for walks, outings, to the movies and other activities. Be gently insistent if your invitation is refused. Encourage participation in some activities that once gave pleasure, such as hobbies, sports, religious or cultural activities, but do not push the depressed person to undertake too much too soon. The depressed person needs diversion and company, but too many demands can increase feelings of failure.

Do not accuse the depressed person of faking illness or of laziness, or expect him or her "to snap out of it". Eventually, with treatment, most depressed people do get better. Keep that in mind, and keep reassuring the depressed person that, with time and help, he or she will feel better.

Antidepressant Medications

There are several types of antidepressant medications used to treat depressive disorders. Sometimes your doctor will try a variety of antidepressants before finding the medication or combination of medications most effective for you. Sometimes the dosage must be increased to be effective. Antidepressant medications must be taken regularly for as many as 8 weeks before the full therapeutic effect occurs.

Patients often are tempted to stop medication too soon. They may feel better and think they no longer need the medication. Or they may think the medication isn't helping at all. It is important to keep taking medication until it has a chance to work, though side effects may appear before antidepressant activity does. Once the individual is feeling better, it is important to continue the medication for 4 to 9 months to prevent a recurrence of the depression. Some medications must be stopped gradually to give the body time to adjust. For individuals with bipolar disorder or chronic major depression, medication may have to be maintained indefinitely.

Antidepressant drugs are not habit-forming. However, as is the case with any type of medication prescribed for more than a few days, antidepressants have to be carefully monitored to see if the correct dosage is being given. The doctor will check the dosage and its effectiveness regularly.

For the small number of people for whom MAOIs (monoamine oxidase inhibitors) are the best treatment, it is necessary to avoid certain foods that

contain high levels of tyramine, such as many cheeses, wines and pickles, as well as medications such as decongestants. The interaction of tyramine with MAOIs can bring on a hypertensive crisis, a sharp increase in blood pressure that can lead to a stroke. The doctor should furnish a complete list of prohibited foods that the patient should carry at all times.

Medications of any kind – prescribed, over-the counter, or borrowed – should never be mixed without consulting the doctor. Other health professionals who may prescribe a drug – such as a dentist or other medical specialist – should be told that the patient is taking antidepressants. Some drugs, like alcohol or street drugs, may reduce the effectiveness of antidepressants and should be avoided.

Lithium has for many years been the treatment of choice for bipolar disorder, as it can be effective in smoothing out the mood swings common to this disorder. Its use must be carefully monitored, as the range between an effective dose and a toxic one is small. If a person has pre-existing thyroid, kidney or heart disorders or epilepsy, lithium may not be recommended. Fortunately, other medications have been found to be of benefit in controlling mood swings.

Most people who have bipolar disorder take more than one medication including, along with lithium and/or an anticonvulsant, a medication for accompanying agitation, anxiety or insomnia. Finding the best possible combination of these medications is of utmost importance to the patient and requires close monitoring by the physician.

Depression and ... Childhood Difficulties

People who become clinically depressed have generally experienced more severe difficulties in childhood than those who do not become depressed. These difficulties may include sexual or physical abuse, a turbulent upbringing, separation from a parent or mental illness in a parent. Some researchers believe that a problematic childhood may trigger an early-onset of depression (first episode occurs before age 20). The most significant event that seems to be related to clinical depression is separation from or death of a parent before the age of 11.

Medical Conditions

We all are vulnerable to depression, but people with some serious or chronic diseases may be at greater risk. It may also be true that those who are depressed could be at greater risk for developing certain medical conditions. Treatment for

depression can help people manage symptoms of both diseases and thereby improve the overall quality of their lives.

Symptoms of depression may also signify the presence of a medical condition, which once treated may alleviate the depressive symptoms. A thorough medical evaluation by a physician is always an important part of the diagnostic process.

(Material taken from AOL web site search. I looked up depression+treatment and found "All about Depression: Treatment: Getting Help" at www.allaboutdepression.com/treatment.html).

National Organizations

Please call or write to the following organizations for more information or for local chapters in your area.

Agency for Health Care Policy and Research (AHCPR)

AHCPR Publications Clearinghouse
P.O. Box 8547
Silver Spring, MD 20907-8547
phone: 1-800- 358-9295
e-mail: info@ahcpr.gov
web site: <http://www.ahcpr.gov/>

American Academy of Child and Adolescent Psychiatry

3615 Wisconsin Avenue, NW
Washington, DC 20016-3007
phone: 1-800- 333-7636
web site: <http://www.aacap.org/>

American Psychiatric Association

1400 K Street, NW
Washington, DC 20005
phone: (202) 682-6220
web site: <http://www.psych.org/>

American Psychological Association

750 First Street, NE
Washington, DC 20002-4242
phone: (202) 336-5500
web site: <http://www.apa.org/>

AMI Quebec

5253 boul. Decarie
bureau 150
Montreal, Quebec
H3W 3C3
phone: (514) 486-1448

Anxiety Disorders Association of America

11900 Parklawn Drive, suite 1200
Rockville, MD 20852
web site: <http://www.adaa.org>

Canadian Medical Association

1867 Alta Vista Drive
Ottawa, ON
K1G 3Y6
phone: (613) 731-9331
web site: <http://www.cma.ca>

Depression and Bipolar Support Alliance

730 North Franklin Street, suite 501
Chicago, IL 60610-3526
phone: 1-800-826-3632; (312) 642-0049

e-mail: myrtis@aol.com
web site: <http://www.ndmda.org>

Depression and Related Affective Disorders Association (DRADA)

Meyer 3-181
600 N. Wolfe Street
Baltimore, MD 21287-7381
phone: (410) 955-4647 (Baltimore); (202) 995-5800 (Washington, DC)
e-mail: drada-g@welchlink.welch.jhu.edu
web site: <http://www.med.jhu.edu/drada>

Federation of Families for Children's Mental Health

1021 Prince Street
Alexandria, VA 22314-2971
phone: (703) 684-7710
e-mail: ffcmh@crosslink.net
web site: <http://www.ffcmh.org>

Health Canada

A. L. 0913A
Ottawa, Canada
K1A 0K9
phone: (613) 941-5336
web site: <http://www.hc-sc.gc.ca>

National Alliance for the Mentally Ill

Colonial Place Three
2107 Wilson Blvd., Suite 300
Arlington, VA 22201-3042
phone: 1-800-950-NAMI, (703) 524-7600
web site: <http://www.nami.org>

National Foundation for Depressive Illness

P.O. Box 2257
New York, NY 10116
phone: 1-800-248-4344 or 1-800-239-1265
web site: <http://www.depression.org>

National Institute of Mental Health

Information Resources and Inquiries Branch
6001 Executive Boulevard, Room 8184, MSC 9663
Bethesda, MD 20892-9663
phone: (301) 443-4513
fax: (301) 443-4279
free brochures: 1-800-421-4211
e-mail: nimhinfo@nih.gov
web site: <http://www.nimh.nih.gov/>

National Mental Health Association

1021 Prince Street
Alexandria, VA 22314-2971
phone: 1-800-969-6642, (703) 684-7722
fax: 1-703-684-5968

web site: <http://www.nmha.org>

Center for Mental Health Services

P.O. Box 42490

Washington, DC 20015

phone: 1-800-789-2647

TDD: (301) 443-9006

e-mail: ken@mentalhealth.org

web site: <http://www.mentalhealth.org/>

National Organization for Seasonal Affective Disorder (NOSAD)

P.O. Box 40133

Washington, DC 20016

Postpartum Support International

927 North Kellog Avenue

Santa Barbara, CA 93111

phone: (805) 967-7376

e-mail: THONIKMAN@compuserve.com