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VOL. 16 | NO. 3 | FALL 2007

Coping With Caregiver Depression

Content for this article was drawn from the family caregivers and depression section of the NFCA Web site.

Have you ever suffered from major depression? Have you ever experienced consecutive weeks when nothing seemed right, when it wasn't a question of your glass being half empty or half full because you couldn't even see anything inside worth measuring?

If you answered "yes," you're definitely not alone. Family caregivers suffer from major depression much more frequently than the rest of the population. That's a fact. It's also true that when a family caregiver suffers from depression, there are two people at risk: the family caregiver and the family member or friend for whom she or he cares.

Caregivers and Depression

The statistics are sobering. According to a study published in 2002 by the *American Journal of Public Health*:

- Family caregivers who provide care 36 or more hours weekly are more likely than non-caregivers to experience symptoms of depression or anxiety.
- Family caregiving spouses experience symptoms of depression or anxiety at a rate six times higher than non-caregivers.
- Family caregivers caring for a parent experience symptoms of



depression or anxiety at a rate that is twice as high as non-caregivers.

For those caring for a loved one who is suffering from Alzheimer's disease or another form of dementia, the statistics are more alarming. According to the Alzheimer's Association, depression is found in up to 50 percent of Alzheimer's caregivers.

Defining Major Depression

Major depression is significantly more than feeling sad, unhappy, or moody. Most people experience these feelings for short periods. Major depression is a mood disorder in which feelings of sadness, loss, anger, or frustration interfere with everyday life for an extended period of time. Major depression requires a doctor's supervision.

A family caregiver who is suffering from major depression experiences a combination of at least five of the following consistently for at least a two-week period:

- Depressed mood, loss of interest or pleasure in most daily activities

- Significant change in weight or change in appetite
- Trouble sleeping or excessive sleeping
- Feeling tired and a lack of energy
- Feelings of hopelessness and helplessness
- Feelings of worthlessness, self-hate, and inappropriate guilt
- Feelings of low self-esteem

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- Sudden outbreaks of anger
- Difficulty thinking, concentrating, or making decisions
- Recurring thoughts of death or suicide

Major depression does NOT include:

- Substance-induced depressed moods (e.g., drugs or alcohol)
- Schizoaffective disorder or another similar diagnosis
- Feelings of loss brought about by the death of a loved one

Forms of Depression

Depression is generally ranked in terms of severity: mild, moderate, or severe. The degree of your depres-

sion, which your doctor can determine, influences how you are treated. The primary types of depression include:

- **Major depression:** Five or more of the symptoms listed above must be present for at least two weeks. Major depression tends to continue for at least six months.
- **Minor depression:** Characterized by less than five depressive symptoms present for at least two weeks.
- **Dysthymia:** A chronic, generally milder form of depression; although it lasts longer, sometimes for as long as two years.
- **Atypical depression:** Depression accompanied by unusual symptoms such as hallucinations or delusions.
- **Bipolar disorder:** With this condition, moods cycle between mania and depression.
- **Seasonal affective disorder**

(SAD): Often referred to as the "winter blues," SAD is a form of depression that comes and goes with the changing of the seasons.

- **Adjustment disorders:** An abnormal or excessive reaction to a life stressor. Symptoms typically begin within three months of the identifiable stressor and usually abate within six months.

Common Causes of Depression For Family Caregivers

Depression is a nature-nurture phenomenon. That means that it's a matter of genes and environment interacting to produce the depressive changes. As arduous as family caregiving can be, if you become depressed it is more than likely that you have a genetic vulnerability to developing depression. The stress associated with family caregiving, in conjunction with your innate tendency to become depressed, can re-

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sult in the development of major depression. Yet, even with a genetic predisposition, it is usually a stressful or unhappy life event that triggers the onset of a depressive episode.

Factors that increase a family caregiver's likelihood of becoming debilitated by depression include:

- Tending a loved one with disruptive behavior
- Personality changes caused by neurological conditions
- Having frequent conflict with the healthcare team
- Lacking available social and emotional support

Addressing Barriers to Care

Although it has long been recognized that mental illness is a real medical condition that responds to treatment, countless individuals still face unnecessary barriers to care. These barriers may be self-imposed: Caregivers are too embarrassed to talk about what they are experiencing or they may be afraid to seek treatment for fear of ostracism by family or friends or discrimination at work. Barriers also come in the form of lack of access to qualified mental health professionals and inadequate insurance coverage.

It's an unfortunate fact that, despite the tremendous advances many mental health advocates have made raising awareness and acceptance of these illnesses as biologically based diseases, health insurers still do not provide the same level of benefits for mental health services as they do for other medical and surgical services. This lack of parity continues to be the focus of such organizations as the National Alliance on Mental Illness (NAMI), an organization that is determined to win mental health parity at both the state and national level. In fact, NAMI has published the first comprehensive state-by-state analysis of mental healthcare systems, scoring every U.S. state on 39 specific criteria that result in an overall grade and four sub-category grades. Sadly, the national average

Resources That Can Help

■ Depression-screening.org

(Hosted by the National Mental Health Association)

<http://www.depression-screening.org>

Includes, in addition to the self-screener, video testimonials and additional information on major depression.

■ Depression and Bipolar Support Alliance

<http://www.dbsalliance.org>

Frequently updated with events, advocacy, training, and other news.

■ Psych Central

<http://psychcentral.com/disorders/sx22.htm>

Breaks depression symptoms into general and specific episodes and includes resources for specific groups (women, children, and teenagers).

■ Depression Is Real Coalition

<http://depressionisreal.org/depression-resources.html>

Offers many links to "find support" and targets specific demographics .

■ Mayo Clinic

<http://mayoclinic.com/health/depression/DN99999>

Provides videos, a doctor Q & A, and treatments.

grade for our mental healthcare system is a D. Only five states received grades in the B range while eight received F's. To find out how your state scored, go to www.nami.org, click on "Inform Yourself" and then "Grading the States."

While organizations such as NAMI continue to push for health insurance parity, education, and support for those suffering from depression and other mental illnesses, family caregivers can help themselves by speaking up for their own needs, seeking treatment, and speaking out on behalf of others.

Coping With Depression: Speak Up for Your Needs

What can you do to prevent depression? Speaking up for your needs and getting support is essential. As a family caregiver, you should reach out for logistical help, for social support, and for emotional support. Don't wait until you are feeling strained to ask for help. That means:

- Don't be afraid to ask for logistical

help from those closest to you.

Try to involve the entire family in care planning (and giving) from the outset. You may not be able to, but your life will be so much easier if you can.

- Find sources of emotional support. Inquire about help that may be available to you through church and community supports. Find a caregiving buddy, a support group you can attend, or an online caregiver group. The more connected you feel to other like-minded, supportive people, the less likely you are to become isolated, depleted, and depressed.
- Try to take care of yourself by eating right, getting the right amount of sleep, and exercising. We know it's not easy to do these things when you are family caregiver, but it's essential that you try. They are essential to your physical and mental well-being.
- Set personal goals, both short-term (take a walk every day) and

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long-term (develop more of an ongoing support network).

- Think of things that will make you feel better and do at least one of them.
- Plan ahead as much as possible. You will be less likely to become depressed if you proactively determine what you are willing and able to do and what you feel limited in doing. Another way to plan ahead is to develop a “What If I Can’t Provide Care” emergency plan. While most family caregivers don’t want to believe anything serious will happen to them, the reality is that the very fact that you *are* a caregiver means that you are more prone to illness than non-caregivers. Take the time now to create a list of tasks that need to be done in any given week. Group your tasks into cate-

You Can Help Others

Do you know a family caregiver who is showing signs of depression? There are simple things you can do to help:

- Approach the family caregiver, gently, and recommend an evaluation by her/his primary care physician.
- Immediately pitch in to help with that family caregiver’s caregiving responsibilities.
- Help the family caregiver find resources and support groups, which help to ease feelings of stress and the sense of isolation that accompanies the caregiving role.
- Send the family caregiver a card every day to demonstrate that she/he is loved.

gories such as personal care for your loved one, transportation, household chores, etc. Developing this plan will help you feel more in control and less stressed.

- Watch for signs of depression. If you think you are suffering from major depression, see your doctor right away. Major depression is a serious illness that can be treated with talk therapy and/or medication. Left unchecked, it can impact the care you provide your loved one as well as your own well-being.

Seek Treatment

If you think you are dealing with major depression, you must take time to think about yourself, your future, and your personal life goals in order to move forward.

- Talk to your doctor to get a diagnosis and discuss treatment options.
- Consider medication therapy. Research the pros and cons of any therapy on the World Wide Web (make sure you go to reputable sources for this information).
- Consider individual or group therapy.
- Talk to other family caregivers who have suffered from depression. Find out what they learned from their experience; but remember that everyone is different and every experience is unique.

Speak Out on Behalf of Others

We all have a role to play when it comes to overcoming the stigma of mental illness. Talking about our experiences openly and honestly, joining advocacy groups, and speaking up when we see disparities in the way depression is treated are all things we can do to make a difference.

The willingness of many celebrities and other public figures to speak out about their experiences with mental illness has helped bring these conditions out in the open. But you don’t have to be in the public eye to

Screen Yourself

Taking a depression screening test is one of the quickest and easiest ways to determine whether you are experiencing symptoms of major depression. While only a doctor can diagnose whether you are truly suffering from depression, a depression screener can provide you with an indication if you might be and will help you determine if it’s time to check with your doctor.

To find a depression screener, go to www.thefamilycaregiver.org, scroll down to Events and Announcements, and then click on “Family Caregivers and Depression: Symptoms and Hope.”

help others, nor do you have to shout out from the rooftops. You can start with smaller steps. Just talking with your doctor, your family, and your friends is an important first step. If you feel you’re ready to play a larger role, join an advocacy group. NAMI’s StigmaBusters seeks to “fight inaccurate and hurtful representations of mental illness.” You can join StigmaBusters by going to www.nami.org and clicking on “Take Action.” You can also make phone calls, write letters, and help educate others on the harm that results when we stigmatize mental illness.

Finally, you can help others who may be suffering from depression by sharing your experiences, offering support, and encouraging them to seek the help they need. By helping others, you will also be helping yourself. ■

Funding for the development of the family caregivers and depression pages on NFCA’s Web site was made possible by an unrestricted educational grant from Forest Laboratories.