

depression

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who Depression is one of the most common mental health disorders in the United States. About 7% of the general population is affected, with twice as many females as males being diagnosed.

SOME RISK FACTORS:

Family history—Those with a family history of depression are more likely to struggle with depression.

Average age—Usually begins in the mid- to late 20's, but can happen at any age. Those with life transitions may also have depression-related struggles (such as adjustment disorders with depressed mood)

Veterans or those exposed to trauma

why Depression is a combination of biopsychosocial stressors. It can be caused by a genetic predisposition and/or environmental stress such as trauma, or even a happy event like childbirth. No one is immune, although some have a higher risk of developing depressive symptoms. Regardless of why depression begins, there are effective treatments available to help manage and



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what **DEPRESSION IS:**

Depression is often characterized by *persistent feelings of sadness and/or loss of interest in previously enjoyed activities*. Some common forms of depression are major depressive disorder and persistent depressive disorder. These disorders can lead to a range of behavioral and physical symptoms, including, but not limited to:

Change in mood—feeling sad or apathetic, increased irritability, loss of interest/pleasure in activities, hopelessness which can lead to recurrent thoughts of suicide (if you or someone you know is in immediate danger because of thoughts of suicide, call 911 immediately or go to the nearest emergency room)

Change in sleeping patterns—sleeping more or less often

Change in appetite—increased or decreased appetite; also significant weight loss or gain

Cognitive changes—difficulty making decisions, decreased energy or fatigue, lack of concentration, slowness in processing

Physical changes—headaches or body aches

DEPRESSION IS NOT:

Discriminatory—Depression isn't picky; it can choose *anyone* at *any time*.

Always obvious—We are all familiar with “wearing masks,” and those struggling with depression may feel alone or weak for struggling with their thoughts and feelings. This can cause them to become very good at hiding symptoms.

Just a mood—Depression is persistent, and lasts for a specific amount of time based on the type of depressive disorder. It is not something people can just “snap out of” or “get over.”

Elevated sadness—Depression is not just a general sadness. It can affect not only a person's mood, but can impair their ability to function in school, work, and relationships.

when & where Depression can feel like you have suddenly fallen into a “slump,” or gradually increase over time. Depression tells you to isolate, to let go of everything that once brought joy, and can often feel like nothing will ever get better. It distorts the way you view yourself and the world around you. Whether genetics or biopsychosocial factors play a role, it's important to be aware of the warning signs (see symptoms under “What”). Recognizing symptoms is the first step to getting help. If you or someone you know might be struggling, it's important to know that the battle does not need to be fought alone.

WHEN TO SEEK HELP

It's beneficial to seek help for depression sooner rather than later. While there are treatment options that can still be effective for more severe depression, seeking help when symptoms are beginning can help prevent symptoms from worsening and can help you start to feel better more quickly.

WHERE TO GET HELP

Psychotherapy/counseling—A therapist can help you identify distorted thought processes and help you change your thinking. A therapist can also:

- Teach you effective coping skills
- Help you process events that may have triggered your symptoms
- Help you develop a plan to start engaging in life again

Psychiatrist or primary care physician—Medication, which can only be prescribed by a psychiatrist or primary care physician, can be very effective when used in conjunction with therapy.

Self-help and support groups