

Are You Depressed or Just Sad?



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Layout and illustrations by Jennifer Thayer &
Rebecca Edwards

Let's find out.

Two questions are key in diagnosing a depression. These are from the PHQ-9, a widely used depression screening questionnaire. Please use the following key for each question below:

- 0** = Not at all
- 1** = Several Days
- 2** = More than half the days
- 3** = Nearly every day



In the past two weeks have you been bothered by:

- 1. Little interest or pleasure in doing things?
- 2. Feeling down, depressed, or hopeless?

If your score is 3 or greater, complete the remaining PHQ-9 questions:

- 3. Trouble falling or staying asleep, or sleeping too much?
- 4. Feeling tired or having little energy?
- 5. Poor appetite or overeating?
- 6. Feeling like a failure or having let yourself or family down?
- 7. Trouble concentrating on things, such as reading or watching television?
- 8. Moving or speaking slowly or the opposite, being fidgety and restless?
- 9. Thoughts that you would be better off dead, or of hurting yourself?**

*Total Score:

*Total Score Depression Severity

- (1-4) Minimal Depression
- (5-9) Mild Depression
- (10-14) Moderate Depression
- (15-19) Moderately Severe Depression
- (20-27) Severe Depression



If you put any number on the **suicide question #9**, ask a friend to help, or call ETSU Public Safety 423-439-4480, or call 911 or go to a hospital emergency room.

Whatever your depression score, help is available for ETSU students at the Counseling Center located in the D.P. Culp University Center. Call (423)-439-3333. Walk-in intake times Monday–Thursday, 10:00 a.m. -11:30 a.m. & 2:00 p.m. – 3:30 p.m. **A 24-hour mental health telephone helpline called BucsPress2 is available for any current ETSU student. Call 423-439-4841.**

During operating hours, the receptionist will answer the phone, and the caller will request BucsPress2 and be transferred.

After hours, the caller is prompted to “**press 2**” for the helpline. **BucsPress2** is the frontline service for ETSU student immediate mental health needs.

ETSU medical students, residents, and their families have a broad spectrum of counseling services available from PARC (Professional & Academic Resource Center) at a single dwelling home near the campus which was selected for privacy. Contact the therapist at 423-232-0275 or from a **24-hour pager 423-854-0342**.

The National Suicide Prevention Lifeline’s toll-free, 24 hour hotline is **1-800-273-8255** to talk with a trained counselor. If your PHQ-9 score is 15 or above, active treatment is needed and you should contact a health care provider.

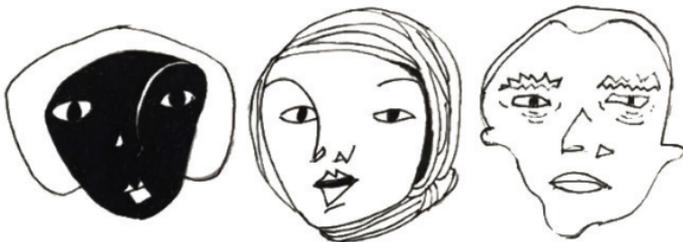
Depression is highly treatable.

There are many causes for feeling down. Grief, a type of depression caused by life's losses, is a normal reaction. It often goes away with time and support. It often lifts when distracted by other parts of life but returns when thoughts of the trouble return. This is a normal fluctuation of mood. But sometimes the grief becomes severe and more help is needed.

GRIEF

MAJOR DEPRESSION 2 WEEKS

An untreated depression that lasts for two weeks and interferes with day-to-day activities is much more than feeling blue. The first step in getting better is sorting through the various types of depression. Each type has the common effect of lowering mood. A health care provider can do this, often starting with PHQ-9 to document severity and then your improvement.

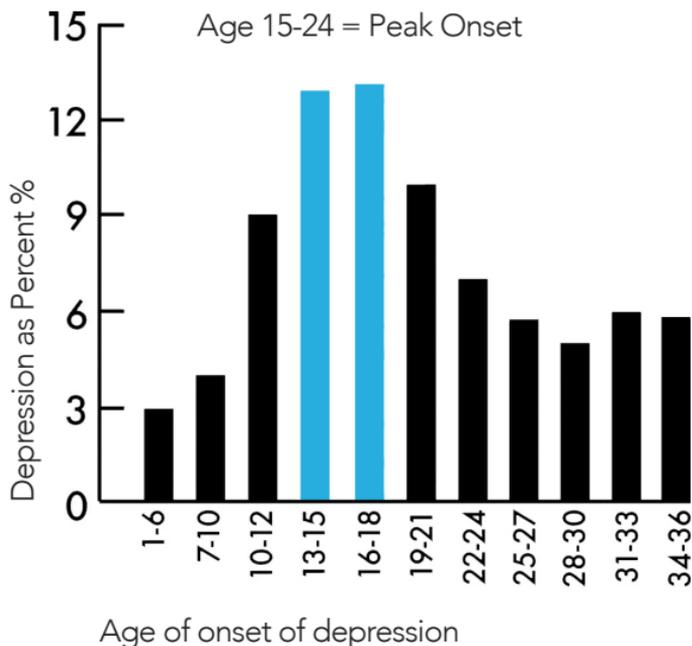


The most common type is called **Major Depression**. Over a lifetime, 10-26% of women and 5-12% of men will have a Major Depression. This serious, often recurrent and **potentially fatal disorder** can be missed because help is not sought. Feelings and thoughts associated with depression, of having failed, of being worthless and of hopelessness can make it hard to ask for help.

A number of effective treatments are available. The most common are antidepressants and psychotherapy. There are several classes of antidepressants that work on chemical signals by nerve cells (neurons) within the brain.

Psychotherapy involves talking with a mental health counselor. Cognitive Behavior Therapy (CBT) helps to change negative styles of thinking and behavior that contributes to depression. Interpersonal Therapy (IPT) helps people understand and work through troubled relationships that cause or worsen depression. Many people find that a combination of medication and psychotherapy work best for them.



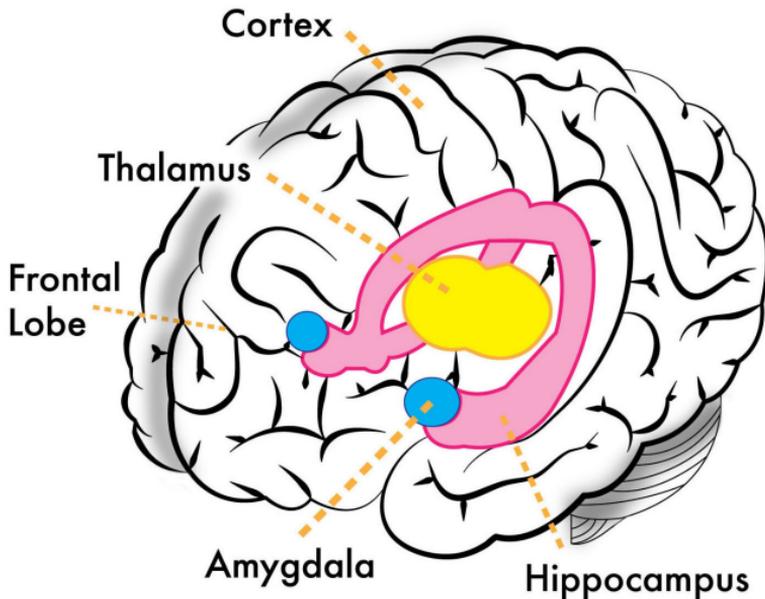


(Warden et al 2007)

Often a person's first depressive episode arrives during college years. In 2011, a nationwide survey of college students found that about 30 percent reported feeling so depressed in the past year "that it was difficult to function." (2)

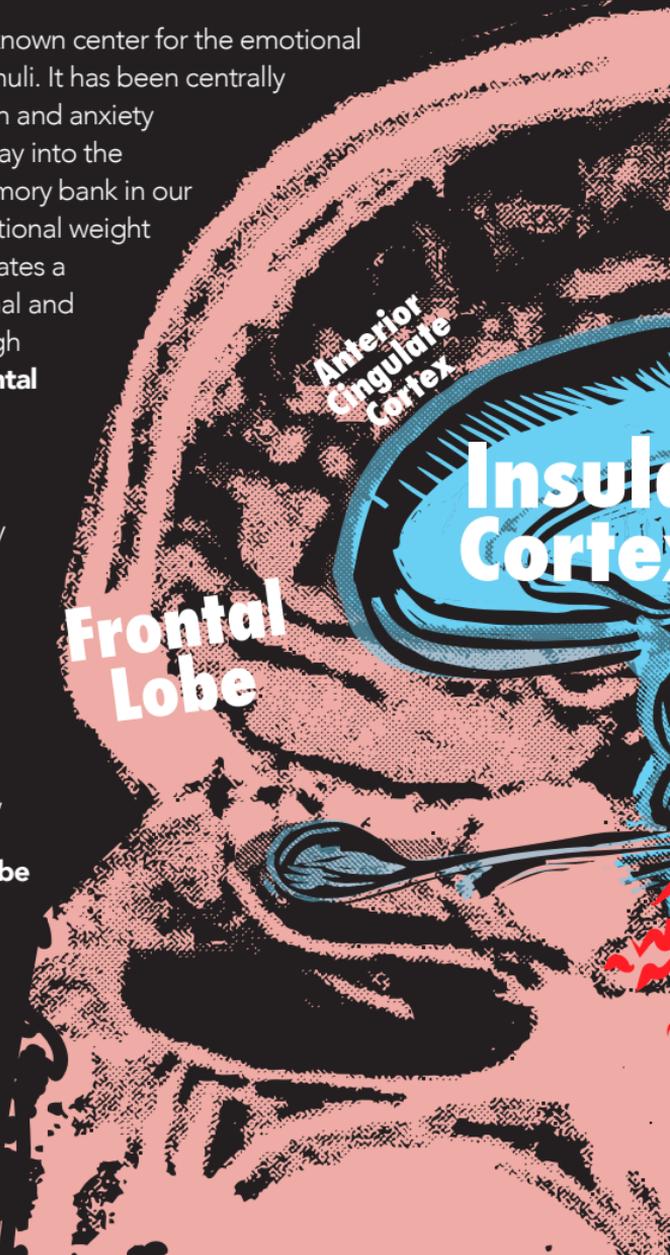
Some people carry genes that increase their risk for certain types of depression that run in families. But in most cases, life events and early childhood experiences, especially trauma (verbal, emotional, physical and sexual) are more common causes. Depression is a state of mind associated with real changes in the brain.

Animals seem to get depressed when they lose status, lose control, are defeated, and are trapped in bad environments. When these things happen, the brain switches into a depressed state. Being valued has evolved as an important mediator of mood states.



Research on how the brain works has made great advances in understanding the neuroanatomy and neurobiology of our emotional life. If it is out of balance, perhaps from childhood trauma or later stressful life events, these parts malfunction and a person can feel inferior, be more sensitive to social losses, feel worthless, depressed, unmotivated and filled with rage.

Amygdala is a well-known center for the emotional “understanding” of stimuli. It has been centrally implicated in depression and anxiety disorders. It’s the gateway into the **Hippocampus**, the memory bank in our brains and applies emotional weight to memories. It coordinates a complex set of emotional and bodily responses through connections to the **Frontal** and **Insular** regions of the brain. The **Insula** is part of the cerebral cortex integrating, body sensation with higher thought. The **Thalamus** is the relay station from the lower body to the **Cortex**, the top of the brain responsible for thoughts, memories, language, and problem solving. The **Frontal Lobe** of the cortex regulates, mediates, and controls thoughts, behaviors, and reason - in a process called executive control.



Cortex

Mid Brain

Thalamus

Amygdala

Hippocampus

**d
X**



Depression is in the body and affects many bodily functions (sleep, interests, self esteem, energy, concentration, appetite, and sex drive). It also affects how we think about ourselves and our world. It is important to recognize that there has been a change in a brain state and your thoughts and feelings are linked to that change. Try not to blame yourself but rather work out what will help you shift them. (4)

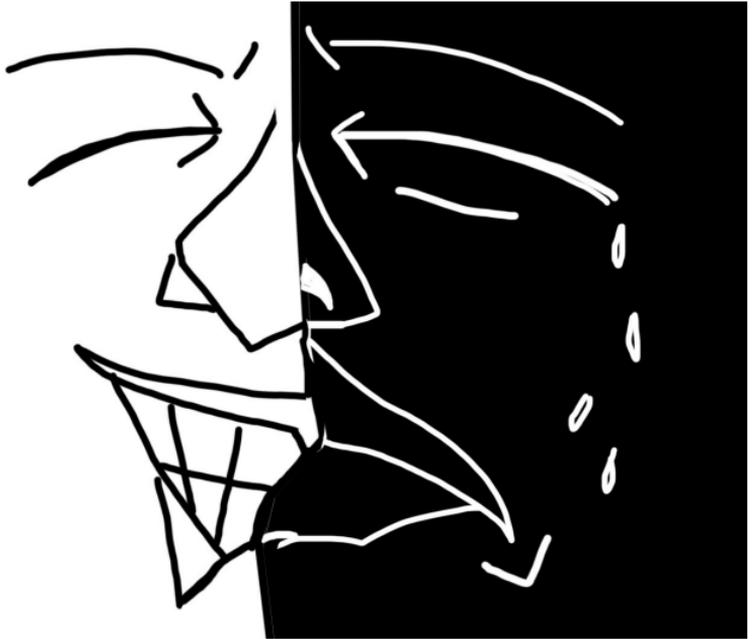
Other than Grief and Major Depression, another low can be part of major mood swings and is called Bipolar Disorder, also called Manic Depression. Low moods are never fun. Up swings can be fun, so help is often sought for the lows, not the ups. These are a few questions from another screening form, the Mood Disorder Questionnaire (5). See reference 5 to access the form.

Has there been a period of time when you were not your usual self and...

Yes	No	Questions
		I feel too good
		I am too self confident
		I talk too much
		I have increased energy
		I overspend
		I need less sleep
		I am irritable
		More than one of these at the same time for 1 week



Friends and family often notice the up mood swings and can be part of getting help. Half of all Bipolar cases show up before age 25. Mood stabilizing medications are used, not an anti-depressant.



Some groups of people have higher rates of depression, like people living with cancer, diabetes and HIV. These depressions can be from the disease itself, affecting the brain, not just an emotional response to it. If alcohol and drugs are being used to feel better, they can become the cause of a depressive episode and when they are stopped, the mood can improve. Depressed students often smoke and drink more than usual and, when high, are more likely to engage in HIV-risk behaviors.

Depression is common in HIV clinics. In studies in these clinics, depressed patients were more likely to have had sex for money or drugs, to have had sex with an intravenous drug user, to have unsafe sex when “high” on alcohol or drugs, and to have had a greater number of lifetime sex partners. Their depression plus other risk behaviors contributed to their getting HIV (6).



Depression is the major risk factor for suicide. In the 2011 survey of college students, more than 6 percent reported seriously considering suicide, and about 1 percent reported attempting suicide in the previous year. This problem disproportionately affects lesbian, gay, bisexual and transgender (LGBT) youth who are four times more likely to attempt suicide (7).

College can be one of the most exciting and rewarding times in your life but it can also be filled with challenges - anxiety about the future, grades, relationships and your new life. There is greater access to alcohol and drugs. Stress can contribute to the onset of a depressive episode and the number of students diagnosed with depression and bipolar illness has increased steadily in recent years.

The onset of a depressive illness tends to peak during college years but it often goes untreated. You might want to hide your problem because of social or academic pressure. You might even feel ashamed and think you are the only person who could feel like this. Depression is a common problem. Faculty and other college staff may not recognize it.

Learn to identify the warning signs. They are the questions in the PHQ-9. Whatever type of depression you have, students can succeed during school and manage their depression at the same times. Treatment for mood disorders tends to be most effective when it is started in young adulthood.

If you feel down and might be depressed, this is what you should do:

- Take charge of your self care.
- Develop a dependable support system of friends, family, and campus helpers.
- Establish and maintain consistent sleep habits.
- Get plenty of exercise and eat a healthy diet.
- Avoid alcohol and drugs.
- Keep your stress in check (8)
- Fill out the PHQ-9 at the start of this little book. Score it. If your number is high, remember that your low mood can be treated. You can change how your brain works.
- Let your support system know you are depressed.
- Take advantage of the counseling service information at the beginning of this book. They are there to help you!

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Eric Avery M.D.

For forty years Dr. Eric Avery has worked at the intersection of visual art and medicine. His social content prints explore issues such as human rights abuses, and social responses to disease (HIV and Emerging Infectious Diseases), death, sexuality and the body. In clinical art spaces set up in art museums and galleries, his art medicine actions have explored the liminal space between art and medicine. www.EricAveryArtist.com



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Eric Avery's project "Are You Depressed or Just Sad?" was a collaboration between ETSU BFA Graphic Design students and Dr. Avery, the artist, during his 2016 visit to campus as a Visiting Artist.

Are you Depressed or just Sad?

This information pamphlet was originally created as an artist's book by the students at LSU in Baton Rouge, Louisiana. This version was created, edited and produced thanks to the assistance of :

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Rebecca Alexander, ETSU Counseling Center
Phil Steffey, ETSU PARC
M. Wayne Dyer, ETSU Graphic Design Professor
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"Without their help, this project would not be available for the students attending East Tennessee State University. With this pamphlet, the hope is that it will serve a useful purpose and **show that art can save lives**. This document further demonstrates how both through medicine and art, anyone can make an impact in the lives of others." - Eric Avery M.D.

If you feel you need help, please contact:

Bucs Press 
(423) 439-4841
Mental Health Help Line



Bucs Press **2**
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