

Introduction to

Self Management

For

Depression

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Mission:

The purpose of this manual is to provide you with the skills and resources that will help you make the necessary changes to your daily routine, and in turn improve the quality of your life making your depression manageable.

Introduction:

While there is still a significant amount of research needed on depression, we believe that select lifestyle changes can predict better health outcomes for a variety of illnesses including depression.

This manual has been thoughtfully prepared with input from a number of professionals with varied backgrounds and educational degrees. What is shared among these disciplines is the knowledge that patients have choices related to their health and well-being. Some people, however make poor choices because they lack the correct information, some because they are not motivated and others because they don't know how to go about making changes. This manual will help put you on the path to improved health, and to better management of your depression. As you will see the mind and body affect one another in multiple ways, and because of this there are many opportunities to participate actively in managing your health and well-being.

Welcome to MDOCC

What can MDOCC help me with?

The focus of the MDOCC program is to support you in your efforts to manage your depression, whether it is currently active or inactive. The key elements to the program include:

1. Education about depression and how it is treated.
2. Information and guidance about ways you can learn to better manage your depression or what we refer to as self-management skills.
3. Regular "outcomes" monitoring of your depressive symptoms. This would be similar to having your blood pressure checked.
4. Phone access to care managers who can provide information and coaching to help you to apply these new skills.

Our goal in this manual is to provide you with information and skills that will help you make necessary changes to your daily routine, and in turn improve the quality of your life, making your depression more manageable.

Learning to manage your depression is much like learning to manage diabetes or cardiac disease. In cardiac disease we focus on eating a healthy diet, getting regular exercise and taking prescribed medication to keep risk factors at a minimum. In depression, we believe that a healthy diet, regular exercise, a regular sleep pattern and managing stress levels can help to manage depression and prevent its recurrence. Your health care provider can prescribe medication and therapy to treat your depression but you also play an important role in your treatment. The adjustments that you make in your health behaviors can make a difference in how your depression responds to treatment.

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Section I

Introduction to Self-Management

Section I: Introduction to Self-Management

1. What is Self-management?

Self-Management is an approach to depression treatment in which patients are considered the experts on how their bodies experience depression and are encouraged to engage in the on-going management of their illness. Self-management is defined as having the knowledge, skills and confidence to manage an illness on an on-going basis. In this case the illness is depression.

Depression is now considered a chronic illness because of its persistent and recurrent nature. A new way of thinking has developed for educating patients with chronic illnesses. The patient is seen as a responsible, educated member of the treatment team with the physician or health care provider, who has expertise about the illness, acting as a treatment provider and consultant to the patient.

2. Why is Self-Management important?

Because depression is a chronic illness it requires ongoing attention to manage episodes of depression and prevent recurrence. Research has found that the more episodes of depression a patient has, the harder it can be to treat, therefore the focus must be on preventing depression from occurring again. It makes sense that patients take on this role as "manager of their depression", consulting outside experts as needed.

3. How do I get started with self-management?

Getting started with self-management is really very easy. The first step is to **educate** yourself about depression, its causes, your symptoms and how it impacts your day to day life. Once you learn how depression affects your functioning, you can begin work toward specific life and health improvements. The second step is to gain an understanding of your **treatment options** which may include medication and/or therapy.

Other Self Management Activities

- It is important that you **work with your clinician** by coming to your appointment prepared, ask lots of questions and discuss your problems openly.
- It is also important to take care of yourself and decrease your level of **Stress**. Often it is helpful for people to learn how to manage stress better. There are many helpful books, videos and classes offered on Stress Management. Since we know that stress plays a role in depression this is an important aspect to include.
- Getting adequate **Sleep** on a regular basis is also important. Normal sleep helps your brain and body to rejuvenate itself. It is very important in maintaining your emotional well being.
- **Nutrition** is also important. Eating a healthy diet gives your brain and body the vitamins and minerals it needs to recover and stay well. This also includes avoiding substances such as alcohol and illegal drugs which can hinder progress and make depressive symptoms worse.
- **Exercise** has a positive affect on mood. There is evidence that exercise helps reverse the brain abnormalities seen in depression.
- Create a **Social Support system** that you can turn to when you need support or help. "No man is an island"...we all need other people in our lives when the going gets tough.
- **Enjoyment** is necessary to help you feel better. Choose activities that you find pleasant and give you a sense of accomplishment and pride.
- **Thinking constructively** is another way to improve your mood. This is done by identifying frequent negative thoughts such as "I am worthless" and argue with this thought by replacing it with more realistic thoughts such as "I am valued by my employer and my kids needs me".
- Using **Problem Solving** skills can help make your life more manageable when you are feeling overwhelmed. One method of problem solving basically involves identifying the problem, listing options to address the problem and then trying out the options.
- Once you have seen improvement in your symptoms it is critical you understand **Relapse Prevention**. This involves recognizing your symptoms, understanding warning signs and creating an action plan to prevent a relapse or prevent the onset of another depressive episode.

If you would like more information or resources on any one of the self management activities discussed in this manual, please ask your care manager in the MDOCC program and they would be happy to help you.

4. Setting a self-management goal.

Step 1 Identify an area that you would like to work on. For example; sleep hygiene, taking your medications regularly, exercise or thought patterns.

Step 2 Monitor and observe your behavior related to this for 1-2 weeks. Write it down and keep a record so that you can review it at a later time.

Step 3 Compare your observations with healthy standards. For example: the average numbers of hours of sleep needed, taking medications daily, exercising 3x a week.

Step 4 Evaluate whether you meet these standards. Are you satisfied with your performance in this area? If yes, continue to monitor and make changes as needed. If no, set a new standard for yourself.

"I will exercise 3x a week."

Step 5 Set a short term realistic goal related to your standard.

"I will go for a walk around the block near my house from 7p-7:30p three evenings a week."

Step 6 Make a plan to meet your goal. Make it detailed enough so there are no questions in your mind as to how you will implement the changes. Consider any barriers that may interfere with meeting your goal. Ask yourself the following questions.

- How confident are you in meeting your goal?
- What are the consequences of not meeting your goal?
- What would you like to see be the outcome?

Step 7 Implement your plan for a specified time frame.

Step 8 Monitor and observe whether you follow your plan.

Step9 Reevaluate the plan. Are you making progress? Are there changes that need to be made in your plan?

Step 10 Continue the plan and reevaluate periodically.

What if I don't want to make changes?

It is ultimately each person's choice in determining whether they want to change or not. However remember that when you are depressed it may be more difficult for you to find the energy and motivation to change. Start with very small goals that you can be successful with and then build from there. Remember that over time you should begin to feel better.

I am thinking about making changes but I am not sure I am ready to do so yet. What should I do?

Sometimes people are thinking about making changes but are just not ready yet. Here are some things that you can do. Do a cost/benefit of the behavior. What do you gain from not changing, what is the cost? How would things be different if you were able to make the changes? If you continue the behavior what are the consequences? Is there someone who you look up to who models the way you would like to be?

EXERCISE 1: Your self-management goal

Target Area for Change:
Current Behavior:
Does this behavior meet my standard? Am I happy with this?
Set New Standard:

Set Short Realistic Goal: (Choose an attainable goal.)

How do you plan to meet your goal?

1.

2.

Ask yourself the following questions:

How confident am I in meeting this goal?

0 1 2 3 4 5 6 7 8 9 10

very unlikely

very likely

What are the consequences of not meeting this goal?

What would I like to see the outcome be?

What might be some barriers to meeting this goal?

How will I handle these to ensure that I am successful?

I will implement this plan on _____. (Set a date and time)

I will reevaluate my progress on _____. (Set date and time)

Assess whether or not I am following my plan.

Assess whether or not I am meeting my goal.

Assess need for changes in my plan. (Do I need to readjust my goal? Are there changes needed in my plan. Are there other resources I need to obtain to meet my goal?)

Section II

Education about Depression

Section II: Education about Depression

1. What is depression?

Depression is a medical illness. It affects each person a little differently but the main symptoms of depression include:

- ✓ Persistent sad, anxious or "empty" mood
- ✓ Feelings of hopelessness, pessimism
- ✓ Feelings of guilt, worthlessness, helplessness
- ✓ Loss of interest or pleasure in hobbies and activities that were once enjoyed, including sex
- ✓ Decreased energy, fatigue, being "slowed down"
- ✓ Difficulty concentrating, remembering, making decisions
- ✓ Trouble sleeping, early-morning awakening, or oversleeping
- ✓ Appetite and/or weight changes
- ✓ Thoughts of death or suicide, or suicide attempts
- ✓ Restlessness, irritability
- ✓ Persistent physical symptoms, such as headaches, digestive disorders, and chronic pain, which do not respond to routine treatments

People with depression may have all of these symptoms, or just some. Different people have different combinations of symptoms.

EXERCISE 2: What are your symptoms of depression?

In the box below, check the symptoms of depression that you have.

- Persistent sad, anxious or "empty" mood
- Feelings of hopelessness, pessimism
- Feelings of guilt, worthlessness, helplessness
- Loss of interest or pleasure in hobbies and activities that were once enjoyed, including sex
- Decreased energy, fatigue, being "slowed down"
- Difficulty concentrating, remembering, making decisions
- Trouble sleeping, early-morning awakening, or oversleeping
- Appetite and/or weight changes
- Thoughts of death or suicide, or suicide attempts*
- Restlessness, irritability
- Persistent physical symptoms, such as headaches, digestive disorders, and chronic pain, which do not respond to routine treatments

Being able to identify your symptoms is the first step to managing your depression. This will help you to identify the onset of symptoms and manage them before an episode even occurs. By recognizing which symptoms affect you the most, you will be able to structure your self-management plan by targeting the areas that need the most attention.

***IMPORTANT NOTE:** If one of your symptoms of depression is suicidal ideation it is very important to develop a safety plan. (See section on Staying Safe)

EXERCISE 3: Staying safe

Depression is a serious and often life threatening illness. It is important that you take your symptoms seriously. The sooner you get effective treatment the sooner the symptoms will be alleviated.

If you do begin to have suicidal thoughts it is very important to tell someone right away. Remember that the suicidal thoughts are a symptom of your depression. They are temporary and mean that an adjustment should be made in your treatment immediately. These thoughts will diminish once your depression is relieved.

Make a list of people you could tell if you were having suicidal thoughts?

Name:	Phone #:
1. _____	_____
2. _____	_____
3. _____	_____

***Tell them ahead of time what you would like them to do if you express suicidal thoughts to them.**

RESOURCES:

**Suicide crisis Line is available 24 hours a day, 7 days a week.
1-800-784-2433**

**University of Michigan Psychiatric Emergency Services
*734-936-5900***

REMEMBER: Learning Self-Management skills and working closely with your care manager can help you to decrease your symptoms of depression.

2. What causes depression?

Research has shown us that when people are depressed the chemistry in their brain changes. Normally the brain communicates between cells through chemicals called neurotransmitters. These communications tell the body what to do to maintain a healthy state. For example your brain regulates your appetite, your sleep/wake cycle. It also affects your mind's ability to enjoy things. If there are not enough of these neurotransmitters available then the communication of these functions is disrupted. This disruption shows up as different symptoms for different people.

Many researchers think that **stress** may play a large role in developing depression. There is also evidence that some people are more genetically prone to get depression, just as others may be more prone to heart disease. In some cases depression can be a side effect of another prescribed medication. Alcohol and drug use have also been shown to interfere with the brains normal neurochemistry and lead to symptoms of depression.

3. How is depression treated?

The primary goal in treating your depression is to decrease your symptoms and normalize your functioning. There are several ways this can be done.

Recent research on depression has expanded our understanding of the brain. In the past it was thought that once the brain developed there was little change in its make up. Current research tells us that the brain is an organ that interacts with our environment and responds to that environment. This means that there are things that you can do to help yourself recover from your depression and prevent further relapses. These include exercise, diet, stress management, and getting adequate sleep. Learning to manage these areas of your life better usually reduces depression.

Medication

Medication is often recommended for more moderate or severe depression. Medication can help the brain chemistry return to normal quickly, alleviating many symptoms within several weeks. There has been a lot of progress in the development of antidepressant medications in the last 20 years. There are several new classes of antidepressants available now that were not available to the previous generations. This is exciting...many of these newer medication have less side effects and have been found to be very effective. There have also been good results using a combination of antidepressants.

Selective Serotonin Reuptake Inhibitors

Lets begin with the most commonly known antidepressants, the Selective Serotonin Reuptake Inhibitors or SSRI's. These include *Celexa, Prozac, Zoloft, Lexapro, and Paxil*. SSRI's focus on the neurotransmitter serotonin.

Common side effects to these medications include:

- Headaches-which usually subside after about two weeks
- Nausea-will usually disappear after the first few days
- Agitation or feeling jittery-if this continues then you should report this to you health care provider
- Nervousness or insomnia-sometimes it is difficult to tell if the insomnia is due to the depression or is a side effect to the medication. If it was not present before you started the antidepressant then it is likely a side effect to your antidepressant and you should let your doctor know.
- Sexual problems-these are fairly common with the SSRI's, often these can be resolved. It is best to talk with your health care provider if these are bothersome to you.

*Often taking an SSRI and following the guidelines for healthy behaviors will be enough to resolve your depression and keep it in remission.

Tricyclic Antidepressants (TCA's)

Tricyclic antidepressants were used more commonly during the late 1950's through to the 1980's. They were considered the first line treatment for

depression; however they sometimes cause unpleasant side effects. The TCA's target both the serotonin and norepinephrine neurotransmitters. These medications are still used today but generally as a second or third choice. These include; *imipramine, amitriptyline, nortriptyline, and desipramine*.

Common side effects to the Tricyclic Antidepressants include:

- Dry Mouth-sipping on water or chewing sugarless gum can help
- Constipation-include bran, fruits, vegetables in your diet
- Bladder problems-this should be reported to your health care provider
- Sexual problems-decreased libido, many women become anorgasmic, men can experience delayed ejaculation or impotence
- Blurred vision-This usually passes.
- Dizziness-especially when rising to a standing position, rise slowly
- Drowsiness during the day-often taking the medication at bedtime will help with this.

Monoamine Oxidase Inhibitors (MAOI's)

Like the Tricyclic antidepressants, the MAOI's target both the serotonin and norepinephrine neurotransmitters. The disadvantage to the MAOI's is that they require a patient to follow a diet low in tyramine which means certain foods like aged cheese, wine and pickles are restricted. These medications are much more likely to interact with other medication, in particular many of the over-the-counter cold remedies. The interaction can cause dangerously high blood pressure which requires emergent treatment. The MAOI's should not be combined with other antidepressants as it can lead to *serotonin syndrome* which is characterized by fever, confusion, muscle rigidity, and cardiac, liver, or kidney problems.

The names of the common MAOI's include; *Nardil, Parnate, and Marplan*.

Other new medications:

Wellbutrin is considered a norepinephrine dopamine reuptake inhibitor (NDRI). It inhibits the re-uptake of primarily norepinephrine and dopamine to a lesser extent.

*Should not be used if you have a *seizure disorder*.

Advantages to Wellbutrin include:

- It is not sedating
- It generally does not have sexual side effects and can sometimes be given with an SSRI to relieve sexual problems caused by the SSRI.
- Can promote weight loss in some individuals

Effexor XR is considered a selective serotonin norepinephrine reuptake inhibitor (SNRI). It inhibits the reuptake of both serotonin and norepinephrine similar to the tricyclic antidepressant but with fewer side effects.

Advantage to Effexor XR include:

- It targets two neurotransmitters for more resistant depressions.
- It can be used to treat chronic pain like migraines and diabetic neuropathy.

Remeron is considered a noradrenergic specific serotonergic antidepressant. Remeron increases the release of norepinephrine and serotonin and blocks specific serotonin receptors or uptake.

Advantages to Remeron include:

- It can reduce the time it takes you to fall asleep and prolongs sleep duration.

EXERCISE 4: Your Medications

What type of medications are you taking?

<u>NAME</u>	<u>DOSE</u>	<u>TIME OF DAY TAKEN</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

*attach another page if necessary

What side effects have you noticed?

REMINDER: Be sure to ask your doctor, pharmacist, or care manager if you have any questions or concerns about side effects.

When can I stop my medication?

It is recommended that you stay on your antidepressant anywhere from 9-12 months from the time your symptoms are relieved. It is important to treat your depression fully so it is less likely to recur. Sometimes when people stop their antidepressant medications too early their depression returns and can be more difficult to treat. Your clinician will advise you individually regarding how long to stay on medication.

If you have had more than 3 episodes of major depression in your lifetime your health care provider may recommend that you stay on an antidepressant longer term to prevent further recurrences even when you are feeling well.

What do I need to know about medication side effects?

Medications affect each person differently. Your health care provider will give you information about the side effects to any medications they prescribe for you. Often the pharmacy gives this information out as well. Read them to be sure you know which side effects should be reported to your doctor immediately. Most of the more common side effects will subside after about two weeks of taking the medication daily. If the side effects do not go away and are bothersome to you, talk to your health care provider to see if there is something that can be done. Do not stop your medications without consulting your health care provider. Some of the medications do have withdrawal symptoms, see below*.

Are these medications addictive?

Antidepressant medication is not addictive, but you may have withdrawal symptoms such as irritability* if you stop the medication abruptly.

Will medications change my personality?

No. They will help you return to your normal personality before depression.

Are medications the answer?

Sometimes. Everyone reacts differently to different types of medication. Some medications are more helpful to some people than others. Sometimes

medications are not helpful at all. There are other options in treating your depression that can be used with medication or instead of medication.

The important thing about taking medication is that you take it as recommended and do not skip doses even if you start to feel better., without checking with your physician first. Very often a combination of therapy and medication may be recommended. In combination these two forms of treatment offer the best hope for improvement from depression.

Therapy and Counseling

Types of therapy

Therapy can be very effective in treating Depression. There are different types of therapy available and it is a good idea to talk with a professional to help you make the best choice for your individual situation. Most therapies work on building new coping skills, or finding new ways to apply your existing skills, that you can continue to utilize throughout your life. Because of this, they can help people feel better about themselves and their abilities.

A common therapy is **Cognitive Behavioral Therapy** (CBT). CBT is based on the premise that how we think affects our mood. CBT recognizes that our thoughts change and become more negative during a depressive episode. CBT looks at our negative thinking patterns and aims to restructure them in a broader and more realistic and positive way. It can be very effective for mild and moderate depression and in combination with medications.

A second therapy available is **Interpersonal Psychotherapy** (IPT). IPT focuses on difficulties in interpersonal relationships. For example, it may address interpersonal losses (grief), transitions in your life (e.g. move to a new city to accept a new job), conflict in relationships (e.g. overt conflicts, or unspoken ones where you're not getting your expectations met), and sometimes, social skill deficits.

Another form of therapy available is **Dialectical Behavior Therapy** (DBT).

DBT works to:

- improve effective, positive relationships with peers, friends, family and teachers

- reduce misery and improve your ability to handle emotional distress
- decrease harmful reactions to conflict and overwhelming emotions
- learn and refine skills to change hurtful thinking and behavior patterns

The goal is to help change behavioral, emotional, and thinking patterns that lead to misery and distress in relationships, and emotional pain and confusion.

How long will I be in therapy?

It is important to know that CBT and IPT are short-term therapies. These usually only last between 12-25 weeks. Sometimes, your therapist may encourage you to have a few monthly sessions after you've completed therapy to ensure you maintain the gains you've had in treatment and prevent relapse.

Finding the right therapist.

For some people talking about their personal concerns with a "stranger" is very uncomfortable. It is important to remember that therapists are professionals and will maintain your confidentiality unless it is a matter of safety.

Often your health care provider will be able to refer you to a therapist. You can also call your insurance to find out the names of therapists covered by your health insurance. Private therapists are also available in the community, many of whom will bill insurances as well.

It is good to know it may take time to find the right person to work with you. Take the time to interview your therapists to see if you think it is a good fit. You can ask them what type of therapy they practice and discuss your goals for treatment to get an idea if they are someone you could work with.

Therapy Resources/Information

CBT (Cognitive Behavioral Therapy)

If you would like to read more about CBT a book often recommended is The Feeling Good Handbook by David Burns, MD.

There is also a CBT Group available.

When: The group meetings continuously throughout the year.

Where: Rachel Upjohn Building - 4250 Plymouth Rd, Ann Arbor, MI 48105

Referral: Participants must be in treatment with and referred to the group by a provider in the UMHS Department of Psychiatry.

DBT (Dialectical Behavior Therapy)

There is also a DBT group available.

When: The group meets continuously throughout the year.

Where: Rachel Upjohn Building - 4250 Plymouth Rd, Ann Arbor, MI 48105

Referral: Participants must be in treatment with and referred to the group by a provider in the UMHS Department of Psychiatry.

Support Groups

Depression and Bipolar

Group A: for Adults with Depression & Bipolar Illness

Group B: for Adolescents and College Aged Persons with Depression and Bipolar Illness.

Group C: for Family Members of Persons with Depression & Bipolar Illness

When: 7:00 to 8:15 p.m. 2nd and 4th Wednesday of every month

Where: University of Michigan Outpatient Psychiatry, Rachel Upjohn Bldg, 4250 Plymouth Rd, Ann Arbor, MI 48109-5766

No Pre-Registration-No Charge for Groups

For Information about Social Work Family Programs, phone Sue Wonnacott at (734) 764-0250.

Survivors of Suicide Support Group

Offering a safe and supportive environment for surviving family members and friends to:

- Share their stories
- Discuss the unique aspects of surviving a loss from suicide
- Learn about stages of grieving
- Develop coping strategies for getting through the grief
- Gain support from others experiencing a similar loss
- Confront the stigma of suicide

When: 7:00-8:30 p.m. on the third Wednesday of every month

Where: University of Michigan Outpatient Psychiatry, Rachel Upjohn Bldg, 4250 Plymouth Rd, Ann Arbor, MI 48109-5766

Group is open to anyone who has lost someone to suicide. The group is appropriate for adults and adolescents but not younger children.

Group is free of charge.

For Information about Social Work Family Programs, phone Sue Wonnacott at (734) 764-0250.

Family Education Workshop

Each two-hour workshop offers patients and families the opportunity to learn about depression and bipolar illness and gather information about risk factors, treatments, impact on families, and healthy ways of communicating with one another.

When: The first Wednesday of every month from 6-8 p.m.

Where: University of Michigan Outpatient Psychiatry, Rachel Upjohn Bldg, 4250 Plymouth Rd, Ann Arbor, MI 48109-5766

The workshops are free, however advance registration is required. Register by calling Sue Wonnacott at 734-764-0250.

All adolescent and adult family members are welcome to attend.

Resource Information

Books

The Depression Helpbook Wayne Katon, M.D., Evette Ludman, PhD., and Gregory Simon, M.D., M.P.H.

The Feeling Good Handbook by David Burns, MD.

Websites:

www.nimh.nih.gov

www.healthyplace.com

www.radiantrecovery.com

www.psycheducation.org

www.americanheartassociation.com

www.healthyplace.com

www.weightwatchers.com

www.infoaging.org

www.mindtools.com/stress

www.betterhealth.vic.gov

www.mayoclinic.com

www.sfn.org/content/publications (Society for Neuroscience)

www.womensmentalhealth.org (Center for Women's Mental Health-Harvard)

www.psychiatrictimes.com

www.opb.org/emedial (Tutorials on the Brain)

www.usda.gov/cnpp/pyrabklt.pdf (The Food Guide Pyramid-17 page brochure)

Disclaimer:

This written information is not intended as a substitute for medical or mental health care advice. Please be sure to discuss any questions or concerns you may have with a professional person.