

The following article was written by Steve Barrett, an American Legion lifetime member (Chapter 201), a member of the VFW (Post 9143), and a Clinical Social Worker at the Atlanta VA Medical Center. He works primarily with Vietnam veterans, and Steve is a Vietnam veteran himself. He was stationed in the Central Highlands in 1967. Steve is also a retired military social worker.

Clinical Depression: A Treatable Illness

Steve Barrett, LCSW, BCD

Clinical depression is one of the most common and expensive mental disorders in the United States affecting over 19 million Americans and costing an estimated \$66 billion per year. Active-duty service members and veterans are not immune from this major disorder. In fact, research has shown, that an estimated 25% to 30% of veterans of the Iraq and Afghanistan wars report symptoms of depression or other cognitive conditions; and veterans diagnosed with depression account for slightly more than 14% of veterans seen at VA hospitals. The number of veterans treated for depression is not surprising. Military service is one of the most difficult and demanding jobs in the world. Regardless of occupational specialty, service members often experience very chaotic situations, which can take a toll on emotional health during and after active duty. Women tend to have a higher rate of depression; and it is known that male veterans have nearly twice the rate of alcohol and drug use, which is often used to ‘self medicate’ depression. Depression is particularly prevalent among older veterans as with older Americans, in general. For all population groups, untreated clinical depression may lead to substantial suffering, disability, alcohol and drug abuse, decreased quality of life, and increased suicide risk.

Clinical depression is not caused by personal weakness. It is not a character flaw; and it is not feeling sad or gloomy once in a while. We all have those moments. Clinical depression is a **real** medical illness evidenced by an imbalance of chemicals in the brain called neurotransmitters. What causes this imbalance? Certain health conditions, such as hypothyroidism, can lead to depression. Usually, treating the underlying illness cures the depression. Experts also believe a combination of family history (your genes) and stressful life events contribute to depression. Genetically speaking, your chance of having a bout of depression is greater if other family members have had depression. You may have inherited a trait that makes you more susceptible to a depressive reaction. If this is true for you, a stressful life event is more likely to trigger depression. Stressful life events, both positive and negative, are part of life and some stress cannot be avoided. A negative life event, such as a chronic disease, or a ‘happy’ event, such as a promotion, may be experienced as stressful because of the change. However, just because you have a family member with depression, or have stressful life events, doesn’t mean you will get clinical depression. The key is to seek help when you start experiencing symptoms of depression.

Common symptoms of depression can range from losing interest in people or activities, to experiencing unexplained aches and pains over a long period of time. There are several classic symptoms of depression including:

- increased or decreased sleeping pattern
- increased or decreased appetite

- decreased energy level
- decreased concentration and remembering
- physical slowing or agitation
- lack of interest in activities that were once enjoyed
- feelings of guilt, worthlessness, hopelessness, and emptiness
- recurrent thoughts of death or suicide

Experiencing one or two of these symptoms does not mean that you're depressed, but if you notice that you are experiencing several of these symptoms, you may want to ask yourself: "what is going on in my life to make me feel this way"? Am I depressed?" If the answer to the last question is yes, do not become alarmed. Depression is one of the most treatable psychiatric illnesses among adults. It is important, however, to seek appropriate and early treatment. Frequently, older veterans with depression are seen in primary care settings where depression may not be identified or, if identified, treated inadequately. Early treatment and appropriate, consistent intervention helps to curb long episodes of depression that can repeat over a person's lifetime, and lead to chronic substance abuse, economic problems, and disruptive relationships. .

The good news is that from 80% to 90% of persons diagnosed with major (clinical) depression can be effectively treated. Through medication and a type of counseling called cognitive therapy, most people are able to recover and to rediscover joy and a purpose in their lives. In the first century a.d., the philosopher, Epictetus, said "people are disturbed not by things, but by the views; which they take of them." Epictetus may have been the first cognitive therapist around. Cognitive therapy is a form of therapy that works very well with people who have clinical depression. Cognitive-behavioral therapy (CBT) is designed to help individuals identify and correct negative patterns of thinking that contribute to depression. These patterns may range from harboring unrealistic expectations of self or others, to predicting the worst outcome to every situation. Being involved in cognitive therapy is a way to correct "stinking thinking." In addition to CBT, there are many types of medications that are very effective in treating major depression. The most commonly prescribed for depression are Selective Serotonin Reuptake Inhibitors, or SSRIs.

Any veteran who feels depressed should seek assistance. Every VA Medical Center and most Community Based Outpatient Clinics (CBOCs) offer screening for depression annually, as well as during physicals and new patient intakes. Additionally, VA facilities that have Mental Health Clinics have psychiatrists, psychologists, social workers, and nurses to help veterans with clinical depression. If you are being treated in a VA facility and you feel you have depression, ask your primary care provider to provide a consult for a mental health evaluation. If you are treated in the community with TriCare or other insurance, you may ask your provider for a referral to a mental-health agency. The old belief that one should "pick yourself up by the bootstraps" no longer applies when it comes to clinical depression. Telling someone to "snap out" of depression is like asking a person to think happy thoughts to cure diabetes or hypertension. A positive attitude, however, is important as a first step to recovery. As William James once said "believe that life is worth living, and your belief will help create the fact."