

## DEPRESSION

### Did you know?



Depression and sadness are not the same. One of the primary differences is timespan: sadness is typically temporary, while depression can continue for months or years.

Depression is becoming more prevalent and appearing earlier in life in younger generations. The cause and magnitude of the increase are as yet unknown. The average age of onset for acute depression is the mid-20s. By some reports, 20% of older Americans suffer from mental disorders. Of these mental disorders, anxiety is the most prevalent in this age group and depression second. Twice as many women as men experience depression.

*U.S. Department of Health and Human Services, Mental Health: A Report of the Surgeon General (1999).*

**Symptoms of depression make it harder to help people choose benefits. Learning about depression can help you understand people's situations and work with them effectively.**

- 💡 There are many factors associated with depression, including:
  - **Brain chemistry:** Imbalances in chemicals in the brain can contribute to depression.
  - **Cognitive predisposition** (depressive ways of thinking) and **low self-esteem**.
  - **Genetics:** For example, per the American Psychiatric Association, 70% of identical twins experience depression if the other twin is depressed.
  - **Significant life events:** Both positive and negative life events can trigger depression.
  - **Violence, neglect, abuse, or poverty:** Long exposure to these environmental factors or other stressful situations can trigger depression.
  - **Medical conditions** (any older adult exhibiting signs of depression should be urged to see their primary care physician, not just referred for mental health counseling).
- 💡 **Substance abuse, anxiety, multiple physical complaints, and depression** often go hand-in-hand.
- 💡 Depressive disorders vary by **how long symptoms last** and the **number of symptoms**. People with bipolar disorder have alternating manic (extreme high) and depressed moods. Mania is characterized by high energy, constant talking, and grand schemes (see the back of the fact sheet for signs of mania).
- 💡 **Treatments for depression** include medications, psychotherapy, and addressing of environmental factors involved in the depression. According to the American Psychiatric Association, 80–90% of people respond well to treatment. Because of the stigma associated with mental illness and other contributing factors, however, many people either don't seek or don't receive treatment.

# Fact Sheet

## Common signs of depression

- › Loss of interest or pleasure in activities
- › Weight gain or loss
- › Loss of energy or increased fatigue
- › Physical ailments with no explanation
- › Insomnia or oversleeping
- › Difficulty making decisions or focusing
- › Low self-esteem; feelings of guilt, helplessness, hopelessness, or persistent sadness
- › Thoughts of suicide or attempts at suicide
- › Restlessness and irritability
- › Social withdrawal

*Sources: U.S. Department of Health and Human Services, Mental Health: A Report of the Surgeon General, 1999; American Psychiatric Association*

## Common signs of mania

- › Persistently elevated or euphoric mood
- › Inappropriately high self-esteem
- › Psychomotor agitation
- › Decreased sleep
- › Racing thoughts and distractibility
- › Poor judgment and impaired impulse control
- › Rapid or pressured speech

*Source: U.S. Department of Health and Human Services, Mental Health: A Report of the Surgeon General, 1999.*

## Quick tips: Helping people with these symptoms make benefit selections

- › Always acknowledge what the person is saying. Do not discount their emotions. On the other hand, do not enter into a therapy session. Keep the boundaries and purpose of your conversation clear.
- › If a person is depressed, provide assurance that together you can work through the benefit selections. Show enthusiasm over successfully making choices.
- › If a person is manic, focus on slowing down the conversation and completing each step in order.