



Working TOWARD Wellness

LIVE BETTER. LIVE LONGER.

W E L L N E S S B R O C H U R E

UNDERSTANDING ANXIETY AND DEPRESSION

Most would agree that heart disease and diabetes are major health problems in Canada. But, would we expect that almost as many Canadians suffer from anxiety or major depression? Probably not. However, according to the most recent Canadian Community Health Survey in 2002, almost 5% of Canadians reported symptoms associated with either anxiety or depression in the previous 12 months. Likewise, both heart disease and diabetes occurs in close to 5% of the population.

Emotions like anxiety and fear are important features of our human make-up. In fact, our survival has depended on using these emotions to help deal with significant threats. However, when these emotions are magnified and experienced for long periods of time, they can negatively affect all parts of one's life. This includes sleep patterns, relationships with family and friends, the ability to think and react, and general interest in life, school, and work.

Anxiety disorders and depression share many common symptoms and features that can make their diagnosis a challenge. In fact, the Department of Psychiatry and Neuroscience at McMaster University in Ontario estimates that about one-third of people with major depression will also have an anxiety disorder (2006). However, once a diagnosis is made, the goal is for the person to start a journey of recovery.

Unlike physical illness, recovery from mental illness refers more to an individual's own "sense of mastery" over their illness and their lives, even though symptoms may still be present. In general, the earlier the illness is diagnosed, the sooner recovery can begin.

Unfortunately, many people who experience symptoms don't seek help from qualified health professionals because of the stigma associated with mental illnesses. Instead, many people deal with it alone. They end up suffering in silence, which can actually worsen the problem.

Without a doubt, more discussion about mental illness is needed to help eliminate our fears and misperceptions. This will also help create supportive environments within our families, our workplaces, and in our communities so that people can get the help they need. Learning more about anxiety disorders and depression is a good first step to a discussion that is long overdue in our society.

CHECK FOR SIGNS OF ANXIETY AND DEPRESSION

The following screening quiz can help you become more familiar with the signs and symptoms of anxiety and depression. It is not intended to diagnose, but can be shown to a healthcare professional to help start a discussion about mental health.

If you answer "yes" to any of the questions, you should consider consulting a physician.

1. For the past two weeks or more have you felt:
 - Persistently sad, worthless, or empty?
 - Constantly tired or exhausted?
 - Extremely irritable?
2. Have you experienced disturbances or significant changes in eating and/or sleeping patterns?
3. Have you had difficulty in concentrating or making decisions?
4. Have you lost interest or pleasure in things you usually like?
5. Have you experienced a sudden period of intense fear, anxiety, or worry?
6. Do you avoid going or are anxious about going to some places because you feel uncomfortable, anxious, or are worried about having an anxiety attack?
7. For the past six months or more have you been worrying constantly or excessively about your life (e.g., work, family, health, finances)?

If you have seriously considered committing suicide, contact your physician or local crisis centre regardless of how you have answered the questions.

Adapted from: Mood Disorders Association of Ontario. (2006). Test your mood: Moods Magazine, Winter 2006, p. 8.



WHY THE CONCERN ABOUT ANXIETY AND DEPRESSION DISORDERS?



The prevalence of anxiety and depression in Canada is similar to that of some chronic diseases, such as heart disease and diabetes. As well, according to a review in 2005 by the Centers for Disease Control and Prevention, mounting evidence shows that some mental illnesses, particularly depression, can also occur in individuals with several chronic diseases, such as heart disease, arthritis, asthma, cancer, diabetes, and obesity. There is also a known link with alcohol and drug addictions.

These links often make us wonder which comes first. Do chronic health conditions lead to mental health problems like depression? Or, do conditions like anxiety and depression predispose us to physical illness? The answer is that either or both scenarios are possible.

It is just as important to understand that there is no one cause of anxiety or depression. Often, it is the combination of many factors, including genetics, stressful life events, biological factors, and there may be a connection to certain medications.

Regardless of the causes, there is significant concern about the long-term negative effects on a person and their family, as well as the growing healthcare and lost productivity costs. For example, in a 1998 economic analysis by Stephens and Joubert, it was estimated that the total direct and indirect costs of mental illnesses in Canada were nearly \$14.5 billion.

Although it is possible to decrease the risk for developing depression and anxiety disorders, there is also the need for better diagnosis, treatment, and supports for people who are already living with a mental disorder.

HOW

HOW DO I DEAL WITH ANXIETY AND/OR DEPRESSION?

HOW DOES SOMEONE DEVELOP A MENTAL HEALTH DISORDER?

While it is not known the percentage of anxiety or depression caused by genetic versus environmental factors, there is a common set of factors often associated with the illness. A first step towards taking control and improving quality of life is to look at these factors and determine what can be changed.

Factors causing or contributing to anxiety and depression are as complex as the illness itself. Thought, behaviour, emotion, and physiology may all play a role, in addition to one's life situation.

When people experience anxiety and/or depression, the following often occur.

- Situation:** experienced a loss, isolated, conflict in relationships, stress
- Physiology:** experiencing low energy, imbalanced brain chemistry, have other illnesses, chronic pain
- Thoughts:** have negative thinking, harsh self-criticism, unrealistic thinking
- Behaviour:** social withdrawal, reduced activity level, avoidance
- Emotions:** feeling hopelessness, helplessness, sadness, numbness, worry/fear

Understanding the root causes of an illness is useful both in coming to terms with the illness as well as in helping you and your healthcare professional identify treatment options. For example, one of the most effective treatments is to combine medication (to address chemical imbalances in the brain), with talk therapy (to address negative thought patterns).

WHAT CAN I DO?

Your doctor may have addressed the physiological aspect by prescribing medication. This is often an important first step to feeling better. While there is no magic pill, medications can give you the mood lift needed to make changes to other factors. Lifestyle changes, such as regular physical activity and practicing positive thinking, can set the stage to later stop taking medication. Before you stop taking any medication, consult your physician.

Currently, Cognitive Behavioural Therapy (CBT) is thought to be one of the most effective talk therapies for anxiety and depression. CBT teaches new skills for thinking that can be self-taught or learned under the guidance of a qualified professional. In cases of major anxiety or depression, you should always seek professional help.

CBT is based on dealing with negative thoughts called "cognitive distortions", which are inaccurate perceptions of how we view ourselves and the world.

WHAT IS NEEDED TO OVERCOME THE STIGMA OF MENTAL ILLNESS?

There is much stigma associated with mental illness. The World Health Organization refers to stigma as disgrace or disapproval that leads to an individual being shunned or rejected by others. The major causes of this stigma are negative myths, misconceptions, and stereotypes.

Stigma has a strong negative effect on a person's recovery. It can affect their ability to access appropriate treatment, services, and the support they need at work and in the community.

We can all play a role in reducing this stigma by:

- openly talking about mental illness in our community;
- learning more about mental illnesses; and,
- challenging negative comments made by people about mental illness and those who are recovering from it. For example, have you ever heard someone say, "if they only tried harder, they could get over their depression"? You can respond by saying simply that depression is an illness that needs treatment, and not a state of mind that can be switched on and off.

WHAT

Here are five of the most common cognitive distortions and examples of how to challenge them.

Filtering

You only look at the bad, never the good. Because all you see is the negative side, your whole life seems negative.

Realistic thinking: Equally consider the positive and negative: Not everything is bad.

All or Nothing

You see the world in extremes, good or bad, fat or thin, smart or stupid.

Realistic thinking: Most things fall somewhere in the middle. You are still a worthwhile person, even if you are not "number one" in every aspect of life.

Mindreading

You feel that you know what others think about you and it's always negative (e.g., Bob didn't greet me this morning, he must hate me).

Realistic thinking: There are other possible explanations (e.g., Bob was distracted and never noticed you or anyone else this morning).

Fortune Telling

You feel that you know what the future will bring and it is negative. Nothing will work, so why bother?

Realistic thinking: Nobody knows the future and by staying open to possibilities, you'll feel hopeful and work towards improvement.

Shoulds

You think you know how the world, others, and yourself should be, but aren't.

Realistic thinking: Understand the limitation of humans and accept that not everything is perfect.

Start listening to your inner dialogue. You may hear some negative thoughts repeated several times a day. This happens with most people, even those not diagnosed with anxiety or depression. But once you start to notice these thoughts you can begin to challenge them. When practiced over time, this has been shown to substantially improve mood and overall satisfaction with life.

GO FOR IT!



RESOURCES AND WEBSITES

BC Here To Help

www.heretohelp.bc.ca

Provides resources to better understand mood disorders and self-help tools

Canadian Mental Health Association

www.cmha.ca

Centre for Suicide Prevention

www.suicideinfo.ca

Department of Psychiatry and Neuroscience, McMaster University

www.psychdirect.com/

Mental Health Works

www.mentalhealthworks.ca

Information for employees and employers

Mood Disorders Society of Canada

www.mooddisorderscanada.ca/depression/index.htm

Provides many resources, including a self-help guide for coping with depression

Moods Magazine

www.moodsmag.com/

Provides useful information about mood disorders as a magazine subscription and on their website

Windsor-Essex Distress Centre

For phone or in-person emergency counselling available 24 hours a day.

519-973-4435

In person services can be accessed by going to the Emergency Room at Hotel Dieu-Grace Hospital

**www.
wechealthunit
.org**

YOU ARE NOT ALONE

Mental Illness At Work

Myth: People with depression and anxiety are not good employees and are not productive or useful.

Truth: People with a mental illness can do anything and be good at it.

Here is a list of just a few of the many accomplished people who have experienced anxiety or depression.

Name	Profession
Buzz Aldrin	Astronaut
Isaac Asimov	Author
David Bowie	Singer
John Candy	Actor
Naomi Campbell	Supermodel
Ron Ellis	Hockey Player
Stephen Hawking	Physicist
Steven Page	Musician
Isaac Newton	Physicist
Charles Schultz	Cartoonist
Elizabeth Manley	Olympic Skater
Oprah Winfrey	TV Host

In an emergency or crisis

A mental health crisis is when you feel like you can't cope and you, or someone you know, is not in control. If you feel that you, or someone else, is in danger of hurting themselves or other people, then you need to get immediate help. It is a good idea to have a crisis plan worked out beforehand. You can go to the emergency department of a hospital or call the distress line at the Windsor-Essex Distress Centre; **519-973-4435**.

PASS IT ON!

Please feel free to pass this brochure along to co-workers, family members and friends.

HELPING SOMEONE WITH A MENTAL ILLNESS

To help a person with anxiety and/or depression, as a family member, friend, or coworker, here are some points to consider.

- **Knowledge is power.** Learn as much as you can about the illness. The more you understand the symptoms and issues, the more you can cope, help, and keep your expectations realistic.
- **Show you care.** Depressed people feel isolated in their pain and hopelessness. Listen, without judging, and try to empathize with the person.
- **Share your feelings.** Depression affects everyone and it is important to share feelings, both the depressed person and others. By talking about issues and emotions, you can uncover what works and what doesn't.



When supporting a loved one, it is also important to look after your own mental health.

- **Take care of yourself.** Try to find time for yourself everyday to do something relaxing, fun, or pleasurable.
- **It's not your fault.** You did not cause the person's illness nor will you find a cure. But you can help someone receive and manage treatment.
- **Create a support system.** Dealing with a mental illness in your family can be lonely and isolating. Sources of social support can be found through organizations listed in the website section. Also, speak with family members about sharing responsibilities.
- **Don't lose hope!** Mental illnesses are treatable. It just may take time to find the right treatment, medication, and/or therapy.

References

- Bilsker, D, and Patterson, R. (2005, 2nd ed.). *Antidepressant skills workbook*. Retrieved April 3, 2006, from <http://www.mheccu.ubc.ca/publications/>
- Chapman, D., Perry, G., & Strine, T. (2005, January). *The vital link between chronic disease and depressive disorders*. *Preventing Chronic Disease*, 2, No. 1, 1-10. Retrieved March 2, 2006 from http://www.cdc.gov/pcd/issues/2005/jan/04_0066.htm
- Department of Psychiatry and Neurosciences, McMaster University. (n.d.) . *Anxiety and depression*. Retrieved March 30, 2006, from http://www.psychdirect.com/depression/depression_pro.htm#Anchor-ANXIETY-363
- Statistics Canada. (2003, September 3). *Canadian Community Health Survey: Mental health and well-being*. The Daily. Retrieved March 13, 2006, from <http://www.statcan.ca/Daily/English/030903/d030903a.htm>
- Stephens, T., & Joubert, N. (2001). *The economic burden of mental health problems in Canada [Electronic version]*. *Chronic Diseases in Canada*, 22, No. 1.
- World Health Organization. (November 2001). *Mental health problems: the undefined and hidden burden*. Fact sheet No. 218. Retrieved March 30, 2006, from <http://www.who.int/mediacentre/factsheets/fs218/en/>

For more information about the Working Toward Wellness Program, please contact the Windsor-Essex County Health Unit at 258-2146 x 3100.

Copyright © 2006. Produced by the Windsor-Essex County Health Unit and Health Action Windsor-Essex.

