

Depression, Part II

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RECAP: Last month I wrote about depression. I discussed the incidence of this mood disorder, signs and symptoms we can recognize in others or ourselves. I might mention that the person affected might display ONLY increased irritability or social isolation— withdrawing from family and friends, as the only outward sign. I also noted society’s “stigma” against mental health issues and the common fear of acknowledging mood problems, and therefore needlessly delaying or altogether avoiding help. This avoidance of acknowledgement and seeking help seriously affects the person’s quality of life, and that of their family and friends.

So, I will discuss briefly here some helpful steps we can take once we realize in ourselves or other family members and friends that there is very possibly a need for helpful intervention.

What Can I Do? I have found that simply showing an interest in how the affected person is feeling is a great step in the right direction. People suffering from depression may welcome your interest, as it gives them an opportunity to voice their feeling. They can experience significant relief in just this “first step”. We all have our own style of vocabulary; I am repeating here some phrases that I have found helpful to open a line of communication. You will find your own style and words you feel comfortable with.

“You don’t seem quite yourself lately. Are things OK with you?”

“You seem sad. I’d like to hear about it.”

“Can I ask, are you feeling down (blue, depressed) lately? You seem like it to me.”

If/when they do tell you what’s been happening with them, the following responses might help.

“That must be hard”

“How are you feeling about that?”

“Have you been thinking about “doing yourself in”; “harming yourself”; “wishing you were dead”

With this last question, if they answer yes, find out if they have a lethal plan, and the means to accomplish the plan. This may be the time to accompany them in making contact with a family member or community resource to ascertain they will be safe until help can be found. I always consider that I may only get one opportunity to help that person before it is too late. I have here listed some resources we have available in this community.

- St. Luke's has clergy who can step in and offer assistance. There is a Stephens Ministry which may be able to provide valuable care. The contact for this service is Reverend Chris Christy. Reach her at (928) 533-5012. Email: cchristy1231@gmail.com.
- West Yavapai Guidance Clinic (WYGC) provides mental health intervention by professionals. Phone: (928) 583-6411. Services there are free for persons who qualify for AHCCCS (Arizona's Medicaid). This clinic will help in the process of getting enrolled in AHCCCS. WYGC will also see clients on a sliding fee basis if they can't qualify for AHCCCS.
- WYGC now has a Crisis Stabilization Unit in PV where clients who are suicidal can be evaluated and stabilized over a 24-hour period and then referred to appropriate outpatient follow-up. This service can help avoid a need for hospitalization.
- There are several clinics and providers listed under "psychiatry" when searching DEX, the online "yellow pages".
- If you are a veteran, our local VAMC has a fully qualified Mental Health department with Counselors and Programs. You can call (928) 445-4860 to ask questions about enrollment and eligibility. The National Veteran Suicide Crisis number is (800) 273-8255.

It is so important to realize that this person is likely feeling hopeless and worthless. Noticing and offering help will likely be a big relief to them, and may preserve their quality of life or even life itself. If you would like to receive a copy of my prior article on Depression, please request at Jcargill@cableone.net. Please use this email to request information or updates on health and wellness issues. I am happy to receive suggestions on subjects to write about! Many thanks to Dr. Gayle Gregory, a psychiatric specialist and congregation member, who helped me coordinate my thoughts to write this installment.

