

## Harold W. Anderson, LLC

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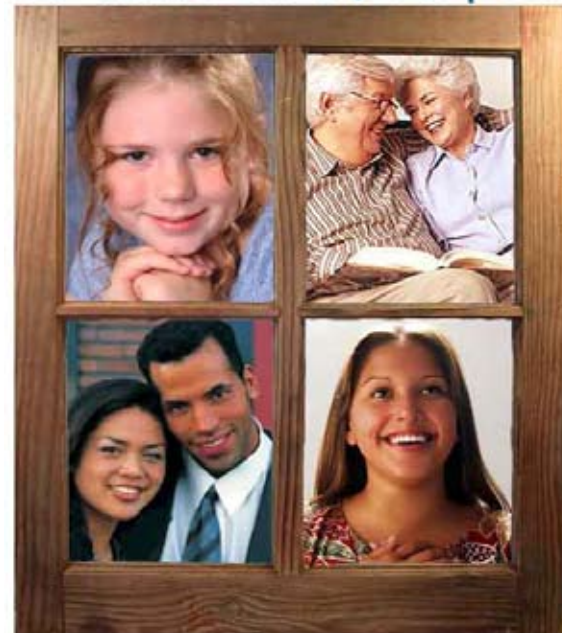
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Harold brings a wide range of experience to his counseling practice. He has been a pastor for over twenty-five years, has taught philosophy and ethics throughout the front range area, and has spoken and lectured on a wide range of topics including mental health. He has a M.A., M.Div., Ph.D. and has done postgraduate work in family therapy and counseling. Harold received a certificate on Marriage and Family Therapy from the Denver School for Family Therapy last year.

Harold's training has prepared him to work with families and couples, but he also enjoys working with individuals of all ages. Harold is the mental health consultant for Brush Head Start and sees clients one day a week in Akron at the Washington County Clinic.

## A Window of Hope...



A world of opportunity

Check out my website at:

[www.HaroldAnderson.net](http://www.HaroldAnderson.net)... a source for mental wellness

## Author's Needed...

If you would like to write something for the HaroldAnderson.net newsletter, please limit your article to 500 - 750 words and e-mail it to [hwanderson@q.com](mailto:hwanderson@q.com). The editorial staff of this newsletter will deem the suitability of the articles submitted and their appropriateness for publication. If you don't have e-mail or would prefer to mail me your material, mail it to:

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## Speaking to Your Group...

If you would like Dr. Anderson to speak to your group or organization, please call him at 970-380-1160. Possible speaking topics: An Introduction to Family Therapy and Dr. Anderson, Religion and Mental Health, Problem Childhood behaviors, Kinship Families and Mental Health, Parenting Difficult Children, Teaching Difficult Children, Methamphetamine Abuse, Internet Sexual Addiction and more. **Call or email for more information.**

## Cartoon Corner...



OMEGA-3 Might Help your depression, but it does nothing for my Anxiety

[www.MentalHealthHumorToday.com](http://www.MentalHealthHumorToday.com)

A Mental Health Newsletter from Harold W. Anderson, LLC

# HaroldAnderson.net

Harold Anderson's Counseling Services - A Window of Hope...  
A World of Opportunity.

Volume 1, Issue 1  
Winter, 2009

Topic: Depression

## Introducing My Newsletter on Mental Health

Sometimes it is just nice to keep in touch. I know that sounds like a telephone ad from a bygone era, but it is true nonetheless. So I decided to keep in touch with a newsletter. My hope is that it will grow beyond my interests to engage the thoughts of others as well, but for now, it is my attempt to talk about mental health interests with you.

Keeping in touch about mental health issues is important because there seems to be a gap in what people know about mental health problems and what can or needs to be done about them. For example, did you know that depression is one of the leading causes of death in the United States? Interestingly, it is also one of the leading causes for absenteeism in the workplace, and people with heart disease are three times more likely to be depressed. The rate of depression for children has also increased 23% per year. Pre-schoolers are the fastest growing market for antidepressants, yet studies also indicate that most people think that depression is due to personal weakness and over 80% of depressed people are not treated. It is important to know that while most forms of depression are easily treated they most likely will not be overcome by personal diligence. People who are depressed need the help of mental health care and physical health care professionals.

So, the purpose of this newsletter is to get the word out. It is my effort to educate and inform people in all walks of life of the importance of mental health for individuals, couples and families alike. People are not islands and we need to be aware of what affects us also affects our families. When you or your family is ailing... get help. That is the responsible thing to do and hopefully this issue of my newsletter will help pave the way to greater diligence in caring for your mental health by helping you understand more fully the issues associated with depression.

## Website a Work in Progress...

When I started preparing to open my practice last July, I wanted to have a website that clients and others could visit. I hoped it would include several things. First, I wanted it to contain some information about me and some of my interests. If you check it out, you will find that by clicking on "About Harold." Second, I thought it should include useful information for families, children, youth and individuals concerning mental health issues. These are found by clicking on the interactive window on the home page. And third, I wanted it to be a resource linking people to a wealth of mental health information available on the web. This information is provided in the various link pages throughout the site.

To some extent, I have accomplished this. The website contains information about families, couples, children and youth. It contains helpful Internet links and it also contains information concerning the importance of religion to people's health, both mental and physical. But the site is not done yet. If you haven't checked it out yet, please do so. If you have, keep checking back to see what is new. The URL is easy to remember. It's:

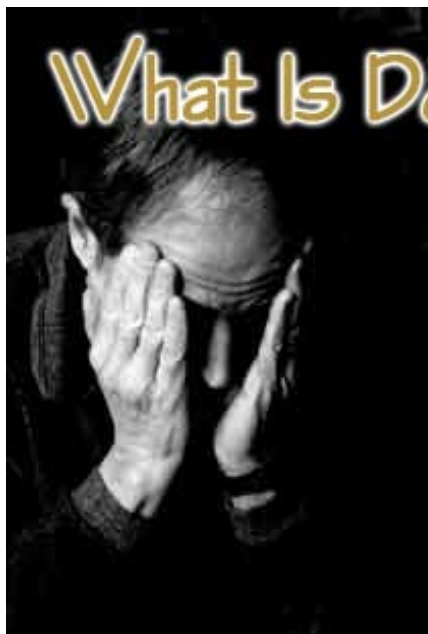
[www.HaroldAnderson.net](http://www.HaroldAnderson.net)

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### On Depression

- Major depression affects approximately 15 million American adults or about 8% of the U.S. population age 18 and older in a given year.
- Women experience depression about twice as often as men.
- More than 90% of persons who die by suicide have a diagnosable mental illness, commonly a depressive disorder.



# What Is Depression?

While there are differing opinions concerning the extent and nature of depression, the general consensus is that depression is a group of symptoms that reflect a sad and/or irritable mood much worse than "normal" sadness or grief. This means that the sadness and irritation lasts much longer than normal causing a greater dysfunctionality in everyday occurrences.

So, an otherwise outgoing person may find that they want to stay in bed or stay at home rather than going to work or being around other people. A normally happy person may find that they cry more often and lack the energy to get things done. In this case, their inability to do normal events may be a sign of depression.

Two types of depression may be discerned. Some depression is what I will call "situational depression." The persistent sadness and irritability is precipitated by an event in person's life, e.g., the loss of a job, the death of a loved one, etc. Sometimes this type of depression will diminish with the passage of time, but if listlessness and sadness persists over an unusual amount of time (a month or more), the person should seek help less the depression deepens and leads to a loss of hope and even suicidal ideation.

The other type of depression is what I will call "clinical depression." This may indicate a more serious situation than situational depression and will not just go away. Often clinical depression indicates a depressive state that is passed from generation to generation and may find its cause in not only the event that effects it (sickness, loss, job loss, etc.), but may have a physiological component as well. Studies indicate that some people have a genetic predisposition to respond

to stressors with a depressed state. The neurological structure of the brain may emit too many or too little neurotransmitters resulting in depression. This type of depression will not cure itself and requires psychopharmacological (antidepressants) and psychotherapeutic treatment (therapy).

Whether depression be situational or clinical, it is a serious illness and should not be taken for granted. It may not be something that heals itself with the passage of time and anyone experiencing it should seek professional help. While it is a serious situation, depression is easily treated and the prognosis for treatment is usually good. If left untreated, however, it can lead to complications in relationships, families and job environments. If you think you are depressed, get help. The hopelessness of depression can be replaced with hope.

Can a child be depressed? While we typically associate depression with adults, it can also affects children and youth. Indeed, one of the fastest growing populations of depressed persons is among children, and depressed children, like adults, can experience suicidal ideation. The difference is that whereas adults have more life experiences to draw upon to prevent following through on these thoughts, children are easily confused and so may act on their suicidal thoughts more often than adults.

The symptoms of childhood depression may vary and often go undiagnosed and untreated. Symptoms of childhood depression are:

- Irritability or anger
- Continuous feelings of sadness, hopelessness
- Social withdrawal
- Increased sensitivity to rejection
- Changes in appetite — either increased or decreased
- Changes in sleep — sleeplessness or excessive sleep
- Vocal outbursts or crying
- Difficulty concentrating
- Fatigue and low energy
- Physical complaints (such as stomach-aches, headaches) that do not respond to treatment
- Reduced ability to function during activities at home or with friends, in school, extracurricular activities, and in other hobbies or interests
- Feelings of worthlessness or guilt
- Impaired thinking or concentration
- Thoughts of death or suicide.

that parents and adults are aware of suicidal ideation among children. Indicators of such thoughts are:

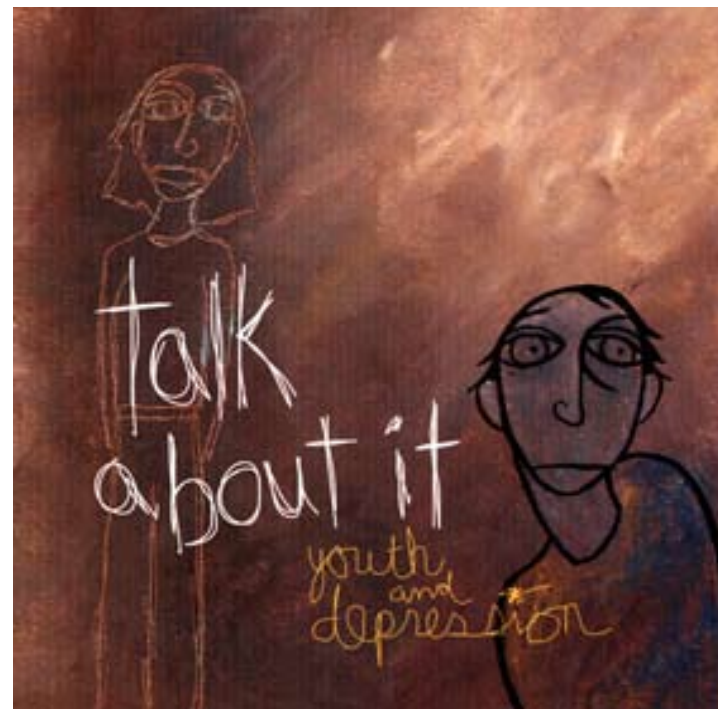
- Many depressive symptoms
- Social isolation
- Talk of suicide, hopelessness, or helplessness
- Increased acting-out behaviors (sexual/behavioral)
- Increased risk-taking behaviors
- Frequent accidents
- Substance abuse
- Focus on morbid and negative themes
- Talk about death and dying
- Increased crying and reduced emotional expression
- Giving away possessions

If you think your child is depressed, don't delay. Seek professional help immediately. It may not be something that goes away and your child's well being is dependent upon prompt diagnosis and treatment.

Because depression is a serious condition, it is important



## Children & Depression



The facts about teen depression are sobering. Studies indicate that one in eight adolescents may suffer from depression. This is no small matter since lack of treatment can result in increased depression in adulthood, criminal behavior or in some instances, suicide, which is the third leading cause of death in ages 15 to 24. Despite continued evidence that therapy is effective in treating depression, only 30% of depressed youth receive any treatment.

In 2002, Brown University found that most parents do not recognize depression in their children even if they have good communication with them. If a youth has been abused or neglected, experienced long term trauma or experienced the death of a loved one, parents or caretakers should be aware that such youth are at high risk for depression. Finally, the National Institute of Mental Health reports that teenage girls are more likely to be depressed than teenage boys.

Signs of depression in adolescents and youth are similar to those in children, but youth can be much more belligerent than children and their opposition to authorities such as teachers and law enforcement officials can lead to poor grades, truancy and criminal behavior. A depressed youth may pay less attention to appearance and hygiene, or may be fond of being alone, dropping out of favorite activities and sporting events.

Even though good communication may not always tip parents off to depression in youth, it is important that parents communicate effectively with their children. If parents or caretakers note that the behavior of a youth is becoming more moody, negative and oppositional and lasts for more than two weeks, they need to contact a mental health professional right away. Depression responds to therapy and treatment best when detected early.



Antidepressants

Antidepressant medications are designed to help people deal with depression. As such, they are not a cure in and of themselves, but are medications that will help moderate a person's moods so that she or he can take advantage of therapeutic interventions. Together, antidepressants and therapy are powerful tools to help overcome depression.

There are several different types of antidepressants that include SSRIs (selective serotonin reuptake inhibitors) and tricyclics. Some of SSRIs you may have heard of include Lexapro, Celexa, Paxil and Prozac. Tricyclics include Elavil, Norpramin and Pamelor. Some other antidepressants you may have heard of are Effexor and Welbutrin. All of these are complex drugs and can only be prescribed by a health care provider (MD, Nurse Practitioner, Psychiatrist, etc.).

Again, it is important to note that while antidepressants help people feel better, they cannot solve a person's problems leading some mental health professionals to worry that people will rely only upon antidepressants when they could benefit from psychotherapy. Antidepressants are not a "quick fix." The decision of how to treat depression or other conditions that may respond to antidepressants should be made in consultation with health care professionals who can help prescribe the treatment best suited for a person's condition.

As I get a little older, I discover that aging has a way of making itself known. Joints ache and muscles you didn't know existed make their presence known. As the body ages and we move toward retirement, the problems of job loss, the loss of a loved one or spouse, illness and a host of other challenges create a situation where older adults often discover depression is a growing problem.

While many older adults are depressed, most do not get treatment. There are many reasons for this but some of the more important ones are: Some adults think that depression is just a sign of growing old and therefore ignore it. Second, the elderly are often isolated and few people note their distress. Third, when physical illness is the problem, providers sometimes overlook mental health by concentrating on physical health. Finally, many elderly persons are reluctant to talk about their problems and keep them to themselves. It is difficult for them to talk about it.

Like other populations, it is dangerous to ignore depression in the elderly. The sadness, fatigue, forgetfulness and loss of purpose depression brings is dangerous and sometimes leads to drug and alcohol abuse, a fixation on death and even suicidal ideation.

If you know an elderly person who is depressed, help them stay active by inviting them to do things with you. If you are an elderly person who has lost your zest for life, get help. Professionals can bring healing to your loss of hope.

