**Minding Mendocino**

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**Depression**

Frank feels depressed. He has a difficult time getting out of bed in the morning and facing the various tasks at hand. He finds he is generally on edge and irritable with others, and just cannot seem to concentrate clearly or find a sense of accomplishment. When he has a conversation with another person, Frank finds that he walks away from it feeling misunderstood or as if he has failed in some way. Frank also has a difficult time finding enjoyment in his tasks and hobbies and does not sleep well at night. He has felt this way, to some degree, “for as long as I can remember”.

Shawna may feel down or depressed for a few weeks straight, and then experience a period of “better, even good”. She also has periods of intense anxiety where she just cannot seem to relax, stop worrying and enjoy her life. Overall, Shawna is highly functioning and has some good relationships. She finds periods of her life to be enjoyable, and others, well not so much. Shawna will tell you that when she crashes “it is really bad”, but she generally has faith that it will become good again. She experiences periods of time where she does not find interest in food and where she sleeps more than usual.

Both of these individuals are experiencing depression in varying forms, and every case of depression can be all but “typical”. Often depression manifests first, or along with, some type of anxiety. Frequent emotional outbursts coupled with avoidance of certain situations, social or situational, can be markers for a person (particularly a teenager) experiencing anxiety or depression. With depression, there is often a set beliefs that are maladaptive or simply not true. Common examples are: “I am worthless”, “I am a failure”, “No one will ever love me”, “The world would be better/easier without me”, “I cannot do anything right”, “It is always going to be this way”. Many people who experience episodes of depression, will realize in the periods they feel better, that their beliefs during more severe times were irrational and unfounded.

 The importance of seeing our loved ones as whole people, even when they are unable to function within society’s expectations (or their own for that matter), seems paramount to healing. Few people ask to be depressed. Though when an illness is “mentally” or “chemically” based we seem to have more of a propensity to believe that a sick person can somehow “just get over it” or “just do things that make you happy”. When helping a depressed loved one, it is also important to stay positive while being careful not to chastise or attempt to “change” the person into a positive thinker like you are. Sometimes, attempting to impose our own positivity onto a depressed person only causes them to feel worse. Much of the time, the best help is simply to listen.

 Suicidal thoughts are common with individuals who experience depression, though often when someone is at their lowest they have no energy to contemplate or carry out a suicide plan. The most dangerous time for suicide is actually when this person begins to feel just a little better. If someone you love ever talks about suicidal thoughts, do your best to listen and to express your concern for them. Remember that there can be a great deal of shame around this experience and these thoughts, so try to just be supportive and let them know you love and care for them. If there is any planning for suicide or intention to follow through, get help right away. Communicate to the individual that you care enough to do whatever it takes to keep them safe, until they feel well enough to keep themselves safe. Do not leave them alone. The crisis line number for Mendocino County is: 1-855-838-0404. Also remember: research shows that asking someone if they are thinking about suicide does not make it more likely that they will become suicidal. It is perfectly alright to ask.

Those taking care of people experiencing depression seem to do better with their own support system as well. There are sources of help, such as support groups (like NAMI), individual therapy, friends and family. In this way, caretakers can learn how to make healthy boundaries and provide their own self-care while they are also caring for their sick loved one.

 Thanks for reading, Laytonville. If there is a subject you would like to read about, please mail your topics to PO Box 870. Until next time, Be Well.