



[winter 2007]

DEPRESSION CENTER

update

from the nation's first comprehensive depression center



From the Director

John F. Greden, MD

Executive Director of the University of Michigan Depression Center.

Early diagnosis and treatment are fundamental starting points if we are to conquer depression and bipolar illnesses. They *are* treatable illnesses, and recurrences *can* be prevented. But first they must be diagnosed. Clinical depressions and bipolar disorders most often begin during adolescence and young adulthood, so to lessen their burdens we must focus on these younger years.

To accomplish this, Depression Center faculty members from various disciplines have worked together for the past five years to develop, improve, and refine educational programs and screening strategies that are being more widely used in school clinics, college student health clinics, pediatricians' and family physicians' offices, and counseling centers. Web sites such as ours are providing confidential screening tools for those who seek them. Partnerships with families, school officials, teachers, obstetricians and pediatricians are essential if earlier detections are to occur. We are excited about recent alliances that have been forged with the Gull Lake Community Schools and the Ann Arbor Public Schools in Michigan. These initiatives, both of which are described in this newsletter, will allow us to work with teachers and other school personnel to help them more easily identify and refer students who are at risk. And we are eager to broaden the use of the Center's screening tools among clinicians who can benefit from them.

In this issue:

Depression and Bipolar Disorders in Children and Adolescents

We have made a good start but still have much to do. Additional voices are needed. We thank you for your interest and involvement.

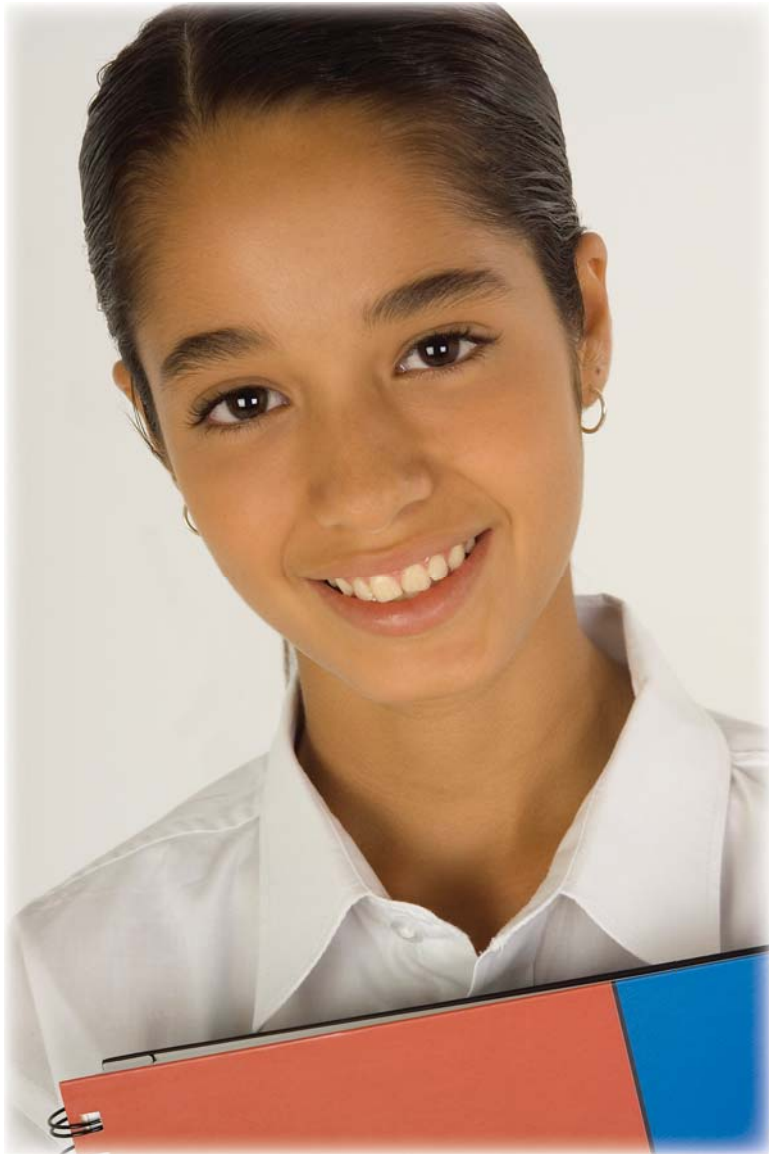
This issue also lists our many supporters in recognition of their outstanding generosity and commitment. If you have contributed to the University of Michigan Depression Center in the past, we are extremely grateful. Your gifts do make a difference. We hope that you will continue to learn from the initiatives we have underway, turn to us should you need help, and support us again with a financial donation this year. If you have not given previously, we ask that you consider joining us in our efforts to truly conquer these life-threatening illnesses.

We have an opportunity to improve diagnoses, counteract stigma, and sustain wellness for the people who suffer from these illnesses – but we need your help. To make a gift, please use the donation envelope that is provided with this newsletter or visit our website at www.depressioncenter.org. Thank you for your support!



Depression and Bipolar Disorder

Grouchy, sulky, listless, uncooperative, and reluctant to go to school—these can all be normal behaviors in children and adolescents. But sometimes they can signal something more serious: depression or bipolar disorder. It wasn't until about twenty years ago that these disorders in children and adolescents were recognized at all. Now we know that as many as 5% of all adolescents are suffering from serious depression at any one point in time, and approximately 20% of adolescents will experience meaningful symptoms of depression by the time they enter adulthood. We also know that the peak ages of onset are 15–24 for those who develop Major Depressive Disorder.



Fortunately, depression in young people, just like adults, can be diagnosed and treated. Safe and effective treatments are available and almost always include a combination of talk therapy and medication. And the good news is that the earlier in life that depression is diagnosed and treated, the greater the likelihood of achieving remission and the less severe it will be later.

The good news is that depression is treatable.

Diagnosing and treating depression early can greatly reduce or even eliminate severe depression later in life.

At the University of Michigan Depression Center, we offer family-centered, multidisciplinary care that is based on the results of world-class research and continual clinician education. Each child's social and developmental situation is evaluated individually, because we know that the needs of preschool children, elementary age children, young adolescents, and older adolescent are all different. We work as a team together with our patients and their families, and encourage families to ask questions and learn as much as they can about depression and bipolar illnesses.

For more information on depression and bipolar

er in Children and Adolescents

Recognizing Depression

Recognizing depression can be difficult. Because normal behaviors may vary from one childhood stage to another, it's not always clear whether a child or adolescent is just going through a temporary "phase" or is suffering from depression. It's important to learn the symptoms of depression, so you know when it's time to take action to help someone get the treatment they need. *If you're not sure, it's better to get help than to wait until it's too late.*

Watch for any of these symptoms of depression, especially if they last longer than two weeks:

- Withdrawal from friends, family or school activities
- Changes in eating or sleeping patterns
- Lack of enthusiasm, energy or motivation
- Indecision, lack of concentration or forgetfulness
- Anger or rage
- Overreaction to criticism
- Restlessness, agitation, and irritability
- Substance abuse problems
- Poor self-esteem or guilt
- Feelings of being unable to meet expectations
- Feelings of sadness or hopelessness
- Thoughts of suicide (*Get help immediately—don't wait*)

How can a parent or concerned adult tell the difference between typical behavior and signs of depression in children and adolescents?

Children are more likely than adults to deny that they feel depressed. We don't know whether this is because children perceive stigma more acutely or because they simply fail to recognize the symptoms of depression for what they are. Careful observation is the key to recognizing depression in young people.

Symptoms of depression vary with the developmental stage of the individual. Younger children are more likely to exhibit symptoms such as aggression, anger, or excessive crying. Among adolescents and older pre-adolescent children, symptoms may include irritability, withdrawal, loss of energy and interest in previously enjoyed activities, and changes in sleep and/or appetite. It is very common for young people of any age to show their depression through physical symptoms, such as chronic headaches or stomach aches, which cannot be attributed to other medical origins.



The only real answer is to know your child, say Depression Center experts. Only then can you distinguish between normal behavior and thoughts or actions that may be a sign of an underlying condition such as depression or bipolar disorder. For example, if your usually quiet and well-mannered 9-year-old suddenly begins behaving disruptively—or your boisterous teenager suddenly becomes silent and withdrawn—it may be time for an honest discussion and a visit your pediatrician.

ar disorder, visit: www.depressioncenter.org.

Depression Center Research and Outcomes

EDIPPP: A Pioneering Project in Prevention

By Evan Burness

The University of Michigan Depression Center, in partnership with the Washtenaw Community Health Organization, is participating in a pioneer national program to reduce the terrible toll of psychotic illnesses on young people and their families through prevention. The Early Detection and Intervention for the Prevention of Psychosis Program (EDIPPP), funded by the Robert Wood Johnson Foundation, will provide up to \$2 million over four years to launch a community-wide research initiative aimed at identifying young people who show early signs of psychosis and preventing the onset of serious mental illness. Only a small number of organizations across the country are qualified to do this type of work.

“We are excited and honored to have been chosen to implement this innovative program in Washtenaw County,” said Project Director Karen Milner, M.D., Associate Professor of Psychiatry and Depression Center member. “It has the potential to prevent the onset of psychotic illness in our youth and children.”

EDIPPP is essentially a research program with a public health mission: to prevent psychotic illnesses, such as schizophrenia and bipolar disorder. The critical foundation for carrying out this mission is the community in which young people live. The program will reach out to teachers, social workers, doctors, nurses, students, parents, clergy, police officers and others who interact regularly with young people and educate them on the early signs of psychotic illness so that they can identify teens and young adults who are at risk.

The program works with young people ages 12 to 25 who show early symptoms of psychotic illness but do not yet have the disease.

Approximately 2 to 3 percent of youth and young adults develop schizophrenia or a severe, psychotic mood disorder, with most cases developing after age 12. Psychotic illness is crippling, often leading to disability, workplace problems, hospitalizations, and even suicide.

“Psychotic illness destroys lives, but we hope to save many of those lives through prevention,” said EDIPPP National Program Director William R. McFarlane, M.D. “Through this new program, the entire community of Washtenaw County will play an active role helping vulnerable young people stay healthy and lead productive lives.” For more information visit www.preventmentalillnessMI.org.



In-School Talk Therapy Can Help

By Kara Gavin

Training school social workers to lead “talk therapy” sessions during the school day can help teens and pre-teens recognize and begin to overcome mild depression, anxiety and anger problems, U-M Depression Center research is showing.

A pilot study of the approach suggests that in-school therapy sessions could help address some of the unmet mental-health needs of young people. Previous studies have indicated that many students don't access or can't afford treatment in the community, even when it's recommended to their parents by teachers and counselors.

The researchers reported results from 45 students who received individual sessions, and 60 who participated in group sessions, with three social workers at two middle schools and one alternative high school in Ann Arbor and Ypsilanti, Michigan.

The therapy sessions were conducted by school social workers who were trained by the U-M experts to provide a modified form of a well-established and proven talk-therapy approach called cognitive behavioral therapy or CBT. The U-M team, which included members from the Department of Psychiatry, the School of Social Work and the School of Nursing who are all members of the U-M Depression Center, developed the modified CBT approach specifically for the project.

Over all, several standardized measuring tools showed significant improvement nearly across the board after students completed the multi-week program. Signs of improvement included better mood and cognitive skills among the depressed students, and decreases in angry feelings toward teachers and improvements in problem-solving ability among those who received counseling for anger issues.

The authors have developed a manual for school social workers who wish to try the approach in their own schools; it is now being shared with other Michigan schools.

“Many studies have shown that cognitive behavioral therapy can help young people with mood and anger issues, but this is the first time that an adapted form of this evidence-based therapy has been shown to

For more information on depression and bipolar

The Gull Lake School District: Depression Education in Action

work in a school setting,” says co-author David Neal, M.S.W., an assistant professor in the U-M Medical School’s Department of Psychiatry and former chief of the department’s social work division.

“Children and adolescents are far more likely to take part in a behavioral health program that’s offered at their school, compared with those offered in the community,” says Neal. “We need to bring these programs to the schools.”

A majority of the youth involved in the study experienced significant decreases in depressive symptoms, increased school engagement, and improved problem-solving skills by the end of their multi-week sessions. No differences were noticed between students of different genders and ethnicities.

The students themselves said the group sessions were helpful and that they would recommend them to other students. Anger-management students said they got into trouble less, and were less angry at teachers. Students who had been referred to the program for depression showed signs of better self-esteem and reported fewer negative moods.

CBT helps participants recognize and develop strategies for dealing with or overcoming the thoughts, feelings and actions that are involved in their depression, anxiety or anger. In addition to specific guidance from the CBT therapist, participants might keep mood diaries, take part in role-playing, and develop their own “cognitive change” strategies to help them avoid or confront the events that trigger their negative moods or angry outbursts.

The authors’ manual for social workers and other mental health professionals who wish to implement the strategy in their area is available by request for free by sending e-mail to dneal@umich.edu and mruffolo@umich.edu.

Even mild depression can cause a child’s school performance to slip, and can raise the risk of drug and alcohol abuse. Severe forms of depression greatly increase the risk of suicide, which is the third leading cause of death among young people in the United States. To prevent this, it’s crucial for educators, parents, and fellow students to know what depression is, how it affects a young person, and what the warning signs are.

guidance for the initiative. The committee includes parents and representatives from the schools and local service agencies for youth and families.

Administrators, counselors and other key school personnel participated in a training program to learn to identify depression and suicide risk during the 2006-2007 test period, and all Gull Lake teachers received the same



Susan and Peter Ordway

That’s why Gull Lake, Michigan residents Peter and Susan Ordway donated the initial funds to bring the U-M Depression Center to their community to partner with the Gull Lake Community Schools. Together they are launching an innovative depression education and awareness program that will help identify children and teens at risk, and reach out to them.

During the 2006-2007 school year, U-M Depression Center Child and Adolescent specialists Cheryl King, Ph.D. and Anne Kramer, LMSW worked with Superintendent Rich Ramsey and members of the school district administration and faculty to develop the plan for implementing this model program in the schools and community. A community advisory committee was established to provide local input and

training over the summer. During the 2007-2008 school year, the Depression Center will provide education to middle and high school students, parents, and the community at large to improve knowledge about depression and suicide prevention and provide information on local mental health resources. In addition, an Expert Help Line has been set up, staffed by professionals from the U-M Depression Center. It is available to Gull Lake Community Schools teachers and administrators during school hours.

The Gull Lake Community Schools and Peter and Susan Ordway are an inspiring example of people making a positive change in the community—and helping the Depression Center achieve its mission to find depression early in life when treatments are most effective.

Depression Center Education

DC Partners with the Ann Arbor Public Schools

The Depression Center is partnering with the Ann Arbor Public Schools to present a pilot depression education program for Ann Arbor middle and high schools. The initiative will be coordinated with the Depression Center's existing Youth Depression and Suicide Prevention Program.

The pilot project will provide education and training sessions for middle and high school professionals who serve as the first line of recognition and referral for distressed students, to help them identify and refer youth who may be at risk of, or already suffering from, depression. The program will include a range of services designed to provide the support needed for early detection and intervention, and ultimately, prevention. The initiative will also help the AAPS comply with Michigan's Chase Edwards Law, passed in July 2006, which mandates suicide awareness education in schools.

Fundraising for the Ann Arbor Public Schools pilot program began in August, with a kick-off event presented by

the Depression Center Community Volunteer Committee. If you would like to make a contribution or receive further information, please contact Nancy Davis at (734) 763-5680. Or use the donation envelope provided with this newsletter, and indicate that your gift is to be designated to the "Ann Arbor School Outreach Fund."



Superintendent of the Ann Arbor Public Schools, Todd Roberts, at the DC/AAPS Partnership Summer Gathering in August 2007.

What is a child psychiatrist?

A child and adolescent psychiatrist is a medical doctor specializing in disorders that affect the thought, emotions, and behavior of people from birth through adolescence. The psychiatrist bases his or her diagnosis and treatment on biological, genetic, developmental, emotional, cognitive, educational, and social features. In the words of the American Academy of Child and Adolescent Psychiatry, "A child and adolescent psychiatrist offers families the advantages of a medical education, the medical traditions of professional ethics, and medical responsibility for providing comprehensive care." Child and adolescent psychiatrists in the Depression Center work closely in partnership with psychologists, social workers, speech therapists, pediatricians, family physicians, and other medical disciplines.

DC Colloquium Series

The U-M Depression Center Colloquium Series bring together multidisciplinary experts from different schools to discuss recent, cutting-edge advances in the epidemiology, etiology, and treatment of depression.

Friday, November 16, 2007

Psychotic Depression: New Perspectives on Treatment

Alan Schatzberg, M.D., *Stanford University School of Medicine*, and Dan Maixner, M.D., *U-M Depression Center*

Friday, December 7, 2007

Pharmacogenomics

David A. Mrazek, M.D., *F.R.C. Psych., Mayo Clinic College of Medicine*, and Vicki Ellingrod, *Pharm.D., BCPP, U-M Depression Center*

Friday, January 18, 2008

Healthy Lifestyles to Combat Depression

Ronald M. Davis, M.D., *President-elect, American Medical Association, Director, Center for Health Promotion & Disease Prevention, Henry Ford Health System* and Richard Dopp, M.D., *U-M Depression Center*

Friday, February 15, 2008

Depression in the Medically Ill

Dwight Evans, M.D., *Chair, Department of Psychiatry; Psychiatrist-in-Chief, University of Pennsylvania Health System* and Melvyn Rubenfire, M.D., *U-M Depression Center*

Thursday, April 3, 2008

Pediatric Bipolar Disorder

Kiki Chang, M.D., *Stanford University School of Medicine; Director, Pediatric Bipolar Disorders Clinic* and Melvin McInnis, M.D., *FRCPsych, U-M Depression Center*.

DC Colloquia take place from 11:45 a.m.–1:30 p.m. in the Rachel Upjohn Building auditorium. Lunch is served for those who pre-register, and there is no charge. Continuing Medical Education credits are available. To register, please contact Trish Meyer at meyerpa@umich.edu. Funding for the Colloquium Series is provided by an educational grant from AstraZeneca.

For more information on depression and bipolar

Profile: Dr. Sheila Marcus. A Psychiatrist Who Crosses the Generations

Sheila Marcus comes from a child-centered background: her father was a pediatrician and her mother was a school social worker. It shouldn't be surprising, then, that she has become a respected perinatal and child psychiatrist and the director of the University of Michigan



Mott Hospital's Child and Adolescent Psychiatry section.

But why did she choose psychiatry? Dr. Marcus says, "When I was in medical school, I loved pediatrics and obstetrics and gynecology. But the pace was so rapid that we often had to focus only on the illness itself—there just wasn't time for me to do what I wanted—to look at the whole person and the developmental, cultural and family influences that might be causing or exacerbating the illness. In psychiatry, we can take a holistic view of each individual and how illness affects them."

As she describes her work further, it's easy to see that this interest in looking at the whole person includes a long-term

view, starting even before that person is born. Some of her research focuses on illness across generations such as how a mother's depression affects her new baby and his or her later risk for depression. "Developmental neurobiology lets us look at how illnesses show themselves differently at different stages of life, which gives us the opportunity to intervene early in the course of the illness," she explains. "With depression, that means that a well-timed intervention—treating a child with depression early on—can help that child get onto a better trajectory, and give them the tools to create a healthy life for themselves."

To try to find out what the best interventions might be, Dr. Marcus and her colleagues have been recruiting mothers with young children who work with the researchers to videotape their parent-child interactions. The videotapes show that the mothers frequently project behaviors onto their children, such as "He's irritable," or "She's just like her father," but are unaware that they were doing so. Left unchecked, this projection can lead to fixed attitudes about children by the time they are six or seven years old—"He's difficult," "She's intractable"—attitudes that can be damaging to a child's sense of self worth. Simply making the mothers aware of their verbal characterizations of their children, Dr. Marcus says, can change the behavior before it becomes a problem.

As a parent of three children herself, Dr. Marcus often reflects on how parenthood has contributed to her work. "As my children have grown, my ability to understand parenting challenges has informed my practice," she says. "Parenting helps you become sensitive to where a child is in terms of development. It gives you a constant dyadic (dual) view: where you are, where the child is, and where you are in relation to each other." And has her work contributed to her parenting? "Yes—but then there are those times when your professionalism just gets parked at the door. You're just Mom, and you're saying things you would never write on a medical board exam."

She's currently working on outreach

efforts for underserved children through the Corner Clinic in Ypsilanti, Michigan, and is creating new collaborations with U-M pediatricians to improve psychiatric care in the pediatrician's office, where the majority of children are treated.

What keeps Dr. Marcus going despite a demanding schedule of seeing patients, performing research, teaching new mental health professionals and administrative duties? It's the chance to help people, throughout their developmental years, and watch them grow. "I'm now seeing kids at 18 whom I've followed in clinic since before they were born. I followed their mothers in pregnancy, and the children as babies, into the family practice, and now out into adulthood."

And it's not just the patients; there are the medical students and residents as well. Helping them learn and grow, and go on to become part of the ranks of professionals helping the next generation of children, is rewarding.

Finally, it's her colleagues. Dr. Marcus says she loves the U-M. "It's the people with whom I work, and the patients I see—the U-M is an incredible place. The collegiality, the opportunities, the intellect—my work is exciting and gratifying. I love watching things grow and change, and seeing the daily improvements in my patients."

Sheila Marcus, together with fellow researchers and Depression Center members Heather Flynn and Roseanne Armitage, was the 2005 recipient of a grant from the Jack L. Berman, M.D. and Barbara A. Berman, Ph.D. Depression Research Fund, for their study "Sleep, Mood and Pregnancy Outcomes in Postpartum Women and their Infants."

For more information on depression and related disorders, visit: www.depressioncenter.org.

Heartfelt Thanks to Supporters of th

Lifetime Leadership Gifts

We would like to take this opportunity to recognize and extend our gratitude to those individuals and organizations whose lifetime giving to the Depression Center and Department of Psychiatry exceeds \$100,000.

These donors have helped us significantly in our efforts to combat depressive and related illnesses and reduce the stigma that accompanies them. We thank them for their generosity, vision and leadership.

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Fiscal Year 2007 Honor Roll

This list recognizes individuals, corporations, foundations and other organizations that have made new gifts and pledges of \$100 or more to the Depression Center or the University of Michigan Department of Psychiatry during fiscal year 2007, from July 1, 2006 through June 30, 2007.

While space limitations prevent us from listing donors below the \$100 level, our gratitude is extended to everyone who has supported the Depression Center and the Department of Psychiatry. Thank you for making a difference in research, patient care, education, public policy and stigma reduction which will benefit all those whose lives are affected by mental illness.

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Memorial Funds at the Depression Center are established when a friend or a loved one has sadly lost a battle with depression or bipolar disorder. These funds create a lasting legacy through ongoing donations that support patient care, research, education and outreach programs, or wherever the need is the greatest at the Depression Center, thus making a positive difference in the lives of other who are similarly impacted by these illnesses. Contact us to learn more about these very special funds.

The following ongoing Memorial Funds have been established at the Depression Center as of October 1, 2007. A special plaque in the Rachel Upjohn Building lists all Memorial Funds with greater than \$1000 in contributions.

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To learn more about supporting the missions of the University of Michigan Comprehensive Depression Center, please contact Nancy Davis at (734) 763-5680 or nandavis@umich.edu, or visit us at www.depressioncenter.org.

Subscribe to Depression Center Update

You've received this newsletter because you elected to be added to our mailing list, or because you have been identified as someone interested in advances in the treatment and prevention of illnesses.

If you want to be added to or deleted from our mailing list, please contact Trish Meyer at meyerpa@umich.edu or (734) 763-7495.

Information about depression is available online. Please visit our website at www.depressioncenter.org.

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University of Michigan
Depression Center
Rachel Upjohn Building
4250 Plymouth Road
Ann Arbor, MI 48109-5763
1-800-475-6424
www.depressioncenter.org

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Bright Nights

January 29, 2008

Bright Nights at the Plymouth District Library: Seasonal Affective Disorder (SAD)

223 S. Main St, Plymouth MI

The Depression Center takes its popular Bright Nights educational series to a new location: the Plymouth District library. The Depression Center's Melvin G. McInnis, M.D., FRCPsych, will present a brief overview of the latest SAD research, followed by questions from the audience and a specialist panel discussion with experts from the Depression Center, including Dr. J. Todd Arnedt, Director of the U-M Behavioral Sleep Medicine program, and Dr. Neera Ghaziuddin, Assistant Professor of Psychiatry.

For more information, please visit the Depression Center website at www.depressioncenter.org, or contact the Plymouth District Library at 734-453-0750, ext. 4.

January 31, 2008

Bright Nights at the Ann Arbor District Library: Hearts and Minds

Bright Nights returns to the Ann Arbor District Library with a program focusing on Depression and Cardiovascular Disease led by Dr. Kevin Kerber, Clinical Assistant Professor with the U-M Medical School and Depression Center. Co-sponsored by the Depression Center and the Ann Arbor District Library, the Bright Nights public forums provide an opportunity for community members to obtain up-to-date information on a variety of topics related to depression. The quarterly series allows for discussion and Q & A between audience members and expert panelists.

Bright Nights forums are held from 7:00 to 8:30 p.m. in the Multi-Purpose Room of the Ann Arbor District Library Downtown Branch. For the complete listing of Bright Nights programming, visit the Depression Center website: www.depressioncenter.org.

Bright Nights 2008 Program Schedule

Hearts and Minds: Depression and Cardiovascular Disease

January 31, 2008

Depression, Diabetes, and Diet

March 4, 2008

Depression and Cancer

April 22, 2007

