

Depression: a pandemic within a pandemic

by Julie Cargill, R.N., ANP, GNP, retired

Our focus this last year has been staying healthy and avoiding Covid-19 related afflictions. There are, however, afflictions that are much less visible, although sometimes just as deadly. I am referring to mental health issues such as depression.

The imposed isolation and loss of societal support has taken its toll on mental as well as physical health. According to a recent Journal of American Medical Association (JAMA) article, nearly a quarter of people in the United States are experiencing symptoms of depression. That is several times more than the usual incidence of depression. Certain populations have been especially vulnerable: those with a lower income, smaller savings, people severely affected by job losses or family sicknesses and even deaths, victims of domestic violence, and of course those with a chronic disposition toward depression. Another population includes military members, especially those deployed during this time.

In my previous practice as a Nurse Practitioner at the VA, I found many of my patients had symptoms of depression, but hesitated to mention it for fear of being labeled “crazy”, or having poor control over their emotions. I tried to help them understand that feeling down, blue, or sad all the time wasn’t necessary because very likely we could work together to improve their quality of life. Of course, this translates into improved quality of life for their family as well! I am going to review here symptoms of depression and suggest some ways that, as lay people, we can recognize depression in our friends or family that might be suffering from depression, and provide some helpful interventions for them.

Who Has Depression?

The World Health Organization (WHO) estimates the usual incidence of depression in U.S. residents over the age of 15 at 6-10%, while estimated incidence in adults over age 65 is higher: 10-20%. It increases in the presence of chronic medical conditions. Many individuals in all age groups are not treated for their depression even though treatment is available and many primary care providers are familiar with first-step and even advanced treatment resources.

How Can I recognize Depression in Myself or Others?

According to the DSM (Diagnostic & Statistical Manual of Mental Disorders), an individual experiencing five or more of the following symptoms during a two-week period, when at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure may have clinical depression.

- Depressed mood most of the day, nearly every day.
- Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.
- Significant weight loss when not dieting or weight gain, or decrease or increase in appetite nearly every day.

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- A slowing down of thought and a reduction of physical movement (observable by others, not merely subjective feelings of restlessness or being slowed down).
- Fatigue or loss of energy nearly every day.
- Feelings of worthlessness or excessive or inappropriate guilt nearly every day.
- Diminished ability to think or concentrate, or indecisiveness, nearly every day.
- Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

What Can I Do?

If we see this in ourselves or in someone close to us, what should we do? We seem to have a cultural aversion, as I noted above, to admitting depression in ourselves and/or acknowledging it in others. 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 feelings, and they can experience some relief in just this “first step”. Each person has their own style of vocabulary, so you might want to consider various versions of some of the examples below to broach the subject.

“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.”

Ask them if they have been thinking about ending their life. If they answer affirmatively, find out if they have a realistic plan to carry out ending their life.

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?”

“What do you see happening next?”

As I said, you will have your own way to show concern that seems right to you. If the person does share some with you, you may think about suggesting they get help by consulting a professional.

If they do share that they have been thinking of ending their life, and they do have a lethal plan, this would 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.

Below are some resources available in this community.

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- St. Luke's has clergy who can step in and offer assistance. There is a Stephen Ministry which may be able to provide valuable care. The contact for this service is Reverend Chris Christy, (928) 533-5012 or 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, and will see clients on a sliding fee basis if they can't qualify for AHCCCS.
- WYGC now has a Crisis Stabilization Unit in Prescott Valley 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. You may notice that someone is self-isolating as the only symptom you can see. Noticing any indication of a problem and offering help could be the relief they need, and may preserve their quality of life or even life itself.

References

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