

BE Healthy

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Depression: Surviving beyond the blues

Timothy Benson was in his third year of medical school and was pretty sure he wanted to become an orthopedic surgeon.

All of that changed one day during his psychiatry rotation when a nurse asked him to come to the emergency room. He thought it a little odd at first. But he went anyway.

Behind the curtains was a young African American man. He had tried to commit suicide by drinking a mixture of Kool-Aid and a household cleaner filled with all sorts of toxic chemicals.

Putting aside the psychiatric checklist he had been trained to use, Benson simply opened with, "Talk to me, man. Things must be really bad

for you to have gotten to this point. What's going on?" The young man tearfully began pouring out what he had bottled up inside for years.

It was a somber scene until Benson intuitively asked about the flavor of the Kool-Aid.

Caught a little off guard, the young man looked up, hesitated, and with a sheepish grin answered, "Red."

"At that moment, we both smiled in an understanding that went well beyond words," says Benson.

The young man said, "You get me."

And with that, a quick bond was established, a breakthrough of sorts, because no one else in the emergency room — or anywhere else, for that matter — was able

to connect with the young man.

They talked for 45 minutes or so, and as now Dr. Benson recalls, "The young man gained a whole new perspective on life. He realized that he was not alone."

Benson said the young man had lost

his job and faced the prospect of losing his unemployment benefits. In addition, he was unable to see his son on a regular basis because of his difficult relationship with the son's mother.

As in many cases, the depression was not simply the result of one incident, but a

series of events over a period of time.

"You never know what influence you have in another person's life," Benson said. "But after talking with him, he understood that his life didn't have to get to that point."

For Benson, his ability to connect was the result of a shared culture.

Benson, an African American, saw himself in the young man.

"As I walked into the room, it suddenly became clear why the nurse wanted me to speak to him," Benson said. "I thought to myself, 'This brother could have been me.' It was one of the most profound moments in my career. All of a sudden, I knew what I wanted to do."

So much for orthopedics. Psychiatry became Benson's field of expertise, and, in a field that has only about two percent African Americans, he is sorely needed — particularly when it comes to treating depression, a surprisingly common mental illness.

To a certain extent, depression is de-



Jaime Cruz's life began to unravel when his nephew was shot, leaving him paralyzed from the waist down and confined to a wheelchair. His story is below.

pression. It knows no racial or class or gender boundaries and impacts an estimated 19 million people in this country each year.

According to the National Survey on Drug Use and Health, combined data from the years 2004 and 2005 indicate that almost nine percent of youths ages 12 to 17 and roughly 7.5 percent of adults ages 18 and older in this country experienced at least one major depressive episode in the past year.

More troublesome is that only one-third of those with major depression ever seek treatment, according to the National Mental Health Association. And of those least likely to seek medical help, the elderly

Benson, continued to page 4

The first step is seeking help



Sarah thought that her depression was a normal part of life, and went untreated for over ten years. She attributes her recovery to medication and therapy.

For as long as she could remember, Sarah Jones was always sad.

Her depression probably started when she was in high school, but like most people, she figured that nothing was wrong and she had to just deal with it. It wasn't until her 20s that she realized that something was awry.

"I was sleeping a lot," said Jones, who asked that her real name not be used. "I was lethargic. I'd

just experiencing everyday problems and that life as a black woman was tough and my reactions to that life were normal."

She was wrong. Her primary care physician prescribed an antidepressant and referred her to a psychiatrist.

"It was like night and day," she said. "There was no more gloom and doom or obsessive thoughts and brooding behavior. My relationship with people

sit down and then couldn't get out of the chair. I was very unapproachable."

Friends and family were of little help. Someone suggested taking iron supplements, but her energy level remained just as low.

"I was a walking zombie," she said.

Jones finally sought help in 1999. She never considered herself clinically depressed. "I thought I was just down," she said. "I thought that I was

changed and I could now let bygones be bygones."

Jones is now 40 years old and highly recommends that everyone have a mental health checkup. "Do not let symptoms go unattended," she said. "They are not normal and they will not go away on their own."

For Jaime Cruz, life was cruising along until last Christmas.

His nephew was at a party when a fight erupted. Someone pulled out a gun and began firing. No one was killed. But Cruz's nephew was hit in the spine, and is now a paraplegic, paralyzed from the waist down.

Cruz was especially close to his nephew and when he learned of the tragedy, his life fell apart.

"I shut everyone out," he said. "I cried a lot and missed a lot of days of work."

He eventually lost his job as a security supervisor. He couldn't sleep and his diet was awful, which was troublesome since he is a diabetic.

"My family knew I was having problems, but they felt that I was just having a reaction to my nephew's incident," he said.

Fortunately, not too much time elapsed before he sought and received help.

"I was in too much pain and I had too much anger," he said. "I also felt that I had a lot of people counting on me. I wanted to be strong for them, but I realized that I was too overwhelmed with my own emotions."

Cruz said he knew he was depressed and decided to get help. He got it at Whittier Street Health Center and hasn't looked back. He was prescribed an antidepressant and regular psychotherapy sessions with a social worker.

It took a while for the medicine to take effect. "I feel a lot better now," he said. "I can cope a lot better."

Depression: Not a normal part of life

No one needs to suffer in silence

According to the National Institute of Mental Health, 18.8 million adults in the United States suffer from depression. For the most part, this figure is spread evenly across racial lines, but a 2003 study in the Archives of General Psychiatry reported that there is a difference among those suffering from chronic depression. Roughly 56 percent of African Americans as well as 56 percent of Caribbean blacks who suffer from major depressive disorder reported that their depression was chronic, compared to only 38.6 percent of whites.

The study also found that African Americans and Caribbean blacks rate their depression as severe or disabling, and are more likely to go untreated than their non-Hispanic white counterparts. Less than half of African Americans and only 24.3 percent of Caribbean blacks receive treatment for their condition.

In light of these figures, it is important to understand depression, its symptoms, and the treatment options available.

While sadness and despair are feelings that we all are familiar with, when these feelings become deeply rooted, long-lasting, and begin to interrupt daily life, an episode of major depressive disorder (MDD), a type of clinical depression, could be responsible. Another type of depression, chronic depression, shares the same symptoms as MDD but lasts longer and tends to be less severe. Other types of depression include bipolar disease, which is accompanied by extreme shifts in mood; seasonal depression, which starts at the same time each year and usually lasts the length of a season; psychotic depression, which also includes some symptoms of psychosis; and postpartum depression, which sometimes develops in new mothers.

Depression expresses itself in many different ways. Common symptoms include:

- Sadness
- No longer enjoying the things that once brought you happiness

- Lack of energy
- Feelings of hopelessness or worthlessness
- Difficulty concentrating
- Difficulty making decisions
- Insomnia or excessive sleep
- Stomach and digestive problems
- Decreased sex drive
- Aches, pain, recurring headaches
- Change in appetite
- Weight loss or gain
- Thoughts of death, suicide, or self-mutilation
- Self-mutilation or attempting suicide

If any of these symptoms persist for two weeks or more, or if they are significantly interfering with your normal daily activities, it is necessary to contact a doctor. While it is not uncommon to experience depression — one in four Americans will experience a period of depression in their lifetime — it is all too common for depression to remain untreated.

The doctor will likely complete a full medical evaluation, a depression screening test and blood tests in order to rule out other physical diseases that have symptoms similar to those of depression. As treatment, your doctor may recommend “talk” therapy, medication, or both. A group of drugs called selective serotonin reuptake inhibitors, or SSRIs, is often the first-line treatment for depression because they have fewer serious side effects.

Whatever treatment is recommended, it is important to know that depression is very treatable. No one needs to suffer from it in silence.

The law is on your side

A landmark bill changed the face of insurance coverage for mental health in this state when The Massachusetts Mental Health Parity Law of 2000 went into effect. The law extends to “biologically-based” mental disorders, such as major depression and bipolar disease, the same level of coverage as physical disorders. “Biologically-based” disorders stem from an imbalance of brain chemicals called neurotransmitters.

Prior to this law, health plans could impose a limit on the dollar amount or number of days of treatment for many mental disorders. Yet, treatment for



physical disorders, such as heart disease or diabetes, faced no such limits.

The Mental Health Parity Law applies to most health plans in the state, including Blue Cross Blue Shield of Massachusetts, commercial insurers, state-licensed health maintenance organizations, and even non-group health plans. The law does not apply to Medicare, MassHealth, or self-insured employer group health plans.

For additional information, contact your insurance carrier or the Division of Insurance at 617-521-7794, or www.state.ma.us/doi.

You could save a life

According to the Centers for Disease Control and Prevention, suicide is the eighth leading cause of death among men and the third leading cause of death among people ages 15-24 in the United States. In addition, women attempt suicide in their lifetime three times as often as men, but men are four times more likely than women to succeed. Understanding how to recognize the warning signs of suicidal behavior could potentially save a life.

There are several factors that may increase a person’s propensity for suicidal or harmful behavior. Among them are:

- Mental disorders
- Depression
- A history of alcohol and substance abuse
- Feelings of hopelessness
- Isolation
- A physical illness, or
- A recent loss, be it a death, the end of a relationship, or a financial misfortune.

You should also be aware if someone seems to be in a state of depression, exhibits self-destructive behavior, lacks interest in activities that once excited them, withdraws from social contact, or undergoes a major personality change. While these signs do not necessarily indicate the presence of suicidal thoughts, they can be indicators of a person’s serious emotional or mental distress. Depression and suicidal thoughts and feelings are not uncommon, but are rarely talked about. Another person’s intense emotional distress can be an important warning sign of more serious risks and should never be taken lightly.

Should you know someone who is at risk or is experiencing suicidal thoughts, it is important to be sensitive to their feelings, be willing to listen, and not be judgmental. If the person feels they will be judged negatively for thinking of suicide, they will be less willing to talk about their feelings and more likely to feel isolated. Talking about suicide should not be avoided because of discomfort or fear about the topic, and such conversation should always be taken seriously.

If someone you know communicates that they are having suicidal thoughts and especially if they seem to have plans on how to kill themselves, get help immediately and do not leave that person alone. If it is a crisis situation, call 911.

Ultimately, if someone you know is exhibiting signs of suicidal tendencies, do what you can to be there for them and encourage them to seek professional help. There are many options, be it contacting a family doctor, going to the local emergency room or community health center, or calling a talk line like the Samaritans at 877-870-HOPE or the Boston Emergency Services Team (BEST) line at 800-981-HELP.

Healthy Body. Healthy Mind.

Feeling sad or melancholy is a very human emotion. However, when sadness deepens into depression, it can become a cause for concern. Depression manifests itself in several ways—weight loss or gain, feelings of hopelessness, decreased sex drive—and left untreated can have far-reaching effects that deeply impact your life.

But, depression is very treatable. So if you, or someone you know is showing signs of depression, talk to your doctor for answers and solutions.



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Depression

Questions & Answers

1. Does depression affect men and women differently?

Women experience depression about twice as often as men. Many factors may contribute to the increased rate of depression in women, particularly menstrual cycle changes, pregnancy, the postpartum period, pre-menopause, and menopause. Many women may also face additional stresses, such as responsibilities both at work and home, single parenthood, and caring for children and aging parents.



Joseph R. Betancourt, M.D.
Director of the Disparities Solutions Center, Massachusetts General Hospital

2. If you wait long enough, will depression go away?

For some individuals, depression may go away by itself. But for many, depression can hang on for months, years or indefinitely if left untreated. Sometimes, depression goes away on its own, only to return in the future. Once an individual has one episode of depression, he or she has a higher risk of having it again. Clinical depression is a potentially fatal disease — and suicide could be the end result of waiting for it to go away without any help. Mental health is just as important as physical health, and it needs to be treated that way. It is not about being emotionally weak, or not being “strong” enough. We all need to get past these ideas, and the stigma that prevents people — especially minorities — from getting treatment.

3. Does depression occur only after a sad event in your life, such as the death of a loved one?

A sad event in your life can cause a grief reaction, which is totally normal, but slowly gets better with time. On occasion, people get stuck in the grief, and it can turn into depression, which is no longer a normal response and requires more aggressive treatment. Grief counseling and other forms of therapy can be very helpful in dealing with painful events that occur in life, and may prevent the onset of depression.

4. Do only suicidal people require antidepressants?

No. Antidepressant medications work for many people — they can make you feel better and can improve or completely relieve your symptoms. But sometimes people have unrealistic fears or expectations about them. Some hope to feel better overnight, when it often takes more than two weeks; others worry that medications will change their personalities in ways they won't like. Both are unlikely.

5. Is depression in minorities normal due to the hardships and racism they often face?

Depression among minorities is not normal, but minorities may be at higher risk, given the many challenges they may face in life, including racism, discrimination, violence, and poverty, to name a few. Each of these conditions negatively affects both physical and mental health, placing minorities at risk for mental disorders, such as depression.

6. Can children get depressed?

We'd like to believe that all children experience a happy, carefree childhood, but that's simply not the case. According to the National Institute of Mental Health, studies show that one in 33 children and one in eight adolescents are depressed in any given year. Children are not as practiced at articulating their feelings as adults, so adults must take the initiative to look for and notice symptoms of depression in children.

Maria-Pamela Janairo of the Disparities Solutions Center assisted in the preparation of these responses.

Risk Factors

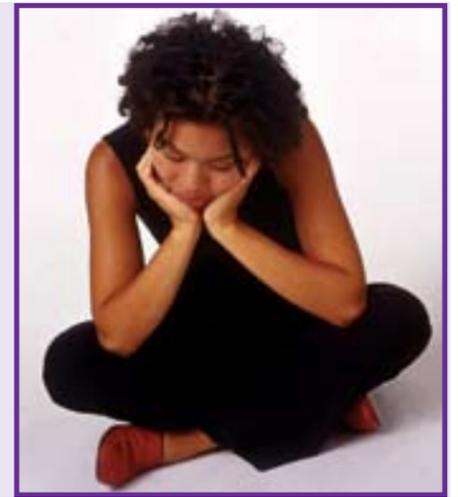
You are at higher risk for depression if you:

- Are female
- Have a chronic disease, such as diabetes or Alzheimer's
- Abuse alcohol or mood-altering drugs
- Have experienced a trauma or stressful event, such as the loss of a loved one
- Use certain medications, such as sedatives and some high blood pressure medications
- Have a family history of depression
- Are socially isolated

Depression

Depression is a common disorder that impacts a person's behavior, moods, thoughts, and even physical health. Although there is no single cause for depression, scientists believe that it can result from an imbalance in neurotransmitters, chemicals that enable nerve cells to communicate.

Depression can happen to anyone of any age, race, or gender, and can be mild or severe, short-lived or long-term. It may occur only once, but more often occurs several times over a lifetime. Depression is treatable with medications, psychotherapy, or a combination of both. Although blacks are at higher risk of depression, they are less likely to recognize its symptoms and seek intervention.



Signs and Symptoms

Not everyone who is depressed experiences all the symptoms or to the same degree or length of time. Generally, if you experience five or more symptoms for two weeks or more, you could have clinical or major depression and should seek professional help.

- Persistent sadness, anxiety, or excessive crying
- Changes in appetite — decreased appetite with weight loss, or increased appetite with weight gain.
- Persistent physical symptoms that do not respond to treatment, such as headaches, stomachaches, or chronic pain.
- Irritability or restlessness
- Fatigue or decreased energy
- Feelings of guilt, worthlessness or helplessness
- Change in sleep patterns — sleeping too much or too little, or experiencing early-morning waking.
- Loss of interest or pleasure in activities that were once enjoyable, including sex.
- Difficulty concentrating, remembering, or making decisions
- Thoughts of death or suicide or suicide attempts.

Source: Mental Health America

Healing the racial divide in health care

Dr. Joseph Betancourt wrote the book on health care disparities. Now he's trying to erase them.

When Joseph Betancourt was in medical school, he often saw children acting as interpreters for family members who did not speak English. Originally from Puerto Rico, and as the only Spanish-speaking medical student on his team, he had to interpret for hospitalized patients.

Years later, Joseph Betancourt, MD, MPH, co-authored a landmark study by the Institute of Medicine that found striking inequities in health and health care for racial and ethnic minorities across the US.

When Massachusetts General Hospital president Peter Slavin, MD created the Disparities Solutions Center at MGH, he chose Dr. Betancourt to lead it. “It is time to move from diagnosing the problem to treating it,” said Dr. Slavin.

The MGH Center is the first hospital-based Disparities Solutions Center in the country to move disparities beyond research into policy and practice. It has \$3 million in support from MGH and Partners HealthCare.

The Disparities Solutions Center will:

- advise MGH in its efforts to identify and address racial and ethnic disparities in care;
- develop and evaluate customized solutions to



eliminate disparities in the health care community in Boston and beyond;

- educate, train and expand the number of leaders working to end disparities nationwide.

Perhaps most important, the center will transfer what it learns to hospitals and health centers, community groups, insurers, medical schools, educators, government officials, and of course, physicians and nurses across the country.

One of the Center's first efforts is the new Diabetes Management Program at the MGH Chelsea Health Care Center, where more than 50 percent of patients are Latino. Latinos are more likely than whites to die from diabetes complications including kidney failure, blindness, heart disease, and amputations.

MGH Chelsea health professionals will help patients control their diabetes, get regular screenings, and prevent complications through telephone outreach, individual coaching, and group education sessions in English — and Spanish.

Translating talk into action is what Dr. Betancourt has been doing all his life.

More information at Boston Public Health Commission at www.bphc.org

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and African Americans are the highest on the list.

In a recent study published in the Archives of General Psychiatry, the authors found that the incidence of major depressive disorder was comparable among African Americans, Caribbean blacks, and whites, but minorities go untreated at a higher rate and they consider their depression more severe and disabling.

“One of the obstacles that minorities face is the notion that feeling blue is part of life and that we just have to deal with it,” Dr. Benson said. “We have to overcome the stigma associated with mental illness. Seeking help is NOT a sign of weakness.”

Dr. Benson readily conceded that African Americans are less likely to have access to quality mental health care, and while talking with a general physician is a good first step, it shouldn't be the last.

“There are several studies which detail that a primary care physician's ability to detect these disorders is very unlikely,” Dr. Benson said. “As a matter of fact, African Americans are half as likely to have mental disorders detected than whites.”

Major depression lasts more than two weeks and is more than just a bout with the blues. Symptoms may include overwhelming feelings of sadness and grief, loss of interest or pleasure in activities usually enjoyed, and feelings of worthlessness or guilt. This type of depression may result in poor sleep, a change in appetite, severe fatigue and difficulty concentrating. Severe depression may increase the risk of suicide.

Major depression takes an economic toll as well. A recent study by Mental Health America found that depression costs U.S. businesses at least \$44 billion per year in absenteeism, lost productivity and direct treatment costs.

Other types of depression include: dysthymia — a less severe, but chronic form of depression; seasonal affective disorder, commonly referred to as SAD — which is triggered by changes in seasons and a lack of exposure to daylight or sunshine; and bipolar disorder or manic depression — a condition in which a person's behavior switches between depression and mania, or excessive energy or activity.

Dr. Benson tells the story of one of his Hampton University football teammates. “His was an extreme case of what could happen if depression goes unaddressed,” Dr. Benson said. “He made it to the NFL but after a while was cut by the team due to an injury. He began working as a truck driver but couldn't afford to pay his bills. His mood worsened to the extent that he ended up killing his wife and himself. He had two kids. I'm not sure if he ever reached out for help, but with that major of a life transition, I am positive that he would have benefited from professional counseling and/or medication.”

There's no single known cause for depression. The illness often runs in families. Experts believe that genetics, combined

with environmental factors, such as stress or physical illness, may trigger an imbalance in brain chemicals called neurotransmitters. But the relationship between this imbalance and depression is not fully understood. The imbalance in neurotransmitters may cause the depression or be a result of it.

What is known is that twice as many women experience depression as men and those gender differences may be due in part to biological causes, such as hormones and different levels of neurotransmitters.



Timothy G. Benson, M.D.
Instructor in Psychiatry
Harvard Medical School/
McLean Hospital

Contrary to prior belief, mental health providers now believe that clinical depression is common in men. But many men are hesitant to talk about their feelings; thus, symptoms of depression go undetected. Also, men may mask their depression through certain behaviors, such as alcohol and drug abuse, gambling, anger, or by working excessively. In addition, suicides, homicides, and other violent behavior are more common in men, and these aggressive behaviors can be a strong indicator of depression.

Zinah Abukhalil-Quinones works as a clinical social worker at Whittier Street Health Center, and in the Boston Emergency Service Team, or BEST program at Boston Medical Center. At BMC, she works in the emergency room and treats those with homicidal or suicidal urges. She assesses the patients and assigns them to an appropriate level of care.

Detecting depression in blacks, she explains, can be tricky. “Minorities have a harder time putting it together, and don't always understand that the symptoms they are experiencing are those of depression,” she says. “The symptoms are the same as those experienced by whites — withdrawal, sleeping too much, lack of energy, loss of concentration — but someone else has to make the connection for them.”



Zinah Abukhalil-Quinonez, M.S.W.
grew up in Mission Hill and “knows the community,” which she says increases her ability to communicate more effectively with her clients. She is a licensed certified social worker at Whittier Street Health Center.

For the most part, she said, minorities don't seek outside support and are uncomfortable with the concept of medication for mental illnesses.

In fact, the idea of being labeled insane or crazy is, in some cases, enough to make some soldier on without seeking help. Worse, many

minorities have a difficult time letting someone in to their personal and private thoughts and behaviors.

“It's taboo to talk about private things, especially if it involves the family,” Abukhalil-Quinones said. “It's seen as a betrayal.”

Yet, depression is very treatable, usually with antidepressants, psychotherapy, or both. More than 80 percent of those who seek treatment show improvement.

Abukhalil-Quinones said that people have to realize that depression is a medical disorder, just like diabetes. “You take medicine to treat the diabetes,” she said. “You should take antidepressants and/or psychotherapy to treat the depression. Like diabetes, depression needs to be controlled.”

“Seeking help for depression is not a sign of weakness; it is a sign of strength that can make a difference in your overall health.”

Are you depressed and don't know it?

Read the following list. Put a check mark by each sign that sounds like you:

- I am really sad most of the time.
- I don't enjoy doing the things I've always enjoyed doing.
- I don't sleep well at night and am very restless.
- I am always tired. I find it hard to get out of bed.
- I don't feel like eating much.
- I feel like eating all the time.
- I have lots of aches and pains that don't go away.
- I have little to no sexual energy.
- I find it hard to focus and am very forgetful.
- I am mad at everybody and everything.
- I feel upset and fearful, but can't figure out why.
- I don't feel like talking to people.
- I feel like there isn't much point to living, nothing good is going to happen to me. *
- I don't like myself very much. I feel bad most of the time.
- I think about death a lot. I even think about how I might kill myself.*

If you checked several boxes and the symptoms have persisted for two weeks or more, call your doctor. Take the list to show the doctor. You may need to get a checkup and find out if you have depression.

* If you have thoughts of harming or killing yourself, talk to your doctor right away or call 911.

Source: National Institute of Mental Health

Help is nearby

For the most part, major depression is not a life-threatening condition. However, if you are in crisis and need immediate help, call your doctor or 911 or go to the nearest emergency room. Or you can call:

Telephone Number	Organization	Hours of Availability
800-981-HELP	Boston Emergency Service Team	24 hours a day
800-273-TALK (8255)	Nat'l Suicide Prevention Lifeline	24 hours a day
800-784-SUICIDE (2433)	Nat'l Suicide Prevention Lifeline	24 hours a day
617-247-0220	Samaritans	24 hours a day
877-870- HOPE (4673)	Samaritans	24 hours a day
800-252-TEEN (8336) Teen Helpline	Samariteens	Weekdays 3 p.m. to 6 p.m. Weekends 9 a.m. to 9 p.m.
866-508-4357 (HELP)	Massachusetts Suicide Prevention Lifeline	8 a.m. to 11 p.m.
800-999-9999	Covenant House	24 hours a day

One day at a time

Once you begin treatment for depression:



TAKE YOUR MEDICATIONS

It may take several weeks before you notice a change. Once you feel better, continue to take your medicine as prescribed.

KEEP YOURSELF GOING

Try not to become isolated. Participate in normal activities, such as going to church. Spend time with family and friends.



TAKE CARE OF YOURSELF

Follow a healthy diet, get the right amount of sleep, and exercise regularly. Exercise has found to help treat some forms of depression, and can ease stress.

AVOID ALCOHOL AND RECREATIONAL DRUGS

Drinking too much alcohol or using drugs will impede or prevent your recovery.



TALK TO YOUR DOCTOR OR THERAPIST REGULARLY

Your doctor will monitor your progress, change your medication if necessary, and provide support and encouragement.