

Empowering Families Facing Depression

*Note the advice given here is non-medical. It is written by me, Pam Faerber, mother of Geoff who lost his life to depression. I wish I knew then what I have learned since. I want YOU to be empowered to help. Also attached is a brief summary of Geoff's story with depression. Pam

If someone in depression and having "suicidal" thoughts:

Treat as if your loved one had cancer. Would you leave them alone to go to the doctor?
Would you ignore it and hope it got better on it's own?

**"WHAT IS DEPRESSION? WANT TO FIND OUT IF YOU SUFFER FROM DEPRESSION?"
CLICK HERE TO LEARN MORE**

<https://midvalleyhealthcare.com/Depression-Test>

OR USE Mental Health America

<http://www.mentalhealthamerica.net/mental-health-screen/patient-health>

This is a medical illness and needs to be treated as such. It is an illness that kills.

The person should be asked: "are you thinking of hurting yourself"

If the person has thought of harming self—they need to get to a hospital right a way. They need to be treated as any other emergency.

Family needs to be part of the plan--(unless it is clear they are the problem: ie abuse)

Find out what "scores" have been used to evaluate depression and what the score is and what it means—*(more at end of paper)

Once you have a diagnosis of clinical depression or BiPolar—just as if this was cancer:

Learn everything you can about this illness

Make sure you are seeing an EXPERT in this field

Gather your support team. No illness should be addressed alone. A person under stress from any serious illness does not always hear the same thing a doctor is saying. Someone else should be along and take notes, and also have questions written down and be sure they are asked.

*an advocate need not be present during counseling sessions unless the ill person wants them there

A great simple video of description of depression

HYPERLINK "http://www.upworthy.com/what-is-depression-let-this-animation-with-a-dog-shed-light-on-it?g=2&c=recon1" <http://www.upworthy.com/what-is-depression-let-this-animation-with-a-dog-shed-light-on-it?g=2&c=recon1>

What follows:

Learn—sources for educating yourself about depression and anxiety

Must have resources--**AT END OF ARE SEVERAL CLICKS FROM DBPSA

Tools for self and family

Track track track
Where to go for treatment
Other Medical issues
New treatments to explore
Stigma
Ratings on depression and anxiety
Christian support
Other resources
NEW : ADOLESCENT AND CHILDHOOD HELP

Mental Illness and the CHURCH, 24 hours of hope!

Pastor Rick Warren — Saddleback Church, CA.

And author of “Purpose Driven Life” — WORTH your time!

HYPERLINK

"<http://mentalhealthandthechurch.com/Watch/Webcast/24-hours-of-hope/2014-world-mental-health-day-message>"

<http://mentalhealthandthechurch.com/Watch/Webcast/24-hours-of-hope/2014-world-mental-health-day-message>

I. LEARN

LEARN all you can about Depression and Anxiety and or Bi Polar. The most comprehensive reading I have found comes from Johns Hopkins Depression Center and can be ordered in printed version or digital format.

- A. On Line Depression Tool Kit, prepared by University of Michigan Health System
depressioncenter.org/health-information
depressiontoolkit.org

This is an amazing source of education about depression, bi polar, treatment,

GET THEM! Know how to talk to your doctor! Know what treatments are available.

1. *John Hopkins White Papers on Depression Anxiety list EVERY possible drug to treat these illnesses and IS worth your getting a copy.*

HYPERLINK

"http://www.johnshopkinshealthalerts.com/white_papers/depression_anxiety_wp/P_CC_D_landing.html"

http://www.johnshopkinshealthalerts.com/white_papers/depression_anxiety_wp/P_CC_D_landing.html

2. Johns Hopkins “White Paper on Managing Bi Polar again has EVERY possible current treatment listed

HYPERLINK "

https://secure.johnshopkinshealthalerts.com/special_reports/depression_reports/BipolarDepression1.html?step=2&order_placed=1

https://secure.johnshopkinshealthalerts.com/special_reports/depression_reports/BipolarDepression1.html?step=2&order_placed=1

- C. JED website to know about depression

<https://www.jedfoundation.org/building-positive-relationships/>

D. Families for Depression Awareness web site is EXCELLENT

HYPERLINK "<http://www.familyaware.org/>" <http://www.familyaware.org/>

1. On this site you can analyze the depression symptoms:

HYPERLINK "<http://www.familyaware.org/web-tools/depression-wellness-analyzer.html>"
<http://www.familyaware.org/web-tools/depression-wellness-analyzer.html>

2. You can track your family mental health tree

HYPERLINK "<http://www.familyaware.org/web-tools/mental-health-family-tree.html>" <http://www.familyaware.org/web-tools/mental-health-family-tree.html>

3. take a depression/ bipolar test

HYPERLINK "<http://www.familyaware.org/web-tools/depression-and-bipolar-test.html>" <http://www.familyaware.org/web-tools/depression-and-bipolar-test.html>

4. order brochures such as Helping Someone Who is Depressed for caregivers

HYPERLINK "<http://www.familyaware.org/publications-a-workshops.html>"
<http://www.familyaware.org/publications-a-workshops.html>

E. great video on depression

HYPERLINK "<http://www.upworthy.com/what-is-depression-let-this-animation-with-a-dog-shed-light-on-it?g=2&c=recon1>" <http://www.upworthy.com/what-is-depression-let-this-animation-with-a-dog-shed-light-on-it?g=2&c=recon1>

F. Julie A. Fast—Blog

Top Articles and Blog Posts

by Julie A. Fast

HYPERLINK "<http://www.bphope.com/blog/three-bipolar-disorder-symptoms-no-one-wants-to-talk-about/>" **Three Bipolar Disorder Symptoms No One Wants to Talk About**

BY: JULIE A. FAST

JANUARY 29, 2015, 12:44 PM

The three symptoms below represent the side of bipolar disorder we all know is there, but we rarely want to let the public know exists.

Julie A. Fast is the bestselling author of Loving Someone with Bipolar, Take Charge of Bipolar Disorder and Get it Done When You're Depressed. She is an award winning columnist for bp Magazine ("Fast Talk") and has one of the top bipolar disorder blogs on the internet. Julie is the bipolar disorder management

specialist on the Oprah and Dr. Oz website www.ShareCare.com. She was the original consultant for Claire Danes on Homeland. Julie is not only a leading expert on helping those affected by bipolar disorder and depression, she was diagnosed with bipolar disorder in 1995 and successfully (as best she can!) manages the illness with medications and the strategies in her books. Julie knows firsthand about living with and loving someone with bipolar disorder within her own life and helps family members, partners and health care professionals understand and support those with the illness. Julie is a highly in demand family and partner coach, speaker and educator who is passionate about changing the way the world views and manages mood disorders. author-content

MUST HAVE SUPPORT for family AND person suffering:

A. The Depression and BiPolar Support Alliance MISSION: DBSA provides hope, help, support, and education to improve the lives of people who have mood disorders.
HYPERLINK "<http://www.dbsalliance.org/>" <http://www.dbsalliance.org/>
I can not say enough about how awesome I think this website is!! Be SURE to go on it and utilize it. Consider attending the annual conference!!!
BETTER YET, SIGN UP FOR PEER TO PEER training. One of the best ways to fight your illness is to help others. This program WORKS!!

B.. **DEFINITELY subscribe to 2 magazines. Esperanza and BP. They are about real people facing depression and bi polar.** Just reading them will encourage you and hopefully your loved one as well. On Line or hard copy —(I prefer)

Esperanza Magazine “Hope to cope with anxiety and depression”

HYPERLINK "<http://www.hopetocope.com/community/default.aspx>"

<http://www.hopetocope.com/community/default.aspx>

Bp Magazine “Hope and Harmony for people with bipolar

HYPERLINK "<http://www.bphope.com/>" <http://www.bphope.com/>

III. TOOLS for SELF and FAMILY and Front Line Physician CARE

A. U of Michigan Depression Center Web site

Helping yourself and your primary care physician prevent a relapse

Adherence can improve, even save lives

Support through shared experience

Making Therapy Work

[HYPERLINK "http://www.depressioncenter.org/news-and-publications/update/2012/summer/umdc-summer2012-update.pdf#page"](http://www.depressioncenter.org/news-and-publications/update/2012/summer/umdc-summer2012-update.pdf#page)

<http://www.depressioncenter.org/news-and-publications/update/2012/summer/umdc-summer2012-update.pdf#page>

U of Michigan Depression Center Lending Library

HYPERLINK "<http://www.librarything.com/catalog/FDERC/yourlibrary>"

<http://www.librarything.com/catalog/FDERC/yourlibrary>

Depression BiPolar Support Alliance
wellness Tool Box

HYPERLINK

"http://www.dbsalliance.org/site/PageServer?pagename=wellness_wellness_toolbox"

http://www.dbsalliance.org/site/PageServer?pagename=wellness_wellness_toolbox

Health Care provider HYPERLINK

"http://www.dbsalliance.org/site/PageServer?pagename=wellness_depression_hcp_communication"
http://www.dbsalliance.org/site/PageServer?pagename=wellness_depression_hcp_communication

National Conference: It is empowering to meet others facing the same illness

HYPERLINK

"http://www.dbsalliance.org/site/PageServer?pagename=conference2013_home"

http://www.dbsalliance.org/site/PageServer?pagename=conference2013_home

Patientslikeme---participate and explore at this web site

IV. TRACK TRACK TRACK!!!

WITH any illness it is VITAL that you track daily the symptoms you experience and what was going on when you experienced them: Time of day, and what you were doing, eating, etc etc. **THEN YOU** will find things that trigger your moods **AND** when you talk with your physician you can let them see this daily tracking and not just "I do not feel good" or "I feel better"

Depression Bi Polar Support Alliance Wellness Tracker

HYPERLINK

"http://www.dbsalliance.org/site/PageServer?pagename=wellness_tracker"

http://www.dbsalliance.org/site/PageServer?pagename=wellness_tracker

THE BEST PLACE I KNOW TO TRACK MOODS IS **Mood 24/7**

HYPERLINK "<https://www.mood247.com/>" <https://www.mood247.com/>

I STRONGLY URGE YOU to have your loved one and their doctor

do this.

****YOU** sign up and daily receive a text asking what your mood is today.

YOU should for sure add your doctor and parents, spouse, and other close friends

This can be a reminder to also take your meds

The good news is at the end of a week or month you or your doc or advocates can

Graph your moods

A good doc can also make comments in their own "space" so that when you both speak

Again you are on "current" and "accurate" information.

This was developed by a Johns Hopkins man and I have heard how he uses it. It is **FREE. USE IT!!!**

Depression BiPolar Support Alliance

Positive Six (+6) Challenges Kick Off May 1, 2014

Thriving is the focus for DBSA's +6 campaign in 2014-making small changes each month that enhance our well-being. Whether it's incorporating a new habit, focusing on better sleep, trying something new, or simply taking time to breathe, little things can make a big difference!

Read more about the +6 campaign [HYPERLINK](#)

"<http://www.dbsalliance.org/site/R?i=29WEJFGz6rOWbSq1nB0OEA>"<http://www.dbsalliance.org/site/R?i=29WEJFGz6rOWbSq1nB0OEA>

Target Zero to Thrive Campaign Update

People are talking about Target Zero to Thrive, DBSA's campaign challenging mental health care professionals, researchers, and individuals living with or affected by mood disorders to raise treatment goals to complete remission-zero symptoms. Since April 1, 2014, over 15,000 of you have helped change the conversation about wellness by listening to the podcast, signing the petition, watching the video, and sharing our messages on social media.

[HYPERLINK](#)

"<http://www.dbsalliance.org/site/R?i=iWjarogG5A7GJmoUTuZXcA>"<http://www.dbsalliance.org/site/R?i=iWjarogG5A7GJmoUTuZXcA>

[HYPERLINK](#)

"<http://www.dbsalliance.org/site/R?i=K87CSAhJHG3qWeBJHeGLLg>"<http://www.dbsalliance.org/site/R?i=K87CSAhJHG3qWeBJHeGLLg>

[HYPERLINK](#)

"<http://www.dbsalliance.org/site/R?i=DnP97RORxdpDvpmv6IEuxA>"<http://www.dbsalliance.org/site/R?i=DnP97RORxdpDvpmv6IEuxA>

V. WHERE TO GO?

1. FIND A good front line doctor****

A. find a GOOD doctor that treats medically as well as counseling

B. EVALUATE WEEKLY or every visit

**Most feel every visit should be assessed with a PHQ-9 test *(see description of tests)(While I advocate for a physical test such as a blood test or brain scan, THIS is what we have right now and it should be used on a regular basis to see where one is.)

C. Family **Family needs to be part of the plan**--(unless it is clear they are the problem: ie abuse)

Find out what "scores" have been used to evaluate depression and what the score is and what it means.. THIS Should be like cancer—the family part of what medicines and treatments to use. talk about treatment options and be educated about choices. This is NOT something to be embarrassed about AND in a clinical

depression, the person affected is NOT able to make good, logical decisions!!

2. PLACES TO GO when you have not been able to get well:

2.. –**the National Network of Depression Centers!** HYPERLINK

"<http://www.nndc.org/>" <http://www.nndc.org/>

***I wish I had been aware of the National Network of Depression Centers. If you can **take your loved one to one of these, please do. There are 21 around the country.** I have heard GREAT things about the ones in Michigan, Colorado, Johns Hopkins, Emory, Louisville. These places SPECIALIZE in depression. If you are not getting a response with your doctor, call one of these places or GO!! Or call me. I know contacts at each of these and will help

OF this group:

A. Memminger Clinic I have met the Sr. Vp, Dr. John Oldham.

I am very impressed with this clinic

HYPERLINK "<http://www.menningerclinic.com>" <http://www.menningerclinic.com>

B. Johns Hopkins continues to impress me as well

3. **BE AWARE** of the MANY on line that are for profit and are “duel diagnostic” centers. Some may be fine, but are really geared to substance abuse.

4. Once a doctor evaluates and decides if this illness is a candidate for medical treatment, stay with it!

If relief of anxiety and overwhelming depression and thoughts of suicide do not lessen, **discuss, discuss, discuss!** Be willing to Change medicine!! Be OPEN about not feeling better, and needing to continue to find a help.

If you do not feel you can have open, honest discussions with your doctor, OR do not feel better after 2 months, **consider a different doctor.**

("A good doctor needs to approach a complaint of depression just as they would approach a complaint of fever, chest pain, etc. That is to say, they need a complete history of the patient's symptoms, a complete understanding of the patient's life -- the context in which these symptoms have occurred, a good family history, and an understanding of any co-existing medical problems, medications taken, and drug and alcohol use history. There is no currently valid blood test or series of blood tests, x-rays, or other tests to diagnose depression. Diagnostic testing depends on what the doctor hears and sees when doing a complete evaluation, which includes a physical exam (which might have been done recently by someone else, but - if not - needs to be done by someone.)"

In serious depression, it is inappropriate not to use medications, and in mild depression, it is perfectly appropriate to use CBT alone and add meds later if progress is not made." Dr. John Hayes, Executive Director NNDC)

VI. Other Medical Issues

A. **IF Alcohol or cannabis use:**

This is VERY common as a self-help to relieve very real anxiety.

I did not believe “anxiety” was a real illness either. Trust me. It is. The person can become overwhelmingly “anxious” and unable to even move or stop brain messages flying at rapid pace with no relief.

It is my understanding it is not uncommon for the depressed and anxious person to turn to alcohol and or cannabis for relief. However, I have also heard the use of cannabis worsens bipolar risk : increase risk suicide, rapid cycling, and makes depression harder to treat.

These must be gotten out of the picture in order to see what is going on(that is, is the depression first, the drugs second or is it the other way around),

TALK to your doctor about help to relieve cravings for this aid. There is help.*

(*Gabapentin as a treatment for alcohol and cannabis use in depression

1. it is not metabolized in liver so is safe 2. the highest dose (1800 mg) had no side effects and VERY high success in abstinence and stabilized mood 3. craving for alcohol , mood and sleep all VERY good results. Barbara Mason,PhD)

B. Supplements

a. If your doctor has prescribed medication, and you consider supplements---

ASK your doctor if you can take supplements to enhance wellness:

Do NOT add any vitamins, or supplements without discussing with your doctor who has prescribed your antidepressant

b. Some people have found fish oil and other natural supplements helpful. These should be used as an additive NOT as a replacement unless you are under a doctor’s supervision. Most authors on diet cite the need in our diets for Omega 3 oils: most suggest about 800 mg daily EPA and 400-500 DHA. (Norwegian Gold makes one with no burps!)

c. Ultra Mind Solution by Mark Hyman, MD

An interesting read on foods in our diet and relationship to our moods. Some doctors believe in testing for levels of electrolytes and lots of supplements to go along with this to level it out. In Indianapolis, Dr. Ralph Waldo totally believes this. He and others DO NOT take insurance, and it is considered controversial by Dr. John Hayes and

VII. New treatments to explore

Ketamine—possible option for treatment resistant depression

see John Hopkins White Papers “Depression and Anxiety” Karen Swartz, MD

"It's surprising both that it works and how rapidly it has effects. It sometimes can work in hours to reduce depressive symptoms and suicidal ideation. Our goal is to begin to determine how the drug can be administered safely in routine treatment."

DO NOT USE this without understanding side effects and risks, but study about this may be worthwhile

Biggest warning: It is an opium and addictive

B. magnetic pulse device

HYPERLINK "http://www.foxnews.com/story/0,2933,441882,00.html"

<http://www.foxnews.com/story/0,2933,441882,00.html>

To find groups offering this service

On the website neurostar.com there is a doctor locator that your friends could use to find nearest TMS provider

C. 5. rTMS

Repetitive Transcranial Magnetic Stimulation (rTMS)

HYPERLINK "http://education.psychiatry.duke.edu/about-us"

<http://education.psychiatry.duke.edu/about-us>

SARAH H. LISANBY, MD

- DUKE UNIVERSITY

HYPERLINK

"http://www.hopkinsmedicine.org/psychiatry/specialty_areas/moods/expert_team/reti.html"

http://www.hopkinsmedicine.org/psychiatry/specialty_areas/moods/expert_team/reti.html

IRVING RETI, MBBS

- JOHNS HOPKINS UNIVERSITY

Shirlene Sampson and Christopher Wall MAYO

In 2008, the FDA approved the use of a neuromodulation technique called repetitive transcranial magnetic stimulation, or rTMS, for the treatment of Treatment Resistant Depression (TRD).

Since that time, the evidence continues to mount supporting the use of rTMS to help patients whose depression does not respond to traditional treatments. In order to realize the full potential of rTMS, more large-scale clinical research is needed to establish its effectiveness, encouraging more widespread utilization and insurance reimbursement.

As a vital first step, the rTMS Task Group has developed the first data registry to standardize research and clinical data on rTMS from NNDC Centers utilizing the technique. The team has also designed a treatment protocol to help clinicians determine the most effective dosing for rTMS.

John Hayes, ED of NNDC comments on this:

1. NNDC has a Task Group devoted to rTMS. They have a separate registry and about 16 of our 21 sites are enrolling patients who are being treated. This is not an outcomes trial (that has been done by Neuronetics, the company that developed the treatment and the equipment, led by Mark Demitrack, M.D., who used to work for me at Lilly and with whom I had lunch about two months ago to discuss the future of rTMS). Rather, it is a registry with lots of information about the patients who are selected and then information about their progress so that the group can say useful things about use of rTMS in the real world.
2. NNDC and iSEN (an international association that studies ECT and other neuromodulation techniques) are planning a jointly sponsored course for clinicians that will be taught next May, and have plans to put this on-line. Doctors who take the course on-line will then have the options of going to an NNDC site where rTMS is being used to get hands-on experience.
3. Insurance reimbursement for rTMS has lagged far behind FDA approval -- a few medicare/medicaid regions have approved reimbursement -- I don't think as of this date any of the big insurers will pay for it, but people are doing so of pocket
4. There is important research going on to look at rTMS in other conditions -- very promising work in tinnitus (doesn't restore hearing, but can probably make the pretty terrible ringing in the ears go away), and there is much to learn about effects at different doses and applied to different brain regions or to

combinations of regions. Shirlene Samson at Mayo is very excited about applications in chronic pain and is treating patients in a research protocol now. I talked with Dr. Samson and Dr. Irving Reti at Hopkins about these matters this past week, and Dr. Reti and his Task Group co-leader, Sarah H. Lisanby, have committed to a 90 minute symposium about the state-of-the-art in neuromodulation at the NNDC Annual Meeting in Rochester, MN in November.

5. The Indiana Health Group (Chris Bojrab is the medical leader) has a machine and is offering the treatment -- Chris is enthusiastic about the treatment for appropriate patients, but only a few are being treated because of out-of-pocket costs.

6. Mark George, M.D. at Medical University of South Carolina and a colleague at Brown Medical School have been the major leaders of work to persuade payers, especially government, to reimburse for rTMS. If Medicaid endorses the treatment and sets a fee structure, private payors will likely follow suit, but this will take awhile, I suspect.

(above are comments from Dr John Hayes Executive Director, NNDC)

D. Brian Scan Testing. (8885452677)

I saw this clip on Fox news for Brain Scan Testing. I would do this if you are having trouble finding a good medical mix to change how you are reacting to depression

HYPERLINK "http://video.foxnews.com/v/2103637097001/new-brain-scan-offers-hope-for-ptsd-depression/?playlist_id=162223" http://video.foxnews.com/v/2103637097001/new-brain-scan-offers-hope-for-ptsd-depression/?playlist_id=162223

Dr. John Hayes, ED, National Network of Depression centers says about this:

It's not really a scan, and it is based on compiling EEG patterns, treating people, then looking back to see if you can correlate any patterns statistically with response to any particular thing in order to make better choices for people in the future. If people with pattern X responded to drug Y, then starting with drug Y might be a good thing for anyone else who shows pattern X on their EEG. It is hard to tell what's going on with the patient they showed with the testimonial - I don't know if he has bipolar disease or not, and they implied that the EEG showed the diagnosis to be wrong. However, it can't do that, and it really is beside the point. It doesn't really matter what the diagnosis is. These findings are simply based on collecting enough information on EEG patterns in depressed people to have the statistical power to say that one drug is more likely to help a person with a certain pattern than another drug. It is promising, but not magic --but the first guy who did this was Dr. Andrew Leuchter at UCLA. He calls it Quantitative EEG - QEEG - in some of its forms. This company calls their system rEEG. I believe this kind of approach will ultimately come to be one of the ways that psychiatrists more accurately match treatment to patient, but it is not as good as the CEO of the company would have you believe, at least not yet, nor are any of the approaches related in the QEEG spectrum.

Pre-med Testing emerging

Assurex HYPERLINK "<http://www.genesight.com>" www.genesight.com

Ask your doctor to pre-test your genes to help determine how your body will respond to various treatment drugs

Advanced DNA testing technology helps maximize medication effectiveness

Medical Resources USA, through their relationship with a national testing laboratory offers a simple cheek swab test that uncovers a person's variants in their genetic makeup or DNA, called Pharmacogenomics.

What is **Pharmacogenomics**? The field of Pharmacogenomics explains how individuals respond differently to certain drugs because of variations in genetic characteristics. Pharmacogenomics is the measurement of a person's unique genetic makeup (DNA) and how those variations can predict one's ability to metabolize or respond to medications.

With this approach to medication management, physicians can offer treatment options that may decrease side effects and promote drug efficacy faster than they would under common “trial and error” approaches commonly used.

This lab test uses advanced technology to measure and analyze numerous genetic variants that may impact the safety and response to certain commonly prescribed psychiatric and analgesic medications used to treat ADHD, Depression, bi-polar disorder, schizophrenia and pain medications.

Clinicians gain actionable insight into how a patient’s genetic makeup may influence the way the patient’s body interacts with certain medications.

Pharmacogenomics is but one component of a clinician's overall treatment plan and does not guarantee resolution of an individual’s medical needs. The test may help physicians better understand available treatment options for patients.

This lab test is covered by most insurance programs and must be administered by a licensed physician.

Daniel Scherer, President of Medical Resources USA, based in Fort Wayne, IN states, “We are pleased to offer this new technology to clinicians throughout Indiana and surrounding states. So many people suffer due to medication ineffectiveness or drug reactions. Now there is hope for many people to benefit with this simple cheek swab test to live a more productive, satisfying life.”

To learn more or to see if this lab test is available in your area please contact Daniel Scherer at 260-436-1436 or email him at [HYPERLINK "mailto:danielscherer@comcast.net"](mailto:danielscherer@comcast.net) danielscherer@comcast.net.

[HYPERLINK "http://www.4securehealth.com"](http://www.4securehealth.com) <http://www.4securehealth.com>

Ph: 260-436-1436 Mobile: 260-804-4041

A neuroscience researcher reveals 4 rituals that will make you happier

[HYPERLINK "http://mobile.businessinsider.com/a-neuroscience-researcher-reveals-4-rituals-that-will-make-you-a-happier-person-2015-9"](http://mobile.businessinsider.com/a-neuroscience-researcher-reveals-4-rituals-that-will-make-you-a-happier-person-2015-9) <http://mobile.businessinsider.com/a-neuroscience-researcher-reveals-4-rituals-that-will-make-you-a-happier-person-2015-9>

You may want to check possible clinical trials:

1. Emory University; Andrew H. Miller Shows inflammation is present in most major depressions, and by reducing inflammation, some major depression can be better treated. Inflammation can be tested by simple blood test and can help predict response to therapy. They caution not all depressions are the same, but this blood test can ID those it will help.

[stories/2012/09/psych_miller_inflam_dep_archgenpsych/campus.html#.UFefbW85Kas.email](http://www.emory.edu/psych_miller_inflam_dep_archgenpsych/campus.html#.UFefbW85Kas.email)

2. Deep brain stimulation trials

Emory University Helen Mayberg

DBS targets a small brain structure known as Area 25, the "ringleader" for the brain circuits that control our moods, according to neurologist Dr. Helen Mayberg.

Dr. Mayberg is the co-holder of a patent for the procedure, which has been licensed to St. Jude Medical, Inc., a company that manufactures and sells DBS equipment. St. Jude is hoping to win Food and Drug Administration approval for commercial use of DBS for treatment-resistant depression.

[HYPERLINK "http://www.cnn.com/2012/04/14/health/battery-powered-brain/index.html"](http://www.cnn.com/2012/04/14/health/battery-powered-brain/index.html)

<http://www.cnn.com/2012/04/14/health/battery-powered-brain/index.html>

HYPERLINK "http://www.psychiatry.emory.edu/faculty/mayberg_helen.html"
http://www.psychiatry.emory.edu/faculty/mayberg_helen.html

CLINICAL TRIALS

HYPERLINK "http://clinicaltrials.gov/show/NCT01984710"
<http://clinicaltrials.gov/show/NCT01984710>

HYPERLINK "http://clinicaltrials.gov/show/NCT02137369"
<http://clinicaltrials.gov/show/NCT02137369>

VII. STIGMA

A. . . See Glen Close open with her bipolar sister

HYPERLINK "http://www.youtube.com/watch?v=WUaXFIANojQ"
<http://www.youtube.com/watch?v=WUaXFIANojQ>

Blog written by a woman in clinical depression. It gives you an insight

That she is NOT crazy. She is sick. She is crying for help

HYPERLINK

"https://plus.google.com/app/basic/stream/z13svhmbmpbmupibw04cfrdphojbinzjy0o"
" <https://plus.google.com/app/basic/stream/z13svhmbmpbmupibw04cfrdphojbinzjy0o>

NAMI Stigma HYPERLINK

"http://www.nami.org/Content/NavigationMenu/Take_Action/Fight_Stigma/Fight_Stigma_StigmaBusters.htm"

http://www.nami.org/Content/NavigationMenu/Take_Action/Fight_Stigma/Fight_Stigma_StigmaBusters.htm

Active Minds

HYPERLINK "http://www.activeminds.org/" <http://www.activeminds.org/>
Active Minds empowers students to speak openly about mental health in order to educate others and encourage help-seeking. We are changing the culture on campuses and in the community by providing information, leadership opportunities and advocacy training to the next generation.

By developing and supporting chapters of a student-run mental health awareness, education, and advocacy group on campuses, the organization works to increase students' awareness of mental health issues, provide information and resources regarding mental health and mental illness, encourage students to seek help as soon as it is needed, and serve as liaison between students and the mental health community.

Mental Illness and the CHURCH, 24 hours of hope!

Pastor Rick Warren — Saddleback Church, CA.

And author of "Purpose Driven Life" — WORTH your time!

HYPERLINK "http://mentalhealthandthechurch.com/Watch/Webcast/24-hours-of-hope/2014-world-mental-health-day-message"

<http://mentalhealthandthechurch.com/Watch/Webcast/24-hours-of-hope/2014-world-mental-health-day-message>

RATINGS

I never was told there were rating scales, much less where my son “rated”

Can you imagine your loved one having cancer and not being set down and talked to about the terms and severity? Here are a few terms to learn and ask about:

CGI-S Clinical Global Impression - Severity scale (CGI-S) is a 7-point scale that requires the clinician to rate the severity of the patient's illness at the time of assessment, relative to the clinician's past experience with patients who have the same diagnosis. Considering total clinical experience, a patient is assessed on severity of mental illness at the time of rating 1, normal, not at all ill; 2, borderline mentally ill; 3, mildly ill; 4, moderately ill; 5, markedly ill; 6, severely ill; or 7, extremely ill.

PHQ-9

The PHQ-9 is the nine item depression scale of the Patient Health Questionnaire. The PHQ-9 is a powerful tool for assisting primary care clinicians in diagnosing depression as well as selecting and monitoring treatment.

QIDS-SR 16 item Quick Inventory of Depressive Symptomatology (QIDS) (Rush et al. 2003) are designed to assess the severity of depressive symptoms. Both the IDS and the QIDS are available in the clinician (IDS-C30 and QIDS-C16) and self-rated versions (IDS-SR30 and QIDS-SR16). The nine domains comprise 1) sad mood; 2) concentration; 3) self criticism; 4) suicidal ideation; 5) interest; 6) energy/fatigue; 7) sleep disturbance (initial, middle, and late insomnia or hypersomnia); 8) decrease or increase in appetite or weight; and 9) psychomotor agitation or retardation. The total score ranges from 0 to 27.

GAD-7 If you suspect that you might suffer from generalized anxiety disorder, also known as GAD, answer the questions below, print out the results and share them with your health care professional..

HYPERLINK "<http://www.patient.co.uk/doctor/Generalised-Anxiety-Disorder.htm>"
<http://www.patient.co.uk/doctor/Generalised-Anxiety-Disorder.htm>

5, 10, and 15 are taken as the cut off points for mild, moderate, and severe anxiety, respectively. When used as a screening tool, further evaluation is recommended when the score is 10 or greater.

Using the threshold score of 10, the GAD-7 has a sensitivity of 89% and a specificity of 82% for generalised anxiety disorder. It is moderately good at screening three other common anxiety disorders – panic disorder (sensitivity 74%, specificity 81%), social anxiety disorder (sensitivity 72%, specificity 80%), and post-traumatic stress disorder (sensitivity 66%, specificity 81%).[

CSSR Columbia Suicide Severity Rating A questionair used for suicide assement developed at Columbia School Of Medicine and was hope to become the gold standard in evaluation for every point of entrance for evaluation.

HYPERLINK "<http://www.cssrs.columbia>" <http://www.cssrs.columbia>

X. Christian support:

Geoff felt God had abandon him, to the point he was not sure he still believed. Geoff had been committed to serving the Lord as his life work when he was 20. This depression rocked him to the core. There are many descriptions of black and dark depression in scripture— often in Psalms. Most scholars feel David suffered from depression. Jesus in Gethsemane said his “soul is downcast”, and he prayed great drops of blood. He does know what total depression is.

I encourage you and your family to NEVER give up hope and faith. I can refer you to MANY scriptures of support and hope and trust. I suggest you keep one or two of these on a card with you at all times. When facing a particularly black place, just keep reading this over and over. While depression is a real illness like cancer—for sure you do need every piece of strength and Proverbs 18:10 tells us the “word of God is a strong tower, the righteous run to it and are safe” please email me for some of my favorite support verses. Pfaerber1@tds.net

XI. Other Resources

uptodate website on current treatment options most illnesses

HYPERLINK "http://www.uptodate.com/contents/depression-treatment-options-for-adults-beyond-the-basics?source=search_result&search=depression+treatment&selectedTitle=1~67"
http://www.uptodate.com/contents/depression-treatment-options-for-adults-beyond-the-basics?source=search_result&search=depression+treatment&selectedTitle=1~67

Growing Bolder

HYPERLINK "http://growingbolder.com/blogs/health/mental-health/depression-awareness-guide-with-227806.html" <http://growingbolder.com/blogs/health/mental-health/depression-awareness-guide-with-227806.html>

PerinatalMoodDisorders for links, support groups, resources:

HYPERLINK "http://throughtheblue.org/about/perinatal-mood-disorders/"
<http://throughtheblue.org/about/perinatal-mood-disorders/>

CALL someone for help!!!

Hot line: (1-800-273-8255) www.suicidepreventionlifeline.org/

Veterans Crisis Line | Hotline, Online Chat & Text

HYPERLINK "http://www.veteranscrisisline.net/" www.veteranscrisisline.net/

The American Foundation for Suicide Prevention

HYPERLINK "http://www.afsp.org/" <http://www.afsp.org/>

Eat good foods

HYPERLINK "http://peersupportprogram.blogspot.com/2012/04/action-steps-to-take-charge-of-your.ht" <http://peersupportprogram.blogspot.com/2012/04/action-steps-to-take-charge-of-your.ht>

OTHER GROUPS ADDRESSING DEPRESSION AND issues of the MIND:

American Foundation for Suicide Prevention afsp.org

Hosts “Out of Darkness” walks around nation to create awareness and dispel the stigma of suicide.

(in Montana: Helena, Billings, Missoula, and Miles City have them currently)

Hosts support groups for families of suicide victims both in person and on line

Hosts International Survivors of Suicide Day November 17 all over and on line

Educational programs to high schools and colleges to create awareness of symptoms of possible suicide

Funds research on suicide prevention

This group does an excellent job of having resources for families and loved ones of suicide victims. They also do an excellent job of education about suicide prevention and work on changing the stigma surrounding this. Their walks are huge—over 3000 persons will attend walks in INDIANA alone this year.

National Alliance on Mental Illness nami.org

the largest non-profit grassroots mental health organization dedicated to improving the lives of persons and families affected by mental illness
they have a presence on “the hill” for advocacy
stigma busters is a big part of this group’s mission
a great source of information

One Mind 4 Research imind4research.org

founded by Patrick Kennedy and

CONTACT _Con-42208F69B75 \c \s \l

Garen Staglin

, a research organization with a mission to take the lead on research and change on all illnesses of the mind—with a first mission to attack Traumatic Brain Injury in ten years.

Very focused on bringing researchers together from all areas to share information and speed results.

Bring Change to Mind

bringchange2mind.org

Working to erase the stigma of mental illness, chaired by Glen Close

They work with NAMI on this as well

Active Minds

HYPERLINK "http://www.activeminds.org/" <http://www.activeminds.org/>

PDV Foundation, Denis Pazur, ED

dpazur@advancingsp.org

HYPERLINK "http://www.pdvfoundation.org" <http://www.pdvfoundation.org>

The PDV Foundation seeks to advance suicide prevention in America through strategic communications.

> We are unique. No other 501(c)(3) pulls together a broad communications strategy for suicide prevention in America, nor considers public policy issues in ways unencumbered by limited-party interests.

> We are a catalyst. The PDV Foundation acts as a catalyst, "connecting the dots" among disparate entities to carry the

HYPERLINK "http://mentalhealth.samhsa.gov/suicideprevention/strategy.asp"

<http://mentalhealth.samhsa.gov/suicideprevention/strategy.asp>

National Strategy for Suicide Prevention

forward.

We are collaborative. The PDV Foundation works closely with national organizations and public/private entities as a strategic partner in advancing suicide prevention in our nation.

XII, ADOLESCENT AND CHILDHOOD HELP

Helping Our Youngest Peers through Parent-, Teen-, and Young Adult-Focused Programs

In January, DBSA welcomed the Balanced Mind Parent Network

HYPERLINK

"<http://www.dbsalliance.org/site/R?i=g3NXoKMwFC9yeKj91PAOZA>"<http://www.dbsalliance.org/site/R?i=g3NXoKMwFC9yeKj91PAOZA>

(BMPN), formerly The Balanced Mind Foundation, to our family, integrating their parent online communities and helpline into DBSA program offerings. This integration offers greater potential, through early intervention, to help reduce the severity of mental health issues for children as they grow and as they transition into adulthood.

DBSA will be building on the excellent BMPN programs to offer new tools and resources for parents and teens as well as addressing the needs of new audiences like young adults. Today, we share a new parent-focused podcast

HYPERLINK

"<http://www.dbsalliance.org/site/R?i=HHIN1BGBIP0DYngn4AMKXg>"<http://www.dbsalliance.org/site/R?i=HHIN1BGBIP0DYngn4AMKXg>

featuring Dr. Kenneth Towbin, Chief of Clinical Child and Adolescent Psychiatry at the National Institute of Mental Health (NIMH) in Bethesda, Maryland. We're also introducing a new monthly feature in eUpdate, the Parent Connection, offering news about expanded or new parent, child, and teen programming. Read the full story

HYPERLINK

"<http://www.dbsalliance.org/site/R?i=3Jql9ITUu1RbY3mTgAwprQ>"<http://www.dbsalliance.org/site/R?i=3Jql9ITUu1RbY3mTgAwprQ>

HYPERLINK

"<http://www.dbsalliance.org/site/R?i=CVjeLhOGwtJvogsRoAWjGA>"<http://www.dbsalliance.org/site/R?i=CVjeLhOGwtJvogsRoAWjGA>

Touched by Fire Manic Depressive K Redfield Jamison,
Johns Hopkins