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Associate Clinical Professor of Psychiatry,
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Screening for Mental Health

“Twelve years ago, Screening for Mental Health introduced National Depression

Screening Day (NDS) ‘breaking the silence’ about a common and treatable mental disorder whose stigma silences many individuals and families from seeking help.

This year, NDS is proud to partner with Children’s Hospital Boston to highlight an approach that has helped many families cope and heal from depression: talking about it! We hope National Depression Screening Day helps you and your family understand that depression and related disorders are treatable, and seeking help will contribute to leading healthy and productive lives.”

WILLIAM R. BEARDSLEE, MD



Psychiatrist-in-Chief, Children’s Hospital Boston
Gardner Monks Professor of Child Psychiatry,
Harvard Medical School

“It is a privilege to partner with Screening for Mental Health whose National Depression

Screening Day has helped hundreds of thousands of individuals recognize and seek treatment for depression, as well as facilitate the good work of health and mental health professionals. Our work at Children’s Hospital on depression has focused on the family, an important and oftentimes overlooked aspect of depression treatment.”

“Depression disrupts the family story. Families need to believe that a past has been shared, that a present is being shared, and that a future can and will be shared. Children are at the center of families’ stories and represent hopes for the future. ‘Breaking the silence’ helps families reconstruct the family story and often hastens the treatment and the recovery of a depressed parent or parents”



A Project of Children’s Hospital Boston
and National Depression Screening Day®,
a Program of Screening for Mental Health

10 WAYS TO BUILD RESILIENCE

Make connections. Good relationships with close family members, friends, or others are important. Accepting help and support from those who care about you and will listen to you strengthens resilience.

Avoid seeing crises as insurmountable problems. You cannot change the fact that highly stressful events happen, but you can change how you interpret and respond to these events.

Accept that change is a part of living. Certain goals may no longer be attainable as a result of adverse situations. Accepting circumstances that cannot be changed can help you focus on circumstances that you can alter.

Move toward your goals. Develop some realistic goals. Do something regularly — even if it seems like a small accomplishment — that enables you to move toward your goals

Take decisive actions. Take decisive actions, rather than detaching completely from problems and stresses and wishing they would just go away.

Look for opportunities for self-discovery. People often learn something about themselves and may find that they have grown in some respect as a result of a struggle with loss or experiencing tragedy or hardship.

Nurture a positive view of yourself. Developing confidence in your ability to solve problems and trusting your instincts helps build resilience.

Keep things in perspective. Even when facing very painful events, try to consider the stressful situation in a broader context and keep a long-term perspective. Avoid blowing the event out of proportion.

Maintain a hopeful outlook. An optimistic outlook enables you to expect that good things will happen in your life. Try visualizing what you want, rather than worrying about what you fear.

Take care of yourself. Engage in activities that you enjoy and find relaxing. Exercise regularly. Taking care of yourself helps to keep your mind and body primed to deal with situations that require resilience.

Adapted from The Road to Resilience brochure produced by the American Psychological Association and the Discovery Health Channel. Copyright © APA 2002.

WEB RESOURCES

- Children’s Hospital Boston**
www.experiencejournal.com/depression
- Depression and Bipolar Support Alliance**
www.dbsalliance.org
- Families for Depression Awareness**
www.familyaware.org
- National Alliance for the Mentally Ill**
www.nami.org
- National Mental Health Association**
www.nmha.org
- Screening for Mental Health**
www.mentalhealthscreening.org
- The Road to Resilience Brochure**
<http://helping.apa.org/resilience/index.html>

Can a Depressed Parent Be a Good Parent? YOU BET!!



- **B**elieve in yourself and your recovery.
- **E**ducate yourself and others about depression.
- **T**alk to your family. Tell them you’re in treatment to get better.



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Depression is an illness, not a personal weakness. It is not something one can simply 'snap out of'. *The first step towards believing in yourself is to understand this, and then to recognize and seek treatment for your illness.*

In a given year, 13 to 14 million people (6.6 percent of the nation) experience depression. Recent studies show that 16% of Americans — 35 million people — suffer from depression severe enough to warrant treatment at sometime in their lives, and yet so many are reluctant to seek help. *If you are in treatment now or think you may be suffering from depression, this brochure will help you understand more about the illness and its impact on your family, especially your children.*

Depression most commonly affects people between the ages of 30–44. Women are at a higher risk for depression than men. Younger people are also at risk. Among those experiencing depression in a one-year period, three times as many people were from 18 to 29 as were 60 and older.

Therefore, depression commonly strikes people in their prime parenting years as well as their prime working years. Parenting is challenging in good health, but can be even more challenging when a parent or parents are depressed. The purpose of this brochure is to encourage parents who may be suffering from depression to seek help. Treatment works. More than 80% of individuals who seek and receive treatment will get better. *You owe it to yourself and your family to take care of yourself, and in so doing protect your children.*

Here are some simple tips to help you believe in yourself at this vulnerable time:

1. Recognize the illness and get treatment.
2. Recognize that it is possible to experience depression and still be a good parent.
3. Recognize that staying with your treatment plan is the best way to get better.

Depression is a disease that affects the transmission of chemical messengers in the brain, which regulate sleep, appetite, mood and energy level. Today there are effective treatments including medications, called antidepressants, that target these chemical messengers to restore one's normal sleep, appetite, mood and energy. A family history of depression and negative life experiences such as loss, trauma, serious illness and stress can also contribute to the onset of depression.

There are several types of Depression:

MAJOR DEPRESSION

Major depression is characterized by at least five of these symptoms that persist for two weeks or more:

- Persistent sad or empty mood
- Loss of interest or pleasure in ordinary activities
- Changes in appetite or weight
- Inability to sleep or oversleeping
- Restlessness or sluggishness
- Decreased energy or fatigue
- Difficulty concentrating or making decisions
- Feelings of guilt, hopelessness, or worthlessness
- Thoughts of death or suicide

BIPOLAR DISORDER

Bipolar disorder is a form of depression that alternates between periods of low, depressive moods (see depression symptoms) and high moods, called mania.

Symptoms of the "high" phase called mania include:

- Extreme irritability and distractibility
- Excessive "high" or euphoric feelings
- Increased energy, activity and restlessness
- Racing thoughts and rapid speech
- Decreased need for sleep
- Unrealistic beliefs in one's abilities and powers
- Abuse of drugs or alcohol
- Reckless behavior such as spending sprees
- In severe cases, hallucinations and loss of reason

DYSTHYMIA

Dysthymia is a milder, chronic form of depression that lasts two or more years undermining one's energy, moods and work.

SEASONAL AFFECTIVE DISORDER

Seasonal Affective Disorder produces depressive symptoms in the winter months and can occur in major depression or bipolar disorder.

Research at Children's Hospital Boston has shown that 'breaking the silence' and discussing parental depression with one's children helps strengthen the family unit and its individual members. This approach has helped many depressed parents keep their children resilient and often transforms parental concern and pressure into positive energy and renewal.

If you are in treatment for depression or ready to embark on treatment, it may be helpful to discuss this approach with your doctor or counselor on how to communicate with your family, when would be the right time to do so, and if a professional should be present.

Some tips for parents suffering from depression are:

- Pay attention to your parenting and make sure your illness doesn't disrupt your children's lives.
- Make sure your children continue to go to school.
- Encourage your children's participation in outside activities (community, sports and religious activities).
- Encourage their relationships with peers and important adults in their lives.
- Make sure your children understand that it is not *their fault* that their parent or parents are ill and that they are receiving treatment to get better.
- Be prepared to talk more than once. It often takes time for families and children to process and understand this sensitive subject.

More information on how to conduct family conversations is presented in the book, *Out of the Darkened Room: When a Parent is Depressed: Protecting the Children and Strengthening the Family*, By William R. Beardslee, M.D., Little, Brown and Company, 2002

