

Depression and Disability

A Practical Guide

by Karla Thompson, Ph.D.

The North Carolina Office on Disability and Health

Depression is an illness that effects more than 17 million Americans each year. Many of those people are individuals with disabilities. Not everyone with a disability becomes depressed, and those who do become depressed may not be depressed because of their disability. However, people with disabilities face unique challenges and stresses which place them at increased risk for depression.

Depression is a common and serious health problem. About 12% of all men and 20% of all women are expected to have at least one significant episode of depression in their lifetime, and 5% of the general population may be depressed at any given point in time. Studies have shown that symptoms of depression may be 2 to 10 times more common in individuals with disabilities or chronic illnesses, and depression is one of the most common “secondary conditions” associated with disability and chronic illness.

But the good news is that there are effective treatments for depression available.



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What is
depression?

Depression is not just feeling sad, “blue,” or discouraged, and it is much more than the normal “downs” that can be a part of everyday living. It is an illness that affects the whole person – their thoughts, feelings, behavior, and physical health. In its mildest form, depression can keep otherwise healthy individuals from enjoying their lives to the fullest.

When depressive symptoms are more serious, they cause needless suffering for the person who is depressed and needless pain for the people who love them. In its most severe form, depression can be a life-threatening condition.

Symptoms

Some of the symptoms of depression can include...

Feelings of sadness,
anxiety, hopelessness, or emptiness

Loss of interest
in activities that used to be enjoyable

Sleep problems,
like sleeping too much, having trouble
falling or staying asleep, or waking
very early in the morning

Changes in appetite
with weight loss or weight gain

Feelings of increased irritability,
restlessness, or frustration

Decreased energy
or becoming tired after normal activities

Difficulties with concentration,
memory, decision making, or mental slowing

Feelings of excessive guilt,
worthlessness, or helplessness

Decreased interest in interacting with others

Crying more often than usual

Recurring thoughts of death or dying

Thoughts of suicide or suicide attempts

When someone is depressed, they have symptoms nearly all day, everyday, that last at least two weeks.

Not everyone who is depressed will have all of these symptoms. The individual symptoms of depression are very common. Occasional changes in sleep or appetite, or feelings of sadness, guilt, irritability, or fatigue are part of the normal human experience. It is when many of these symptoms occur together, cause difficulties in day-to-day functioning, and last longer than a few weeks that they may be signs of a depressive illness.

All kinds of depression are treatable

There is more than one kind of depression. The most severe kind of depression, called **Major Depression**, involves a specific combination of the symptoms described on page two. Sometimes Major Depression is part of another mood disorder called **Bipolar Disorder**, in which periods of depression alternate with periods of elevated mood, increased energy, agitation, and other symptoms.

People who are experiencing an episode of Major Depression often feel hopeless and overwhelmed. They may have trouble getting out of bed in the morning or taking care of themselves in other ways. For people with some kinds of disabilities, neglecting even the most routine aspects of self-care can lead to other, potentially life-threatening medical conditions, and depression is believed to be a contributing factor in many preventable deaths among individuals with disabilities. Suicide rates are also higher among some groups of people with disabilities.

Less severe kinds of depression include **adjustment reactions** and **Dysthymia**, a chronic, low-grade depression lasting two years or more. While Dysthymia is less likely to lead to suicide, it can be associated with persistent feelings of dissatisfaction, discouragement, and disappointment that contribute to a poor quality of life.

Why do
people
become
depressed?

Depression isn't "all in your head." It is not a sign of personal weakness, and it is not caused by laziness or a lack of willpower. It is a real illness with real causes. Some of these causes include biology, heredity, personality, and/or life experiences.

Depressive disorders involve chemical changes in the brain. People with depression typically have too much or too little of certain brain chemicals, called "neurotransmitters." Whether these chemical changes are always the primary cause of depression or occur after someone becomes depressed is a question that has yet to be answered. However, treatments that restore these chemicals to their normal levels help to cure symptoms of depression.

Some symptoms of depression can be caused by **chronic medical conditions** or the **medicines** used to treat them. For this reason, a complete physical examination and medical work-up should always be conducted before someone begins treatment for depression. **Alcohol or drug abuse** can also cause depressive symptoms.

Depression tends to run in families, and if anyone in your immediate family has problems with depression, you are at increased risk. **Women are twice as likely as men to experience depression.** The reasons for this may include hormonal changes associated with the female reproductive cycle or the stresses associated with being a woman in today's society.

Some **personality characteristics** and **coping styles** are also associated with depression. For example, having **low self-esteem** or feeling that you have **no control** over events in your life are common traits in people with depression. However, not everyone agrees whether these personality characteristics cause depression or are simply symptoms of depression.

Any of these factors, alone or in combination, may place an individual at increased risk for depression. **Certain life events** may also trigger one or more episodes of depression.

Some theories about the causes of depression suggest that people who become depressed have had too many negative life experiences (like serious illness or the loss of a job) or too few positive, pleasurable experiences (like rewarding relationships with others). While some symptoms of depression are a natural response to stress or loss, the suffering and feelings of hopelessness associated with a clinical depression are typically more intense, last longer, and have a much greater impact on an individual's day-to-day functioning than the feelings associated with any one particular loss or life crisis.

Why are
people
with
disabilities
at risk for
depression?

Having a disability doesn't automatically mean that you are going to become depressed. Not all people with disabilities suffer from depression, and for those who do, their depression may have little to do with their disability. However, depression is associated with certain life experiences that are more common among individuals with disabilities. In addition, people with disabilities face many unique problems and challenges which may place them at increased risk for depression.

Some of the challenges that people with disabilities can face

Mobility Many persons with disabilities have trouble walking or getting round, both in their own home and in the community. This can effect how they take care of everyday activities, like dressing or bathing, as well as how often they get out of the house. Sometimes having mobility problems means needing help from others to do things that most people can do on their own, which can be frustrating or embarrassing. Being unable to drive may further limit one's ability to participate in important life activities like work and play, as well as taking care of everyday tasks like grocery shopping or visiting with friends. Not having the strength, endurance, or other abilities necessary to do what you want to do, when and how you want to do it, may cause you to feel frustrated, angry or helpless.

Accessibility Because most homes and many buildings and businesses still do not meet the Americans with Disabilities Act guidelines for accessibility, individuals who move slowly or use wheelchairs, scooters, walkers, or canes may find it more difficult to shop, dine, work, or access health care and other professional services.

Social Barriers and Social Isolation

Not all of the obstacles and barriers individuals with disabilities face are physical. Many people without disabilities don't understand what it's like to have a disability or don't know how to act around someone with a disability. In addition, some people feel uncomfortable or harbor prejudices and negative attitudes toward individuals with disabilities. These are social barriers that can make it more difficult for people with disabilities to form friendships and other relationships. Not having good social support increases anyone's risk for depression.

Employment In general, people with disabilities may have more difficulty finding and keeping jobs. Sometimes this is because of the individual's physical or other limitations, and sometimes it is because of social prejudices and misconceptions. Whatever the reasons, difficulty finding and keeping work can lead to financial problems, which are an additional source of stress. Work is also an important source of self-esteem for many people. Not being able to work when you want to work may lead to feelings of worthlessness or guilt.

Health Many people with disabilities enjoy good health, but some kinds of disabilities are associated with more health problems, and sometimes persons with disabilities have trouble getting the health care they need. Even people who don't have disabilities are more likely to become depressed if they have many medical problems, and people with more symptoms of illness tend to suffer from more severe depression. Finding ways to pay for health care can also be especially difficult for people with disabling conditions.

Not all Disabilities are Obvious

Some individuals with disabilities look and move just like non-disabled people but have trouble hearing, speaking, seeing, reading, thinking, paying attention, or remembering. Other people with chronic illnesses may look well but have problems with pain, fatigue, or other disabling physical symptoms. These kinds of problems can make it difficult to work, go to school, take care of yourself, and communicate with others. They may be especially hard to deal with because people may not recognize that you have a disability or understand what you are going through.

Any of these challenges are difficult to deal with. When someone has to deal with several of these at the same time, the risk for developing a depressive illness is greater. However, regardless of the cause or contributing factors, depression can be treated.

How is depression treated?

There are many effective treatments for depression available. With appropriate treatment, the majority of people with depression can feel better, often within a matter of weeks.

Counseling or “talk” therapy, medications, or a combination of the two are the most common and effective treatments.

Counseling or psychotherapy helps people learn to cope with depression and to deal with personal and external factors that may be contributing to their depression. Some therapies focus on helping people identify and change attitudes or ways of thinking that contribute to their depression, while other therapies are designed to help people change their behavior.

Antidepressant medications are an important part of treatment for depression. These medications aren't "happy pills" or tranquilizers. They do not elevate mood by changing your personality or making you lose touch with reality, and they are not habit forming. They work because they help restore the chemical balance in the brain that is altered when someone becomes depressed.

Although the combination of talk therapy and antidepressant medication is an effective treatment for the majority of people with depression, sometimes more severe and persistent depressions require more aggressive treatments. These may include hospitalization and/or electroconvulsive therapy.

What
should
you do
if you
think
you are
depressed?

Depression is very treatable, but too often, people with depression don't get help. This may be because they don't recognize that they are depressed, have trouble asking for help, or are embarrassed or blame themselves for how they feel.

Other people mistakenly think that they will just "snap out of it," and some don't know that help is available.

If you think that you or someone you care about may be depressed, get help. Have yourself evaluated for depression so that you can get treatment if you need it.

People and places you can contact for help include your family doctor and your local hospital, public health clinic, or mental health center.

If your depression is so severe that you are thinking about suicide, don't wait around hoping to feel better.

GO TO YOUR LOCAL EMERGENCY ROOM.

Sometimes people get so depressed that they can't make themselves get the help they need. If you think someone you care about is severely depressed, don't leave it up to them to get help. Help them make an appointment to talk with their doctor or a mental health professional, and make sure they keep that appointment.

What Else Can You Do to Feel Better?

If you have a serious depression you should **seek help from a competent mental health professional**. However, there are also a number of things you can do to help yourself feel less alone, discouraged, or blue. If you don't think you are depressed but do feel down at times, these are things you can do to feel better and reduce your risk for developing a serious depression.

Talk to friends or family about what you are feeling. Feeling sad or disappointed in life is nothing to be ashamed of, and sometimes just letting people know that you are feeling down can help you begin to feel better. The people who care about you can't help you if they don't know what you're going through. If you can't get out of the house to see friends and family, write a letter or talk with them on the telephone.

Get in touch with other people with disabilities. As much as they may try, non-disabled people can't always understand what it's like to live with a disability. If you are feeling alone or misunderstood, **talking with someone who has a similar disability** can make all the difference in the world. Your health care provider may be able to give you the names of other individuals who have had similar

experiences. **Support groups** for individuals with specific disabilities can also be an important source of information on how to cope with disabling conditions. In North Carolina, you can call the **Family Support Network of North Carolina** for information about local support groups for brain injury, stroke, spinal cord injury, spina bifida, multiple sclerosis, and other disabling conditions. **Public libraries** in some areas have computers which can be used to **search the Internet** for groups and agencies that provide education and support for individuals with disabilities.

Become an Advocate If you think that environmental and social barriers are causing you to feel discouraged, down, angry, or bad about yourself, find out what you can do to make a difference. Call the Family Support Network of North Carolina to ask about **local advocacy groups**. Talk to store managers who make the aisles in their stores too narrow for wheelchairs. Tell your doctor or the local hospital that they

need more handicapped parking spaces.

Write your congressman about the problems with health care and health insurance that individuals with chronic disabling conditions can face. And respond directly - but with dignity - when people who don't know better behave poorly or use language that offends you when talking with you about your disability.

Exercise Physical activity can be one of the most effective ways to combat depression. Even if you have significant physical limitations, increasing your level of physical activity even just a little bit will help improve your mood.

Stress Management Although stress doesn't always cause depression, stress tends to make depression symptoms worse. Finding stress management techniques that work for you - relaxing, meditating, praying, watching funny movies, doing crafts, keeping a journal, or any other activities that make you feel less stressed - can make you less vulnerable to depression.

Volunteer Volunteering can be a meaningful and rewarding way to spend your time. It can get you out of the house and provide opportunities for interacting with others. If you can't get out of the house, you can still make telephone calls, write letters, or do other kinds of volunteer activities from your home. Spending time and energy helping others can help take your mind off your own troubles and make you feel appreciated by others.



For more information...

For more information about depression.

Please contact any of the organizations listed on the following pages...

North Carolina Resources

Family Support Network of North Carolina
UNC Chapel Hill School of Medicine
CB# 7340
Chapel Hill, NC 27599-7340
(800) 852-0042
<http://fsnnc.med.unc.edu>

NAMI NC
309 W. Millbrook Rd. Suite 121
Raleigh, NC 27609
(800) 451-9682
www.naminc.org
email: mail@naminc.org

Mental Health Association of North Carolina
3820 Bland Road
Raleigh, NC 27609
(888) 881-0740
www.mha-nc.org

National Resources

National Mental Health Association
(NMHA) Center
1021 Prince Street
Alexandria, VA 22304-2971
(800) 969-6642
www.nmha.org

National Foundation for
Depressive Illness, Inc. (NFDI)
P.O. Box 2257
New York, NY 10116-2257
(800) 239-1265
www.depression.org

National Depressive and
Manic Depressive Association (NDMDA)
730 North Franklin Street, Suite 501
Chicago, IL 60610
(800) 826-3632
www.ndmda.org

National Institute of Mental Health
Depression Awareness, Recognition,
and Treatment (DART) Program
2235 Cedar Lane
Vienna, VA 22182
(800) 421-4211

The North Carolina Office on Disability and Health is a partnership effort with the NC Division of Public Health and the UNC-CH FPG Child Development Institute to promote the health and wellness of persons with disabilities in North Carolina.

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on alternative formats, contact:**

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Publication date 2002.

Permission is granted to reprint Depression and Disability; please acknowledge the NC Office on Disability and Health (NCODH) and Karla Thompson, the author of this publication.

This publication was made possible by Grant/Cooperative Agreement #U59/CCU419404-04 from the Centers for Disease Control and Prevention (CDC). The contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.

3000 copies were printed at a cost of \$2404.16, or \$1.24 per copy.

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