

# Riegler, Shienvold & Associates

## Mental Health Quick Notes

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## Diagnosing Depression

**Q: I am a fourteen year old girl. I often times don't like myself. My parents never seem to be happy with me and we fight a lot. I hate to go to school and find it hard to concentrate. At home, I like to be alone in my room where I listen to my music. I sometimes question the whole point of life. Is there something wrong with me?**

**A.** Being 14 years old is a time of great change as you spend more time with friends and become less dependent on your parents. In addition, your body is changing a lot as you grow and you are experiencing strong emotions that are hard to deal with and harder yet to talk about. But the first thing to do when you are feeling like this is to talk honestly with your parents. They probably do not know how badly you are feeling and will want to help you. If you feel you are not ready to talk with your parents, you could try talking things over with your Guidance Counselor at school, a trusted adult relative or adult family friend. These adults can help figure out ways you can approach your parents about what is going on in your life.

Your parents may then take you to your physician to see if anything physical could be causing your feelings. If you, your parents, and your pediatrician feel it is the appropriate next move, you should be assessed by a mental health professional such as a psychologist, clinical social worker, or licensed professional counselor. These professionals can help you figure out what is going on. According to the behaviors and feelings you are describing you could be evaluated for depression.

In order to assess for depression the mental health professional would take a thorough physical, developmental, social and family history. Also, they may ask you to complete a depression inventory, which is a series of questions specifically designed to help diagnose depression. The professional would probably talk with you alone and with your parents. Confidentiality is assured in your discussions with the mental health professional unless there are concerns about you hurting yourself or others. The mental health professional may make a referral to a psychiatrist for you to be evaluated for medication to help you deal with the depression.

### Q. What is depression?

#### A. Signs and Symptoms of Depression in Children and Adolescents are as follows:

- **Frequent sadness or crying**
- **Increased irritability**
- **Hopelessness**
- **Preoccupation with nihilistic song lyrics**
- **Decreased interest in once favorite activities**
- **Persistent boredom**
- **Frequent complaints of physical illness (headache, stomachache, etc.)**
- **Low self-esteem**
- **Oppositional behavior**

The main types of depression seen in individuals your age are **Adjustment Disorder with Depressed Mood, Major Depression and Dysthmic Disorder**. An Adjustment Disorder with depression occurs

when there has been a big change in your life that is affecting your thoughts and feelings such as a parent's divorce, a change in schools or a sick parent. The signs of Major Depression are listed above. Five of these have to be present for about two weeks and interfere with your ability to function at home, school and with your friends. Dysthmic Disorder is a depressed mood lasting for a year or more.

### Why can't I just feel better?

Being depressed does not mean that you have a character weakness, are lazy, feeling a little sad, or experiencing a passing phase. Depression is a real mental health illness. Depression is the most serious and common childhood disorder with 5% or 1 in 20 children and adolescents being diagnosed by the age of 19.

The biggest factor in whether or not you have depression is the genes you inherit from both of your parents. This is another good reason to talk to your parents about it, to find out if anyone in your immediate family has been depressed. If someone in your family is or was depressed you may have a genetic predisposition or vulnerability to depression. Your life events, good or bad, may trigger the vulnerability you inherited and you may then develop depression.

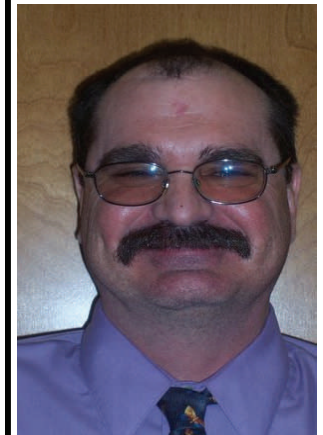
Contributed by :

William Dietrich, MA

### Recommended Reading

1. Mind over Mood: Change how you Feel by Changing the Way you Think, Dennis Greenberger, and Christine A. Padesky(1995).
2. [www.Depression.big.com](http://www.Depression.big.com)
3. Beating Depression: The Journey to Hope, Maya Jackson,-Triche, et al. (2002).
4. <http://www.nimh.nih.gov/>.

### Staff of the Month



#### William L. Dietrich, MA

Bill is licensed clinical social worker with over 12 years experience in providing therapy. Bill has a specific interest in treating survivors of sexual abuse. Grief and loss, as well as adolescents and substance abuse are also his clinical interests.



#### Susan Smith

Susan resides with her husband, Paul and son, Ethan (3). She is the Administrative Assistant to Dr. Shienvold and the Human Resource Manager at RSA. She enjoys the diversity of her position and her co-workers. Outside of work, Susan loves spending time with her family.

# Biological Depression: History, Diagnosis and Treatment

## (Part I)

**By Harvey Shapiro, MD, Psychiatrist**

Wherefore is light given to him that is in misery, and life unto the bitter in soul;

Which long for death, but it cometh not; and dig for it more than for hidden treasures?

-- *Book of Job, Ch. 3, KJV*

This passage from *Job* is one of many in the Bible, in Homer, in Shakespeare, and in innumerable other writings that attempt to render in words what psychiatrists call dysphoria. Dysphoria means mental pain; it is the opposite of euphoria. And yet the peculiar, unrelenting, and grimly hopeless quality of the pain we call dysphoria is difficult to capture in words.

Dysphoria is one of the more important of the nine cardinal features of a disease called major depression, the most common disease psychiatrists treat. Other symptoms include sleep disturbance, loss of energy, irritability, tearfulness, appetite change, loss of sexual interest, strong self-rejection, and suicidal thoughts, plans, or acts.

Major depression is the number four disease burden of our country. It affects at least 17.5% of people at some time in their lives. It is the overwhelming cause of suicide, which kills more people in the U.S. each year than AIDS.

Worse, major depression has 17 friends, 17 other diseases which run in the same families, are found in the same patients, and respond to many of the same medicines. Some of the more well known of these 17 are panic disorder, the three bipolar disorders, social phobia, generalized anxiety disorder, obsessive compulsive disorder, ADD, anorexia, bulimia, migraine, and irritable bowel syndrome. [Schizophrenia, by the way, does not belong to this group.]

All 18 diseases together are known as the mood disorder spectrum of illnesses. They run in families very strongly, more strongly than diabetes, cancer, or heart disease. They are often genetically associated with above average intelligence, sensitivity, and artistic interests. Many famous people have suffered from them.

Major depression and its wicked friends are caused by chemical imbalances in the deep part of the brain known as the limbic area. The brain has many functions; it is many "machines" jammed into a bony box we call the skull. We are conscious of the top part of our brain, called the cerebral cortex. We are not conscious of the many deeper parts of our

brain any more than we are conscious of our pancreas or spleen.

We can talk to the conscious part of our brain, the cortex. We cannot talk to the unconscious parts of our brain any more than we can talk to our pancreas. But we can send the deeper parts of our brain a chemical message even if we cannot send a verbal one, just as we can send a chemical message to our pancreas, for example, to make more insulin to improve diabetes.

The chemical messages we send the deep, unconscious parts of our brain to improve our mood (doctors use the term mental energy for mood) are of course the antidepressant medicines and sometimes other types of psychiatric medicines.

Not all depression, of course, is major (chemical imbalance, biological, deep brain) depression. Some is emotional in nature and "resides" to a great extent in the cortex, the part of the brain we are conscious of. One common type of emotional depression is called dysthymic disorder. Depressions that come from unhappy or tragic family or job circumstances, for example, aren't helped much, if at all by psychiatric medications. They need psychotherapy, work with a caring, trained, and experienced counselor to change unfruitful patterns of thinking, feeling, and living.

We have spoken as if the two main types of depression, major depression and dysthymic disorder, always have a crisp line dividing them. Would that it were so! But of course our lives and brains are complex. Malfunction or misery in one part of the brain can in time drag other parts of the brain into malfunction and misery too. The result is that often full recovery from depression requires both psychotherapy and medication. Indeed, the combination of medication and psychotherapy has always proven itself more powerful than medication or therapy alone.

*(The second half of Dr. Shapiro's discussion of depression, focusing on treatment, will appear in the next issue.)*

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Depression loses its power when fresh vision  
pierces the darkness.

- Peter Sinclair