



University of Michigan  
Depression Center

THE MICHIGAN DIFFERENCE®

U-M Depression Center  
Rachel Upjohn Building  
4250 Plymouth Road  
Ann Arbor, MI 48109-2700  
800-475-6424

www.depressioncenter.org

UNIVERSITY OF MICHIGAN  
DEPRESSION CENTER

# update

From the Nation's First Comprehensive Depression Center

SPRING 2011

## WHAT'S INSIDE

After A Diagnosis

~

Tips on Choosing  
a Therapist

~

A Message from  
Our Director

~

Titles from the UMDC  
Reading Corner

~

New Bipolar Disorder  
Research

twitter



Find us on:  
facebook®

You Tube

## Mental health professionals: who are they?

*Below is a basic overview of the various types of professionals involved in providing care for depression. It is not a comprehensive list, and licensures vary by state.*

**Psychiatrists** provide physical and mental evaluations, psychotherapy, and prescribe and monitor medications. They hold a medical degree (M.D. or D.O.) with special training in the diagnosis and treatment of mental disorders, including at least four years of specialized study and training in psychiatry. States license psychiatrists as physicians to practice medicine, and those who pass a national examination are "board certified" psychiatrists. A Child/Adolescent Psychiatrist is a medical doctor with special training in the diagnosis and treatment of emotional and behavioral problems in children. A resident psychiatrist is a doctor who has graduated medical school and is currently in specialty training.

**Psychologists** focus their studies on the human mind and human behavior. While psychologists cannot prescribe medication, they can make diagnoses and perform counseling and psychotherapy. Some have a master's degree (M.A. or M.S.) in psychology, while others hold a doctorate (Ph.D., Psy.D., or Ed.D.) in psychology. Most states license psychologists to practice psychology (L.P. or L.L.P.).

**Social Workers** provide various services, including assessing and treating mental illness, psychotherapy, care management services to help people with referrals, school and work connections, and other focused needs. They may have a bachelor's degree (B.A., B.S., or B.S.W), a master's degree (M.A., M.S., M.S.W., or M.S.S.W.), or doctorate degree (D.S.W. or Ph.D.), and most states license social workers to practice social work (L.C.S.W., L.I.C.S.W., L.M.S.W., among others – the license depends on experience and education).

**Licensed Professional Counselors** (L.P.C., L.P.C.C.) may provide diagnosis and counseling for individuals and/or families/groups. They have a master's degree in psychology, counseling, or a related field, and usually have two years of post-graduate experience.

**Advanced Practice Psychiatric/Mental-Health Nurse Practitioners** (PMHNPs) are registered nurses (R.N.s) with advanced degrees in Psychiatric Nursing. PMHNPs provide a wide range of services to adults, children, adolescents, and their families in a variety of settings, including outpatient mental health clinics, psychiatric emergency services, private practices, hospitals or community health centers. PMHNPs diagnose, conduct therapy, and prescribe medications for patients with psychiatric disorders, co-morbid medical/mental health issues, or substance abuse problems.





# After a diagnosis –

If you've just been diagnosed with depression or bipolar disorder, you may have many questions about the next steps in your care and where to go for help. Learning about your illness is one of the most effective things you can do to help manage it. While no two people are the same,

below are some answers to common questions someone may have after receiving a diagnosis:

## **How can I care for my myself?**

Depression is a medical illness, both visible and treatable in the brain. Consider your depressive illness no different than a condition such as diabetes or heart disease in the way you would seek treatment. Learning how to manage your depression through professional treatment and self-care can help you regain and maintain a high quality of life.

## **Will I need to see more than one health care provider?**

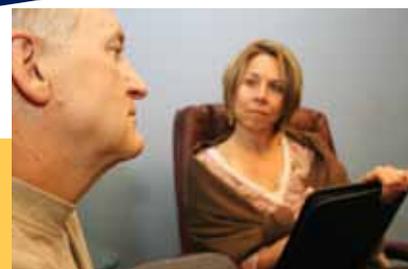
You may have more than one person treating you if you need medication and you also participate in psychotherapy. If your primary care provider can't provide the care you need, his or her office should be able to provide you with referrals or recommendations, and you can also check with your insurance company for available options for more specialized care. Always let your health care provider(s) know who else is involved in your care so that they can work together as a team.

## **What will my treatment involve?**

This depends completely on the individual and the nature of your illness, but many people will have a treatment plan that combines medication and therapy, and some may receive a therapy called neuromodulation, which works by stimulating the brain to relieve symptoms. Keeping up good habits of nutrition, sleep, exercise, and stress management will also help to minimize symptoms and prevent recurrence.

## **How can psychotherapy help?**

Psychotherapy, sometimes called talk therapy, may involve a therapist working with an individual, with a couple or family, or with a group of people who share common characteristics or challenges. By addressing the issues that can contribute to depression, psychotherapy can help you develop skills to manage difficult situations, providing an extra layer of support to cope with recurring stressors. It involves much more than talking; most depression-specific psychotherapy involves working to change behavior. Psychotherapy has been shown to have long-term effectiveness in preventing future episodes of depression and in altering an individual's response to stress by building coping skills. Psychotherapy can help you recognize the signs of an imminent episode of depression or mania so that you might even be able to prevent it.



## Tips on choosing a therapist

You and your healthcare provider may decide that psychotherapy could be an important part of your treatment plan. Finding someone you connect with may not happen on the first try, and sometimes referrals may not work out – schedules, personalities, or therapy styles may not match your needs. Keep trying until you find someone you feel comfortable with!

### **Where can I find a psychotherapist?**

- Ask your physician or other healthcare provider for a referral.
- Contact your insurance provider for a list of therapists covered by your insurance plan.
- Call your local or state psychological association
- Inquire at a local university or college's psychology department or psychiatry department.
- Ask a family member or friend for a recommendation.
- Contact the mental health center in your community.

### **How should I evaluate my options?**

*Personal comfort* - It's perhaps most important to find a therapist who makes you feel comfortable. Consider interviewing possible candidates by phone or in person before making your selection. And if your first choice turns out not to be a great fit for you, it's OK to

go somewhere else – the important point is finding a good match and personal connection.

*Credentials* - Ask about your potential therapist's education, training, and experience. Highly qualified therapists can come from a variety of educational backgrounds, including psychiatrists, psychologists, licensed nurse practitioners, licensed master social workers (LMSWs), and licensed counselors.

### *Some questions to ask:*

- How many years have you been practicing psychotherapy?
- What are your areas of expertise – for example, working with children, couples, families?
- What experience do you have helping people with my type of problem(s)/issue(s)?
- Can you describe the kinds of methods you use and how effective they have been for my kinds of problem(s)/issue(s)?
- Will you accept my insurance?
- How long are your average sessions? (30 minutes? One hour?)
- Do you have flexible hours?

# what's next?

## **Will I need medication?**

You and your doctor will decide this together. Medications are given to stabilize moods and prevent recurrences. It's important to stick with your prescribed treatment and keep your doctor(s) informed about how it's working.

## **What about medication side effects?**

Many of the medications used to affect the brain can also affect other body systems, resulting in side effects such as sleepiness, weight gain or loss, constipation, or dizziness. Some may last only a few days or weeks, while others may be long term. Your doctor can suggest ways to try to manage or eliminate side effects, by changing or adjusting your medication or the time you take it. Never adjust your medications or stop taking them without first consulting with your doctor.

## **What if my medication doesn't work?**

Finding an effective treatment plan can take time – sometimes several medications or a combination of medications are needed to produce

improvement. Try to be patient if it takes some time (2-6 weeks in many cases) to adjust to a medication, and remember that no two people will respond in the same way to a treatment. Depression and bipolar illness are disorders requiring care and attention over a lifetime, so it is helpful to view recovery as working to prevent episodes and continuing to maintain wellness for the long term.

## **What about peer support?**

Support groups and other forms of peer support can provide a safe and accepting environment for people living with mental illness to reach new levels of understanding and self-discovery. Through sharing experiences with others, participants often find that support groups help improve their coping skills and motivation to adhere to treatment plans. Peer support should not replace professional care (whether that care includes medication, therapy, or other

## A Message From Our Director



Where do you go for help if you think you may be depressed? Where do you go for help after a diagnosis of depression? It can be difficult for even the best-informed healthcare consumer to know where to begin. Stigma, inadequate insurance coverage for mental health services, economic difficulties, the persistent and erroneous perception of mental wellness as something entirely separate from physical health, difficulties in finding evidence-based clinicians, and a host of other factors, not to mention the complexity of the U.S. health system itself—each of these can present barriers to getting essential help.

These obstacles are surmountable. Wherever you live, more resources are available than you might imagine. This issue of *Update* provides some advice for finding needed help, starting with the places you currently go for medical care and extending outward from there.

Where do you begin? Your family and peers make up an essential part of your “return to recovery team.” They can be instrumental in helping guide your treatment and providing encouragement, and they have the right motivations. Don't be afraid to reach out to them – your

family and social network may produce the most valuable resources, recommendations, and referrals. They may be your best starting point.

How about cost? Although the situation has improved substantially in recent years, we all know that insurance coverage for mental health services has yet to reach the same level provided for other medical services. But remember, barriers are surmountable. Help for depression can be affordable, and in fact many of the most helpful intervention and maintenance strategies cost nothing at all. New research from our Depression Center and Ann Arbor Veterans Administration Hospital shows that peer support programs – which often use volunteers and nonprofessionals and can be done over the phone or the internet as well as in person – can be an effective, low-cost aid for fighting depression. Even online communities offer support groups and discussions.

New advances are occurring. Wellness is within your reach – read on!

Merci,

  
John Greden, M.D.

## *A new way of looking at depression risk and prevention*

New U-M research is exploring risk factors that may make recurrence of depression more likely, with the goal of finding evidence that can help guide treatment decisions and more effectively prevent future depressive episodes. By looking at young adults in remission from a previous major depressive episode (and who are not taking medication for their condition), researchers can better isolate risk factors that would otherwise be more difficult to pinpoint amid symptoms of ongoing depressive illness.

Led by Depression Center member Scott Langenecker, Ph.D., the work will pay particular attention to changes in thinking processes that may be associated with depression risk, using brain imaging and targeted tests of memory, attention and concentration, and mood. The research may also be able to explore genetic factors that may protect against the development of depression. The goal is to follow individuals over a year, and hopefully longer.

The research will use the novel approach of attempting to quantify traits associated with illness that may not be evident while a person is experiencing symptoms of depression. One hope is that the results will help clarify characteristics that may influence the likelihood of recurrence. The study is also unique in that it is being done prospectively, which means scientists can evaluate risk factors that may predict depressive illness before another episode happens, rather than trying to reconstruct which factors may have contributed to an episode after it happened. For information about this study and other depression research, visit: [www.umclinicalstudies.org](http://www.umclinicalstudies.org)

treatment methods), but it can be a valuable supplement. Many support groups are led by mental health professionals, while others may be facilitated by someone with depression or bipolar disorder, or a family member of someone with mental illness.

#### **What are the benefits of participating in mental health research?**

Clinical trials (research studies that require human participation) improve our understanding of the causes of and treatments for many diseases, including depression and bipolar disorder. Although not all research offers a direct benefit to participants, volunteering for a study may provide you

with additional medical care at a reduced cost or no cost, and/or access to new treatments before they are widely available, not to mention the opportunity to help others by advancing medical discoveries. There are risks and benefits to weigh when deciding whether to participate in research, but it is something for anyone with depressive illness to consider, and there are many opportunities to volunteer for mental health research. Ask your doctor or your local hospital or university about studies that are looking for participants. U-M studies that need participants are listed at [www.umclinicalstudies.org](http://www.umclinicalstudies.org)



Visit our online toolkit at [www.depressiontoolkit.org](http://www.depressiontoolkit.org) to learn more about common symptoms of depression and bipolar disorder, and to access standard tools that can help you determine whether symptoms you may be experiencing could indicate underlying depression. While only a trained healthcare provider is qualified to make a diagnosis, the toolkit can help you understand how depression and related illnesses may be diagnosed, and it can help you speak with a healthcare provider if you are concerned that depressive illness may be affecting your life.

## Where can I go for help?

#### **Start with your primary care provider.**

If he or she isn't already aware of emotional difficulties you may be experiencing, find a way to share your concerns so that your provider can most effectively help you get the care you need. Guides to help you prepare for initial discussions with your provider are available at [www.depressiontoolkit.org/talk](http://www.depressiontoolkit.org/talk). If your provider is not able to offer the type of treatment you need, or if both of you decide to add additional partners to your treatment team, ask the office for referrals.

#### **Ask your insurance company.**

Most PPOs offer website directories of mental health professionals. HMOs will assign members to a case manager who can help make referrals for specialty issues. For most private insurance, mental health services are self-referred, while Medicaid requires physician referral for mental health services. Check with your insurance carrier to see if your policy covers mental health services.

#### **Ask your community mental health agency.**

These government agencies are organized either by county or region, depending on your geographic area. Although they will see only those people who meet criteria for severe illness, they will refer others to additional community services to get help. Many community- or state-provided services or those they contract with provide care on a sliding scale (the fee depends on your income).

#### **EMERGENCY**

If you or someone you know is facing immediate harm because of suicidal thoughts or actions, call 911 or the National Suicide Prevention Hotline: 800-273-TALK (8255).

#### **MICHIGAN**

##### **The Michigan Mental Health Networker**

<http://www.mhweb.org/>

Maintains information on mental health services in mid-Michigan. Provides listings of mental health agencies, community mental health clinics, and therapists. Resources are organized by city or alphabetically, and by categories such as child and adolescent services, mental health treatment services, self-help and support groups, psychotherapy groups, and substance abuse treatment.

##### **U-M Psychiatry/Depression Center**

[http://www.depressioncenter.org/Workshops\\_and\\_Groups/](http://www.depressioncenter.org/Workshops_and_Groups/)

Workshops and support groups for families and individuals with depression or bipolar disorder.



#### **NATIONWIDE**

##### **Depression and Bipolar Support Alliance**

<http://findapro.dbsapages.org/>

Nationwide listing of local mental health care professionals, facilities, and support groups. Although DBSA does not endorse any particular resources it lists, the site does have a search engine that allows users to search for mental health professionals or facilities that have been recommended by individuals living with a mental illness. The site also hosts online support groups and discussion groups.

##### **National Alliance on Mental Illness (NAMI)**

<http://www.nami.org/>

NAMI offers a variety of free education, training, and support programs for individuals and families. The NAMI Information HelpLine (1-800-950-NAMI) provides information and referrals to NAMI state offices, local affiliates and support groups nationwide, as well as organizations serving the needs of those affected by serious mental illness.

##### **American Psychological Association's Psychologist Locator**

<http://locator.apa.org/>

Listing of practicing psychologists in your area; search by specialization, insurance accepted, languages, gender, and more.

##### **United Way 2-1-1**

Provides comprehensive information and referrals to human services in your local area, including support groups, counseling, and drug and alcohol intervention and rehabilitation. The line is staffed 24 hours/day, every day of the year – just dial “2-1-1” for this service.

# Depression Center Events

## Military Family Support Forum

A free monthly program for **family members** of OEF/OIF service members or veterans (spouses, significant others, children, parents, relatives). The forum is moderated by professionals and includes a program for children ages 0-17.

- **May 21**, 12-2 p.m.  
Understanding depression, PTSD, and substance use
- **June 18**, 12-2 p.m.  
Strengthening your relationships
- **July 16**, 12-2 p.m.  
Children and parenting

**Place:** Rachel Upjohn Building, 4250 Plymouth Rd., Ann Arbor, MI 48109

**Cost:** Free. Lunch is provided.

Please contact Kate Bullard:  
734-763-4904 or krharris@umich.edu

## Depression Center Colloquium Series: The Neuroscience of Meditation

**Friday, May 20, 2011**, 11:45 a.m. - 1:30 p.m.

Rachel Upjohn Building, Garden Level Conference Room  
4250 Plymouth Rd., Ann Arbor, MI 48109

**Richard J. Davidson, Ph.D.**, Vilas Professor of Psychology and Psychiatry; Director, Laboratory for Affective Neuroscience, University of Wisconsin-Madison

**Anthony King, Ph.D.**, Research Assistant Professor of Psychiatry, U-M School of Medicine

## UMDC READING CORNER

Listed below are recommended memoirs from authors about their first-hand experiences with depression. You can find these books and many other resources at the FRIENDS Depression Education Resource Center, located in the east atrium of the Depression Center Building.

### *Darkness Visible:*

#### *A Memoir of Madness*

by William Styron

#### *An Unquiet Mind: A Memoir of Moods and Madness*

by Kay Redfield Jamison

### *The Noonday Demon:*

#### *An Atlas of Depression*

by Andrew Solomon

### *Down came the Rain:*

#### *My Journey through Postpartum Depression*

by Brooke Shields

## Strengthening depression treatment networks

Many people who have depression rely on their primary care provider to help manage their illness. An innovative program through U-M Ambulatory Psychiatry, Family Medicine, and the Depression Center works to expand depression treatment teams beyond the primary physician through social worker "care managers." These advocates provide patients with an extra level of support in their depression management, by providing patients with consultative expertise and encouragement, and the patient's referring clinician with monitoring and feedback.

The mission of the Michigan Depression Outreach and Collaborative Care (M-DOCC) program is to provide support, education, and self-management skills through regularly scheduled phone calls and self-care information delivered by mail or email. Patients participate by completing scheduled follow-up calls, practicing self-management skills, raising any treatment concerns with their care manager, and continuing to attend all scheduled appointments with their treating clinician. The service, which is free to referred patients, also provides patients and their treating clinicians with regularly scheduled outcomes measures to help clarify how the patient is responding to treatment. This helps primary care providers select the most effective treatment options for their patients while helping patients refine their self-care skills in ways that will promote resilience.



M-DOCC is nationally recognized as a successful depression management intervention uniquely focused on both chronic and acute depression treatment. Although the program is currently available only to patients referred to the program by a UMHS primary care physician, M-DOCC's unique care model has attracted the attention of other health systems seeking to replicate the effectiveness of a program based on "health coach" or "health navigator" support to primary care doctors – not just for depression management, but for other chronic conditions as well. M-DOCC is helping Allegiance Health in Jackson, Mich., launch a similarly structured depression outreach program for primary care providers and their patients in a community primary care setting. M-DOCC will also be expanding in the near future to include all UMHS primary care sites.

Analyses of outcome measure results demonstrate that this collaborative care model is effective in helping patients achieve improved functioning and long-term wellness. And since primary care providers are the first-line source of depression treatment for the majority of people with depressive illnesses, M-DOCC is a common-sense approach to maximizing resources, promoting continuity of care, and enhancing treatment options for people in their community by offering an additional collaborator in their treatment team.

If you or someone you know is interested in M-DOCC, a UMHS primary care provider can provide a referral.

## FOR MORE INFORMATION

about featured book selections

[www.depressioncenter.org/  
ResourceCenter](http://www.depressioncenter.org/ResourceCenter)

# SUBSCRIBE TO THE DEPRESSION CENTER UPDATE

If you wish to be added to or deleted from our mailing list, please contact [depression@umich.edu](mailto:depression@umich.edu) or (734) 232-0175.

Information about depression is available online. Please visit our Web site at [www.depressioncenter.org](http://www.depressioncenter.org).



This newsletter is funded through the support of the FRIENDS of the University of Michigan Hospitals and Health Centers.

For more information about Friends visit [www.med.umich.edu/friends](http://www.med.umich.edu/friends)

University of Michigan Depression Center  
Rachel Upjohn Building  
4250 Plymouth Road  
Ann Arbor, MI 48109-2700

Non Profit Org  
US Postage  
PAID  
Permit #144  
Ann Arbor, MI

## NEW BIPOLAR DISORDER RESEARCH

The University of Michigan is participating in a clinical trial to compare the effectiveness of two medicines commonly used to treat bipolar disorder. U-M is one of 10 sites in the Bipolar Trials Network that will participate in the national study, which is supported by a federal investment aimed at improving patient outcomes.

The Bipolar CHOICE (Clinical Health Outcomes Initiative in Comparative Effectiveness) trial will compare the real-world performance of quetiapine, a widely prescribed mood-stabilizing medication, with lithium, a standard for outpatient bipolar treatment for many years.

"This research is a true collaboration, involving not only other leading U.S. institutions, but also a group of dedicated individuals with bipolar disorder who are enthusiastic about contributing their time to participate in our research," says Melvin McInnis, M.D., the principal investigator for Bipolar CHOICE and the Heinz C. Prechter Bipolar Research Fund, as well as an associate director of the Depression Center. "Our study participants are our most valuable collaborators, since they are highly motivated to help us understand and manage this illness more effectively."

Unlike most other trials, the study permits participants to take almost any other medication. Although many patients need about three medications to feel and stay well, most studies comparing treatments for bipolar disorder do not permit patients to take other medications besides those being evaluated.

Bipolar disorder is a lifelong, highly recurrent disorder characterized by extreme variations in mood, alternating between episodes of mania or hypomania (states of elevated mood) and major depression. Bipolar disorder ranks among the top 10 causes of disability. Proper management of bipolar disorder, often through a combination of medication and psychotherapy, can help most people gain control over their mood swings and related symptoms.

**Additional information on clinical trials can be found at [umclinicalstudies.org](http://umclinicalstudies.org).**

### Executive Officers of the University of Michigan Health System

Ora Hirsch Pescovitz, Executive Vice President for Medical Affairs; Robert P. Kelch, Executive Vice President for Medical Affairs (*Emeritus*); James O. Woolliscroft, Dean, U-M Medical School; Douglas Strong, Chief Executive Officer, U-M Hospitals and Health Centers; Kathleen Potempa, Dean, School of Nursing.

### The Regents of the University of Michigan

Julia Donovan Darlow, Laurence B. Deitch, Denise Ilitch, Olivia P. Maynard, Andrea Fischer Newman, Andrew C. Richner, S. Martin Taylor, Katherine E. White, Mary Sue Coleman (*ex-officio*)

The University of Michigan, is an equal opportunity/affirmative action employer. © 2011 The Regents of the University of Michigan, Ann Arbor, Michigan, 48109

Published 4x/yr by the University of Michigan Depression Center.