



Weekly Tips + Links for Your Health

bcpvpa

THE LEARNING BRAIN

Each week in BCPVPA eNews, we share tips, links and self-assessment tools that will help our members to better understand the mental health continuum, and to use the resources that are available.

bcpvpa.bc.ca/thelearningbrain

Friday May 1st, 2020

RETHINKING DEPRESSION

Depression is an interesting word. Many people assume that someone “depressed” is a sad, “woe is me” type of character, like Eeyore from *Winnie the Pooh*. But in reality, depression is complex. Someone can be depressed and not necessarily feel “sad”. The Centre of Addiction and Mental Health (CAMH) defines depression as follows: “Clinical depression, sometimes called major depression, is a complex mood disorder caused by various factors, including genetic predisposition, personality, stress and brain chemistry”¹. While it can suddenly go into remission, depression is not something that people can “get over” by their own effort.

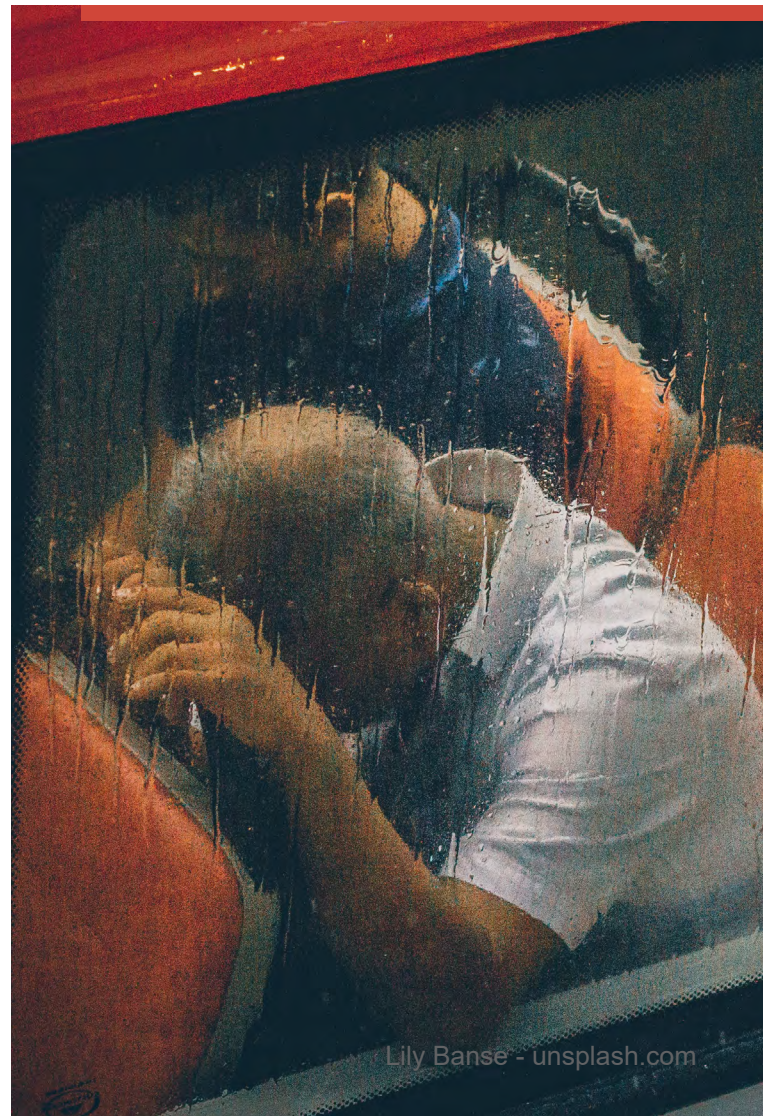
1 Source: <https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/depression>

In this [three minute video](#), Dr. Goldbloom explains depression and its symptoms.

If you recall in our previous issue “the Early Warning Signs of Mental Injury”, we introduced the concept of **high-functioning depression**. It can be difficult to spot the signs of someone with high-functioning depression. That’s because, on the outside, they often appear completely fine. They go to work, accomplish their tasks, and keep up relationships. However, as they’re going through the motions to maintain their day-to-day life, inside they’re screaming.

There’s no difference between **depression** and high-functioning depression. Depression ranges from mild to moderate to severe.

[Read about The 11 Truths Only People with High-Functioning Depression will Understand](#)



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WHAT CAUSES DEPRESSION?

There is no single cause of depression. It is usually due to a combination of factors; unique to each individual. However, know that anyone can experience depression. No one is immune!

Factors that can put you at greater risk for depression:

BIOLOGICAL FACTORS

- **Genetic or family history of depression:** If you have a family history with bi-polar disorder (BPD), you have a 66% chance of carrying the genetic risk for BPD. For schizophrenia it's 50%, 40% for post traumatic stress disorder (PTSD) and 35% for depression. This does not imply you will suffer from these diagnoses, just that you are genetically pre-disposed to the level of risk. With the right support and coping skills you can minimize your chance of experiencing these conditions (*note: this genetic disposition to mental illness is greater than cancer, high blood pressure and even heart disease!*).
- Biological factors such as **imbalances in brain chemistry and in the endocrine/immune systems.**

Source: Morneau Shepell, 2015: Your Genetic Disposition Risk.

COGNITIVE FACTORS

- Psychological or emotional vulnerability; including thinking habits and patterns
- Major stress in the person's life, including trauma or recurring stress
- Isolation

BRAIN HEALTH

- Head injury
- Toxins
- Substance abuse
- General health including nutrition and level of exercise
- Sleep disturbances

Depression and physical illness

Throughout my many years of reviewing short and long term disability claims, I have seen a steady increase in mental illness claims; not only as the primary diagnosis, but also as a secondary diagnosis. What I mean by a secondary diagnosis is that the presenting or main diagnosis may be a physical illness, but is accompanied by or may trigger a mental illness.

Depressive symptoms may be:

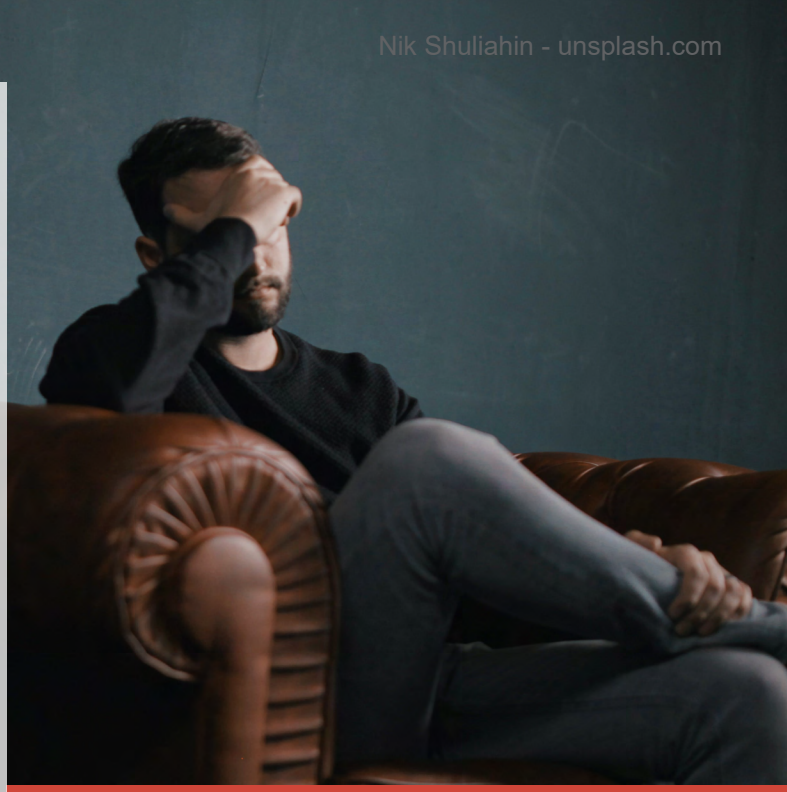
- the result of another illness that shares the same symptoms (e.g., lupus, hypothyroidism)
- a reaction to another illness (e.g., cancer, heart attack, chronic pain)
- caused by neurological changes resulting from a physical illness (e.g., stroke).



TREATMENT FOR DEPRESSION

There are different ways to treat depression. The most common are medication and counselling. As counselling takes time and vulnerability, not all are ready for this intervention. Others can be very reluctant—if not fully resistant—to taking medications. These two scenarios can lead to slow—if not stalled—access to the right treatment and can result in their depression worsening and becoming chronic.

Depression is not *mind over matter* and you cannot just think yourself better. You need help. Just continuing down the same path will not bring you different results! When in the **Injured** or **III** stage, you need treatment, just as you would for a physical ailment.



Current treatments include:

1. Pharmacotherapy (medications)

Antidepressants continue to be a growing expenditure in most employer drug plans; along with sleep aids, anti-anxiety medications, pain relievers etc. Some may even conclude that these medications are being over-prescribed.

Medications tend to be regularly prescribed for many reasons including:

- Extensive investment and research in this area
- Lobbying of pharmaceutical companies
- Drugs are a short-term strategy for physicians to help patients due to a lack of available specialists and limited office time
- Drugs are a quick fix that may work faster over counselling
- Drugs are one of the only treatments that are primarily funded through employer benefit plans

“Depression is not mind over matter and you cannot just think yourself better. You need help.”

2. Psychotherapy and Counselling

Psychotherapy for depression is a longer-term treatment plan that you would not usually access through your District's employee and family assistance program. The exception to this may be where online **Cognitive Behaviour Therapy (CBT)** is being offered. According to CAMH, CBT is a practical, short-term form of psychotherapy. It helps people to develop skills and strategies for becoming and staying healthy.

CBT focuses on the here-and-now; the problems that come up in day-to-day life. CBT helps people to examine how they make sense of what is happening around them and how their perceptions can affect the way they feel. CBT:

- is structured
- is time-limited (usually 6-20 sessions)
- is problem-focused and goal-oriented
- teaches strategies and skills
- is based on a proactive, shared therapeutic relationship between therapist and client¹

¹ Source: <https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/cognitive-behavioural-therapy>

You could work with a psychologist, psychotherapist or counsellor and pay directly for their services; either in person or even online. You can get reimbursed for some of these fees through your extended health benefit plan. What is unfortunate, is many people often stop counselling when the benefit runs out. But, personally, I can not imagine anything more important to invest in but your own mental health!

KNOWLEDGE CHECK — What's the difference between a counsellor and a psychotherapist?

According to the College of Registered Psychotherapists of Ontario: *"Psychotherapy is primarily a talk-based therapy and is intended to help people improve and maintain their mental health and well-being. Registered Psychotherapists work with individuals, couples and families in individual and group settings. Psychotherapy occurs when the Registered Psychotherapist (RP) and client enter into a psychotherapeutic relationship where both work together to bring about positive change in the client's thinking, feeling, behaviour and social functioning. Individuals usually seek psychotherapy when they have thoughts, feelings, moods and behaviours that are adversely affecting their day-to-day lives, relationships and the ability to enjoy life."*¹

Psychotherapy is often treatment based in response to a diagnosable mental health issue such as depression, bi-polar disorder, attention deficit hyperactivity disorder, adjustment disorder, etc. It is often in-depth and used in conjunction with psychotropic medication, but not necessarily. Counselling tends to be wellness oriented, providing increased insight and learning how to effectively overcome problems and challenges.²

When someone is suffering from clinical depression, they usually will require a longer term of psychotherapy treatment. Changing thinking patterns and habits, takes effort and often personal pain to endure. We as humans often like to avoid these things. Therefore, counselling success will be dependent on many factors, including the individual's readiness, desire to change and the skills and relationship they have with their therapist.

¹ Source: <https://www.crpo.ca/what-is-psychotherapy/>

² Source: <https://www.ccpa-accp.ca/counselling-vs-psychotherapy>

[Read more here.](#)

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3. Repetitive Transcranial Magnetic Stimulation

Transcranial Magnetic Stimulation (TMS) involves a series of short magnetic pulses directed to the brain to stimulate nerve cells. The magnetic pulses stimulate area neurons and change the functioning of the brain circuits involved.

Rapidly changing magnetic pulses cause neurons to change their firing pattern within the brain. By changing the firing pattern of neurons in brain circuits involved in a disorder, such as depression, the dysfunctional brain patterns can change. The changes in brain activity are thought to be a mechanism through which treatment occurs.

There are a few provinces that cover these services in their medical plans. Even though TMS has been proven to help those with depression, unfortunately, British Columbia does not cover these services through our Medical Services Plan (MSP), at least not at this time. There are, however, private providers through which you can access these services.



To learn more about TMS, [watch this short video](#)
If you desire more information, [read here.](#)

4. Electroconvulsive Therapy (ECT)

Electroconvulsive therapy (ECT) is a procedure, done under general anesthesia, in which small electric currents are passed through the brain, intentionally triggering a brief seizure. ECT seems to cause changes in brain chemistry that can quickly reverse symptoms of certain mental health conditions.

ECT often works when other treatments are unsuccessful and when the full course of treatment is completed, but it may not work for everyone. ¹

¹ Source: <https://www.mayoclinic.org/tests-procedures/electroconvulsive-therapy/about/pac-20393894>

Here is a [4 minute video](#) that describes Electroconvulsive Therapy (ECT) in more detail.

Thankfully, brain research is expanding in leaps and bounds. I believe we will continue to see breakthroughs in mental health treatment over the next few years which will hopefully bring significant relief to so many of us who struggle with mental ailments.

Next week

Self Soothing and Addiction



**WHAT QUESTIONS DO YOU
HAVE ABOUT DEPRESSION?**



We'll be posting this question
on Twitter and Instagram
this week! Follow **@bcpvpa**
to read, engage, share
and comment!



Get in touch! If you have any questions about The Learning Brain series, contact
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