

OFFICE OF THE CHIEF WELLNESS OFFICER

The Winter “Blues” versus Depression ***Effective Prevention Strategies***

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Skills Building - Week #2

- Move more sit less
- Identify your barriers and how to overcome them
- Plan your day
- Focus on the benefits of physical activity/exercise
- Set a personal SMART goal to be more active



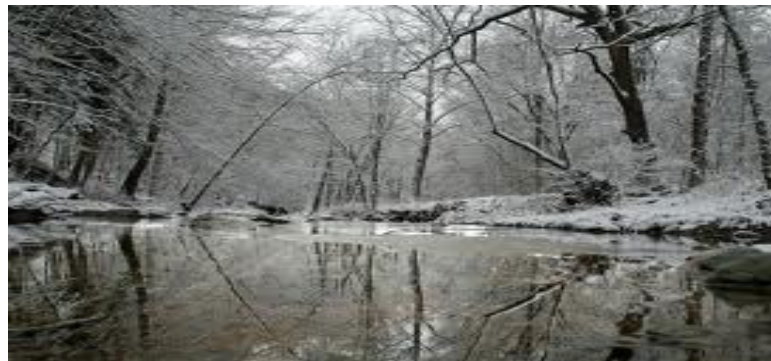
The “Blues” versus Depression

- Feeling sad or down, but the feelings pass in a few days and *do not* interfere with functioning
- Depression is a common yet serious illness that *does interfere* with functioning



Seasonal Affective Disorder (SAD)

- The onset of depression during the winter months, when there is less natural sunlight; possibly caused by disruptions in circadian rhythms, serotonin and melatonin
- The depression generally lifts during spring and summer
- SAD may be effectively treated with light therapy (30 minutes a day), but half of those with SAD do not get better with light therapy alone
- Antidepressant medication and psychotherapy can reduce symptoms, either alone or in combination with light therapy



Depressive Disorders According to the DSM-5™

- Major depressive disorder (MDD)
- Persistent depressive disorder (dysthymia)
- Disruptive mood dysregulation disorder
- Premenstrual dysphoric disorder
- Substance/medication-induced depressive disorder
- Depressive disorder due to another medical condition



Depressive Disorders

The common feature of depressive disorders is the presence of sad, empty or irritable mood, which is associated with somatic and cognitive changes that **interfere with functioning**



Depression

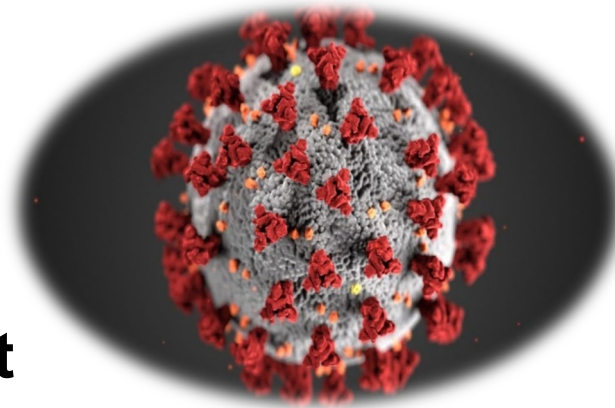
- Leading cause of disability in the world, costing the U.S. economy \$210 billion annually in lost productivity
- Cost of mental disorders in 2030 is projected to be more than diabetes and cancer combined
- Suicide is the second leading cause of death in 10- to 34-year-olds



COVID-19 is Triggering Mental Health Problems and Unhealthy Lifestyle Behaviors

You are Not Alone!

- Feelings of **despair**
- Fear for **loved ones**
- Decreases in **job security**
- Increases in **loneliness**
- Mindset switch from
“**thriving**” to “**survival**”
- **Zoom fatigue and burnout**
- **Increases in alcohol use**
- **Unhealthy eating patterns**



- Feelings of
hopelessness
- Increases in
anxiety
- Decreases in
financial security
- **Social withdrawal**
- **Sleep**
disturbances
- **Declines in**
Physical Activity



Too Much Stress, Anxiety or Depression Can Interfere with Your Functioning

This is the point where you need some help.

Do not hesitate to ask for it!

Contact our Employee Assistance Program (800) 678-6265 or
Our Student Counseling and Consultative Center (614) 292-5766



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COPE with COVID

Control the things that you can, not the things you can't
Open up and share your feelings
Practice daily stress reduction tactics, including physical activity
Engage in mindfulness; be here now; worry will not help!

Count your blessings daily
Overturn negative thoughts to positive
Volunteer to help others
Identify helpful supports and resources
Do your part to prevent spread of the virus

Bernadette Melnyk,
PhD, APRN-CNP, FAANP, FNAP, FAAN
VP for Health Promotion/Chief Wellness Officer



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go.osu.edu/copewithcovid

safeandhealthy.osu.edu

All recordings can be
viewed by visiting:

<https://u.osu.edu/keepcalmcovid19/>



Staying well and calm
in the midst of the
COVID-19 storm

Evidence-based tactics that work!

Stay Calm and Well

Part III | Beating the Blues

Learn strategies to reduce stress and improve
your optimal state of health and well-being
during challenging times.



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The Epidemiology of Depression

- One in four adults; has increased during the COVID-19 pandemic
- Higher incidence in minority populations
- M:F ratio: 1:2
- Detection LOW, < 20% of cases
- Reoccurrence rate 60-70%
- Depression is a risk factor for high risk behaviors and substance use
- MDD precedes substance abuse by 4.5 years
- 40-70% of those affected have co-morbid diagnoses (often with anxiety)
- **Average length of untreated episode of MDD 7-9 months**



Common Modes of Presentation

- Sadness
- Hopelessness: #1 predictor of suicide
- Self-hatred
- Anger/irritability
- Physical symptoms (e.g., headaches, fatigue)
- Withdrawn
- Loss of pleasure/interest in activities
- Neurovegetative symptoms (e.g., decrease in sleep, appetite and concentration)
- Drug and alcohol use common



Screening Questions for Depression

- Over the past 2 weeks, have you ever felt down, depressed or hopeless?
- Over the past 2 weeks, have you felt little interest or pleasure in doing things?

If depressed, it is critical to ask about suicide

You can check and improve your stress and well-being at
https://osu.az1.qualtrics.com/jfe/form/SV_cwGiM5q7JIVO_h6d



Major Depressive Disorder

***Five (or more) of the following symptoms during the **same 2-week period** and represent a change from previous functioning; at least one symptom is either (1) depressed mood or (2) loss of interest or pleasure.

- Depressed mood most of the day, nearly every day
- Markedly diminished interest or pleasure in all, or almost all activities, most of the day, nearly every day
- Significant weight loss or gain or decrease or increase in appetite
- Insomnia or hypersomnia nearly every day
- Psychomotor agitation or retardation nearly every day
- Fatigue or loss of energy nearly every day
- Feelings of daily worthlessness or excessive guilt
- Diminished ability to think or concentrate, or indecisiveness, nearly every day
- Recurrent thoughts of death (not just fear of dying)

***Symptoms interfere with functioning



Persistent Depressive Disorder (Dysthymia)

Depressed mood for most of the day, for more days than not, as indicated by either subjective account or observation by others, for at least 2 years (***causing distress/impairment***)

Presence, while depressed, of **two** (or more) of the following:

- Poor appetite or overeating
- Insomnia or hypersomnia
- Low energy or fatigue
- Low self-esteem
- Poor concentration or difficulty making decisions
- Feelings of hopelessness



Causes of Depression

- The cause is usually multifactorial, including:
 - biological (changes in chemistry of the brain, such as imbalances in serotonin, dopamine, and/or norepinephrine or excess cortisol)
 - genetic
 - environmental (e.g., stressful situations)
 - depressogenic cognition (i.e., a negative pattern of thinking)
 - physical
 - drug related



Common Health Conditions and Medications that can Cause or Mimic Depressive Disorders

- Anemia
- Hypothyroidism
- Infections (e.g. mononucleosis)
- Chronic fatigue syndrome
- Corticosteroids
- Accutane (for acne)
- Oral contraceptives
- Alcohol, cocaine, amphetamines, opiates



Management

- Psychoeducation regarding the condition
- Cognitive behavioral therapy/skills building: the gold standard evidence-based treatment for mild to moderate depression
- Coping strategies that have been effective in the past and the teaching of new strategies
- Reinforcement that most people need help at some point in their lives to cope with stressful times; recognizing it is a strength
- Good self-care (e.g., talking about feelings, sleeping at least 7 hours, healthy eating, mindfulness/meditation)



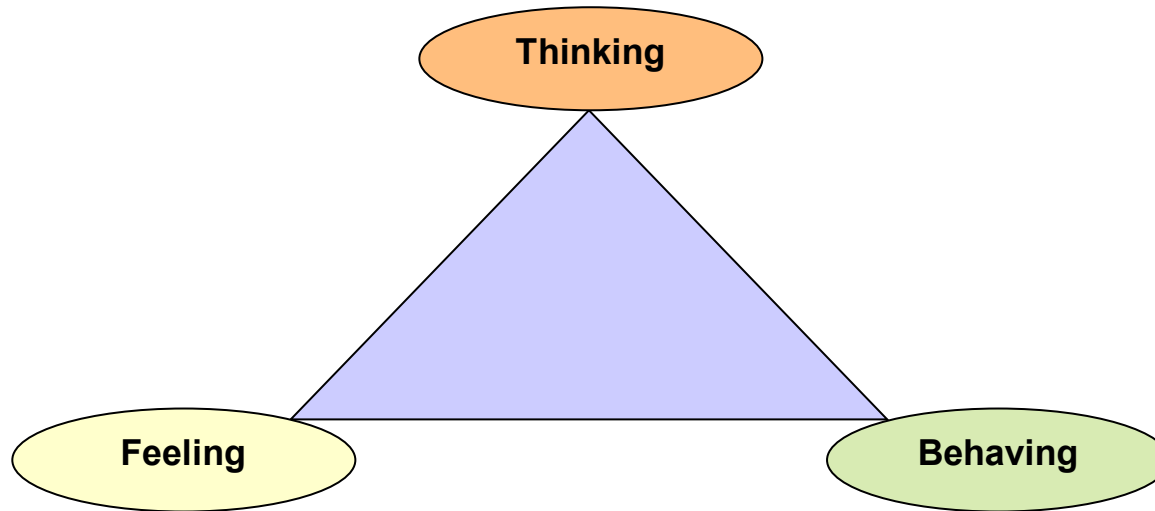
Management

- Medications reserved for **severe depression**:
Selective Serotonin Reuptake Inhibitors (SSRI's:
Prozac, Zoloft, Celexa, Luvox, Lexapro) Trial of 8
- 12 weeks recommended; usually takes 4-6
weeks to see effect; follow-up is very important.
- Should be used for 6 to 9 months and never
stopped suddenly



Cognitive-Behavioral Therapy/Skills Building is the Best First Line Evidence-based Treatment for Depression and Anxiety

The thinking/feeling/behaving triangle



The ABCs are taught in CBT with a Lot of Repetition



STRESSOR (Activator event)



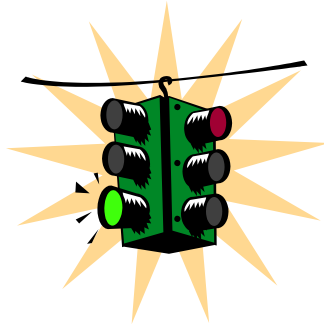
NEGATIVE THOUGHT TO STOP (*Belief*)



**REPLACE THE NEGATIVE WITH A POSITIVE
THOUGHT**



POSITIVE EMOTION & BEHAVIOR (Consequence)



Catching Your Automatic Negative Thoughts

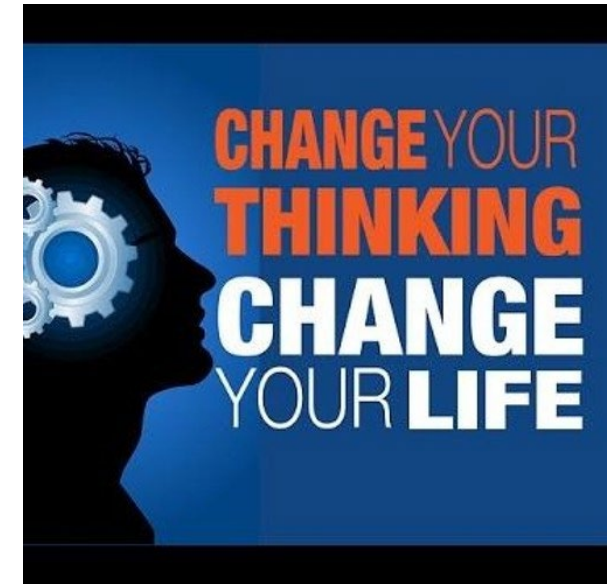
When you notice your mood has changed or intensified, or is going in a negative direction or you are noticing bodily sensations associated with negative emotions, *ask:*

What was just going through my mind?

Is this thought really true?

Is this thinking helpful?

Do I have evidence to back this up?



Research on the 7-Session MINDSTRONG Cognitive-Behavioral Skills Building Program

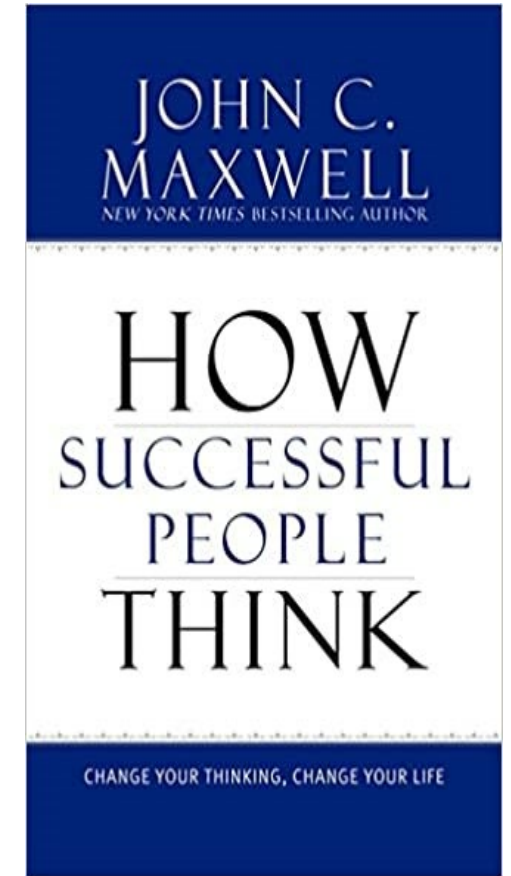
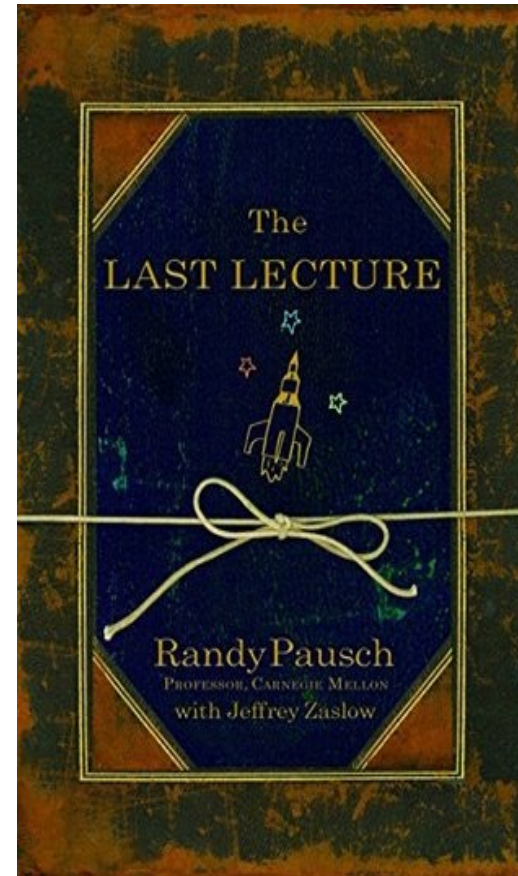
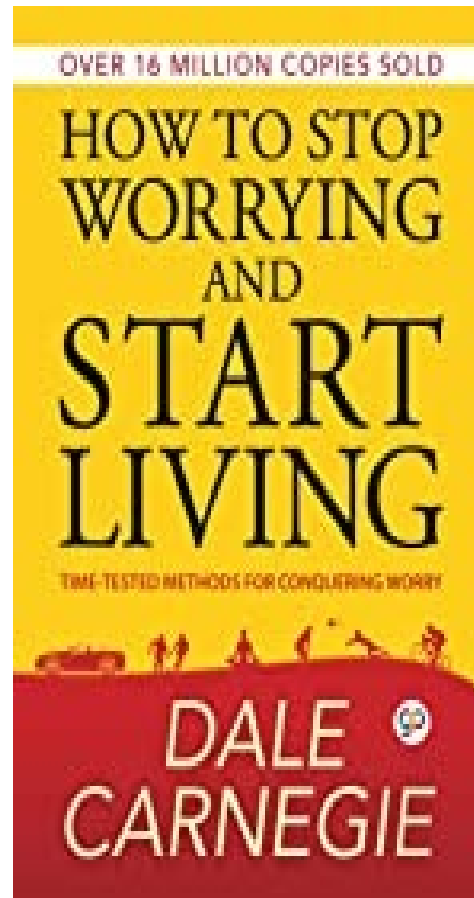
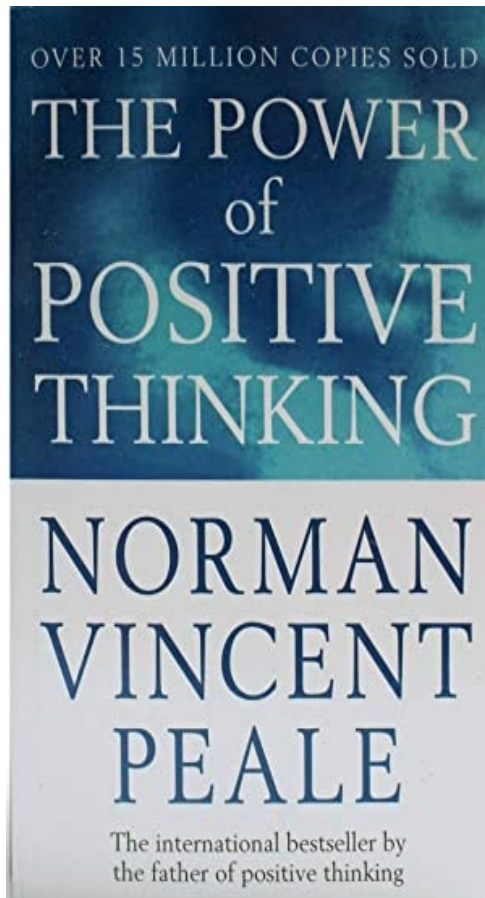
- MINDSTRONG can be delivered in individual brief sessions (25 minutes) or in group sessions (40 – 45 minutes)
- Findings from multiple studies, now numbering 20, indicate that the program increases self-esteem, decreases depression and anxiety, reduces suicidal ideation, and improves academic performance and healthy lifestyle behaviors
- Contact MINDSTRONG@osu.edu
- Dr. Jackie Hoying: Program Director



Daily Positive Self Affirmations Can Help with Positive Thinking



Read 5 Minutes in a Positive Thinking Book Every Morning and Night

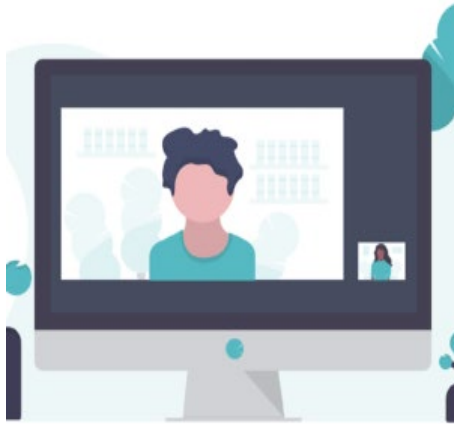


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Changing Negative to Positive Thinking Takes 30 to 60 Days of Consistent Practice

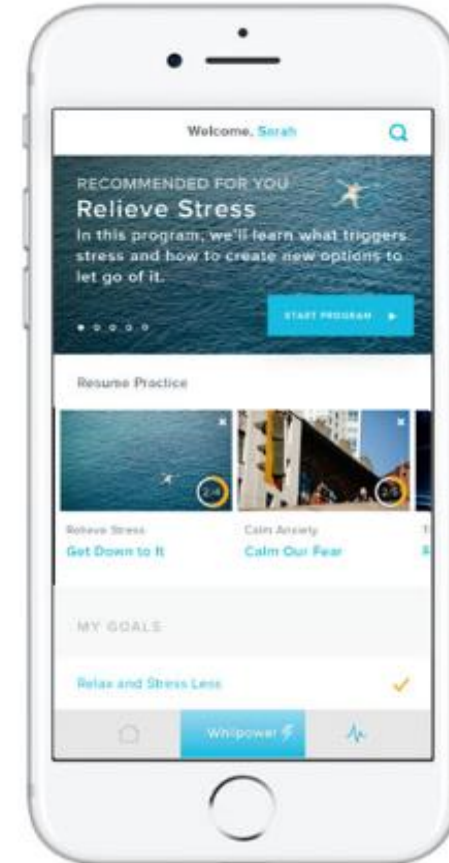


Our Terrific Resources: OSU Health Plan, YP4H with Whil, EAP and Buckeye Wellness



Our EAP provides **up to five complimentary** counseling sessions

Connect by using Tess, a mental health chatbot. Start chatting with Tess by texting “Hi” to +1 (415) 360-0023
Start code: buckeyes



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Tips for Preventing and Beating the Blues

- Engage in physical activity even if you don't feel like it: 30 minutes 5 days a week
- Break your routine if rutted
- Eat healthy: light and often; avoid “junk food”
- Manage your energy: build in recovery breaks throughout the day; sit less; stand more
- Stay in the present moment (*The Present* is a great book to help)
- Get adequate sleep (at least 7 hours)



Tips for Preventing and Beating the Blues

- Balance work and personal life: take time to enjoy things you like to do
- Have your Vitamin D level checked
- Socialize regularly with family/friends
- Laugh more often

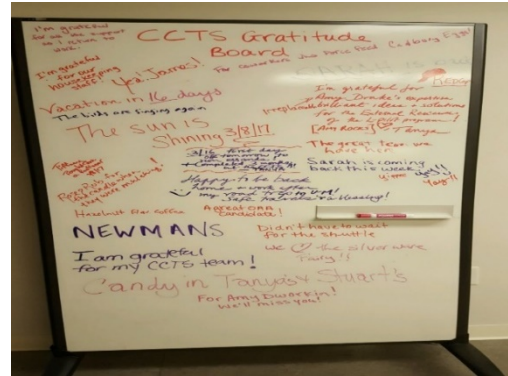


Take Your Vitamin G Every Day

**Improved
Mood**



Positive Effects of Gratitude



**Improved
Heart Health**



**Increased
Optimism**



Improved Sleep



**Improved blood
pressure**



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Nick Vujicic On Gratitude

“Often people ask how I manage to be happy despite having no arms and no legs. The quick answer is that I have a choice. I can be angry about not having limbs, or I can be thankful that I have a choice. I can be angry about not having limbs, or I can be thankful that I have a purpose. I chose gratitude.”



Tips for Preventing and Beating the Blues

- See the cup half full instead of empty
- Be kind to yourself
- Know your limits; don't feel guilty about saying "no!"
- Stay aligned with your dreams and passions!
- Seek help if these symptoms persist more than 2 weeks and interfere with your functioning: ***There is hope; depression is very treatable***



CBT Skills Building: Put the ABCs into Practice

Thinking, Feeling and Behaving/Positive Self-Talk

Identify 2 situations in the past week of how negative thinking affected how you felt and how you behaved; then, write down how you could have changed your thinking to feel better and act differently.

- Describe the situation you were in and the trigger (**A**ctivator) that started you thinking in a negative way.
- What did you think? (**B**elief/thought)
- How did you feel? (Emotional **C**onsequence)
- How did you act or behave? (Behavioral **C**onsequence)
- How could you have changed what you thought so that you would have felt better or acted differently?



Next Month

January 13, 2021 12:30 - 1:00 pm EDT

Beating the Blues by Unplugging

Jenny Lobb, MPH

Family and Consumer Sciences Educator

OSU Extension Franklin County

Stay Calm and Well

Part III | Beating the Blues

Learn strategies to reduce stress and improve your optimal state of health and well-being during challenging times.



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Let's Maintain Hope Rainbows Follow Rain



<https://go.osu.edu/copingwithcovid19>



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Thank You

Office of the Chief Wellness Officer and Buckeye Wellness

We appreciate your feedback!

Please complete a brief survey following this presentation

This survey will be sent via email to all registrants.

This and all future series recordings can be found at:

<https://u.osu.edu/keepcalmccovid193/recorded-webinars/>



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