

DEPRESSION CENTER

update

from the nation's first comprehensive depression center

In this issue:

Winning the Battle Against Stigma

Stigma! The word itself evokes stress and facial grimacing.

Stigma directed at illnesses is not new. Targeted illnesses change as society's knowledge, sophistication and understandings change. Susan Sontag wrote only 20 years ago that "It seems that societies need to have one illness, which...attaches blame to its 'victims'...Any disease that is treated as a mystery and acutely enough feared will (also) be felt to be morally, if not literally, contagious." It seems incongruous now that she was talking about cancer. Yet, aging Americans recall that the 'Big C' was once intensely feared and stigmatized. Now it is time to make the same progress against depression and bipolar. This Newsletter suggests strategies for counteracting, reflects optimism, and appeals for help. We are winning this battle.

Did you know an estimated 21 million Americans have lifetime depression or bipolar disorder?

Why is this fight important? Too many struggling with depression still remain reluctant to seek treatment or fully disclose symptoms because they fear loss of job, relationships or insurance coverage. Thousands still resist accepting the clinical diagnosis. An estimated 20% don't fill their first antidepressant prescription or start recommended psychotherapy programs. Some fail to adhere to longer-term maintenance recommendations even when told recurrences are the alternative. When providing clinical care, clinicians of all specialties may unwittingly help sustain stigma by "talking in code" and avoiding certain questions, using "safer" diagnostic labels such as "exhaustion," or using language that subtly encourages poor adherence ("Let's try this for a bit...").

From the Director

John F. Greden, MD
Executive Director
University of Michigan Depression Center



There are many ways that the Depression Center is seeking to battle the stigma monster. A few include: 1) recruiting celebrities, executives, athletes and performers as spokespersons to personalize the disorders; 2) using proper, matter-of-fact terminology and correcting colleagues and friends when they fail to do so; 3) educating teachers and school leaders that depression and bipolar are brain disorders linked with life events and have causes, treatments, and good outcomes when treated; 4) avoiding "safer" diagnostic labels; 5) recognizing that the best outcomes are achieved when supportive family members are involved; 6) developing self-management tools to aid monitoring progress; 7) educating family, friends and media, joining community volunteer groups, and advocating for greater research support; and 8) asking questions. In 2001, I suggested that the most powerful way to fight stigma is through "unarmed truth and unabashed openness." I continue that belief.

Subsequent pieces in this Newsletter illustrate that clinicians are not exempt, that tailored strategies may be required for different groups, that families are vital partners in treatment, that we can learn from other disciplines such as cancer specialists, and that we might all benefit from well-designed "Toolkits." The Depression Center, with generous support from its Community Volunteers, is now preparing such a Toolkit to help patients and families understand common diagnostic and treatment questions. This will be a future topic for this Newsletter.

How far we have come! Knowledge is expanding, screening is becoming more widespread, treatments are improving, genetic, sleep and other biomarkers are getting closer to clinical applicability, and thousands of powerful voices are joining the destigmatization chorus. Even our selection of the name "Depression Center" is part of this battle and others will be following suit nationally. It is being won. Thank you for joining the cause.

Overcoming Stigma

The Light at the End of the Tunnel

Al Solvay

A U-M Depression Center patient's experience with depression

After thirty years, I retired from a job with one of the big three auto companies. I was an engineer for a decade and involved in education and training for two decades. I was part of the lower level management team in this company. It was a culture where showing emotion was not typically accepted. I worked very hard to meet my objectives in a very competitive environment. Any perceived character flaws, especially mental illness, put you in less of a competitive position.

Although you live with it on a daily basis, it is hard to describe what depression is really like. Webster's defines it as "... marked especially by sadness, inactivity, difficulty in thinking and concentration..." I think this is an understatement. It affects different people in different ways. Sometimes, I use the analogy of walking through two feet of snow without snowshoes while everyone else is wearing snowshoes and moving about quite easily. I am really struggling through those two feet of snow. It is a very tiring experience.

Did you know stigma can cause families and friends to turn their backs on people with depression?

Although it is difficult to step out of my body and observe myself. I will try to do that in the words that follow. I never felt comfortable talking about depression with anyone. However, I am writing this because I want to help others going through what I am going through. Depression is a difficult subject to discuss. Many people have preconceived thoughts about mental illness and most in my experience are not positive. I have been told at one time or another "Just be happy," "Come on, lighten up" or "What's wrong?" Equally hard are well meaning people that try to help when they ask you, "How can I help?" Usually I can't answer this question; I just deny there is a problem. People I consider friends are an exception.

I survived all these years by protecting myself. I guarded my thoughts and feelings from everyone both at work and home. I have made it hard for people to know what I think and feel. It is many times like being an actor on a stage. You understand that being yourself is just not acceptable to many (if not most) people.

I became what other people wanted me to be rather than being myself.

The stigma associated with depression let me share the illness only with my family in the beginning. In my last two or three years at work I shared my illness with a few of my support network. I owe a great deal to my wife, my dog and those that supported me over the last thirty years.

I think I can see the light at the end of the tunnel. I have stepped off the stage determined not to go back on it. I just acknowledge that I have an illness. I will be me not what others want me to be. I don't know if I ever will be totally in remission, but I am moving toward that light at the end of the tunnel with a plan. That plan includes:

- Prescribed medicine taken on a regular basis
- A therapist who helps me better understand my thoughts, emotions and behavior
- A lot of help from family and friends.

I have lived with the stigma that exists about depression; and I am mad as hell and refuse to accept it anymore. If the word STIGMA was an acronym, it could stand for Stereotypical Thinking Gives Meaningless Answers. Some people think they understand depression and mental illness. They make many assumptions based on movies, television and/or very limited life experiences. I will speak out against this type of thinking wherever I find it. I will never give up fighting my depression and the stigma associated with it. I encourage others to join in the fight.



A recent photograph of the U-M Depression Center with a rainbow, courtesy of Dr. Daniel Clauw, a Center Member

For more information on depression and bipolar di

Changing Paradigms: Depressed Patients as Treatment Partners

Bonnie M. Hagerty, Ph.D., R.N., C.S.

Segments extracted with permission from author, editor and publisher of Journal of Clinical Psychiatry—June, 2001

Not long ago, I was diagnosed with invasive breast cancer. I had none of the risk factors, yet, there I was, 46 years old, wife and mother of 3 children, learning that my life was about to change. Decisions, treatment, recovery, and the concern about metastasis or recurrence were issues that had to be addressed, some of them very quickly. Within about a week of my diagnosis and visits to the surgeon, internist, radiation oncologist, and medical oncologist, I had more information about my cancer and its potential treatment than I could absorb. An expandable 4-inch folder was filled with handouts, brochures, booklets, and reference lists. In addition, I had been shown 2 videotapes and completed 1 CD-ROM interactive learning session. I had been invited to participate in 3 research studies and had agreed to 2 of them. My physicians spent ample time with me, answering questions, drawing pictures, and seeking my input about treatment options. They welcomed my husband and friends who accompanied me. Ultimately, I knew that we all would make these big decisions together. And I felt prepared and involved.

In the midst of this flurry of activity, I began to reflect on my diagnosis of cancer versus the diagnosis of depression. Not only had I experienced depression in my life, but as a mental health provider, I work with people experiencing depression. Isn't this curious, I thought, that patients with depressive disorders come for an evaluation, get a diagnosis, and usually walk away with an SSRI prescription, perhaps a handout, and only a rudimentary understanding, if any, about their diagnosis. There is no 4-inch folder of materials when you get a diagnosis of depression. In fact, the differences between getting a diagnosis of breast cancer and a diagnosis of depression are profound.

From what I have seen over the years... throughout the mental health system, most patients are advised of a recommended treatment. If they agree, they leave with a prescription or follow-up appointment for therapy. If they don't agree, they are labeled "difficult," "character disordered," or "not motivated." My guess is that within 1 week of a diagnosis of depression, most patients couldn't tell you much about their illness, medication, therapy, or their expected clinical course and outcome. I can't imagine that most patients feel as though they are a valued partner in the treatment of their depression. And I suspect that most families are reeling from the difficult dynamics of a loved one's depression and continue to be painfully unaware of depression as a complex biological disorder.

Whereas my husband and friends were openly welcomed by my health care providers during my breast cancer treatment,

in the mental health arena, family members and significant others are usually left out, feeling frustrated, and wondering what is happening to their loved one, often under the guise of "confidentiality."

So I say to my fellow mental health practitioners—what are we doing? Why do we continue to operate from an old paradigm in which the provider knows best, patients with psychiatric problems are not capable of being involved in their care and treatment decision making, families can't have information, and patients don't really need to know that much about their treatment? Have we really sat down and examined the perspective from which we provide treatment to persons with depression or any type of mental illness? Do we try to involve patients in their healing, or do we unwittingly, or knowingly, try to maintain our position of authority?

Did you know an estimated 22 to 23 percent of the U.S. population experience a brain disorder in any given year, but almost half of these individuals do not seek treatment?

Information is powerful and we do not do a good job of educating depressed patients. What do we tell them and what do we provide? How good are the materials we have and how often do we use them? How often do we create innovative educational materials that aid patients in making informed choices about their treatment for depression? Why have we, for the most part, not embraced patients and their families as joint decision makers about the treatment options? Why don't our patients have knowledge about depression, including its biology, its symptoms, its clinical course, its potential for recurrence? Why don't they have coaching about symptom management, and what they can do to monitor for prodromal symptoms, and improve exercise, nutrition, and stress reduction for the long haul? Why aren't significant others given materials about their loved one's depression and at least listened to and offered supportive services?

Depression is a deadly disorder. It kills. It causes personal pain and anguish. It destroys families and damages careers. It is associated with illness and death from other disorders such as cardiovascular disease. We cannot continue in our current modes of practice when it comes to depression. In spite of our good intentions and best scientific knowledge, public reactions and attitudes about depression will not change until we do some truthful self-examination. Until we begin working with patients as involved partners in the treatment of their devastating illness, we cannot expect to change old paradigms. Our jobs shouldn't be just to treat symptoms, but to educate and advocate for patients and their loved ones and to facilitate their role, not just ours, in managing their illness... We have come a long way with breast cancer. It's time to do the same with depression.

order, visit: www.depressioncenter.org.

Studying Stigma in Unique Populations

Depression Awareness and Stigma Reduction in African American Youth

Primary Investigator: Cynthia Ewell Foster, Ph.D.
Co-Investigators: Cheryl King, Ph.D., Sean Joe, Ph.D, Heather Irish, President and founder of MINDS, Inc (Mental Illness Needs Discussion Sessions).

In the U.S. today, one in five children and adolescents are estimated to have a mental health problem. Tragically, most of these youth will not receive mental health treatment, placing them at risk for lifelong psychopathology, school dropout, relationship conflicts, violence, and even suicide. Children in the African American community, despite being exposed to a high number of risk factors (e.g., poverty, stress, lack of community resources), have even lower rates of mental health care utilization than the national average.



Cynthia Ewell Foster, Ph.D.
Clinical Lecturer - Department of Psychiatry,
Child and Adolescent Psychiatry Section

This U-M Depression Center project was designed to address these public health issues through a collaboration between researchers at the University of Michigan and a non-profit community-based organization, the Mental Illness Needs Discussion Sessions (MINDS), with generous support from the Aetna Foundation. The MINDS, Inc. program is a school-based public education and awareness program designed to 1) increase student awareness and knowledge of mental illness, 2) decrease stigmatizing attitudes that deter identification and treatment, and 3) foster appropriate help-seeking behaviors among youth.

The primary goals of this project were to refine and culturally tailor the MINDS program to ensure that the intervention was as effective as possible in reaching African American youth. To accomplish this, we sought input from a Community Experts Panel, composed of parents, teachers, and leaders in the African American community, as well as leading mental health experts. We then delivered the new MINDS program to over 1,400 African

American seventh and eighth graders in seven middle schools in Southeast Michigan.

Students were divided into intervention and control schools and then participated in a pre-test, post-test, and 4-week follow-up, assessing their mental health knowledge, stigmatizing attitudes about mental health and its treatment, and intentions to seek help for mental health problems if needed. At pre-test, many students reported either a lack of knowledge or incorrect information about mental health. For example, 44% of youth reported believing that people could “snap out of depression” and 64% reported not having adequate information about where to get mental health treatment. Our preliminary results indicate that the MINDS Program improved student knowledge about mental health, decreased stigmatizing attitudes about treatment, and increased students’ willingness to seek help from a mental health professional.

Research is clear that stigma and a lack of knowledge are barriers to early identification and treatment for depression and other forms of mental illness. This project was designed to intervene with at-risk, underserved youth in order to de-stigmatize mental illness and increase the likelihood that these young people would seek mental health treatment for themselves, friends, or family members, if needed.

The Impact of Being Depressed on the Professional Status and Mental Health Care of Physicians

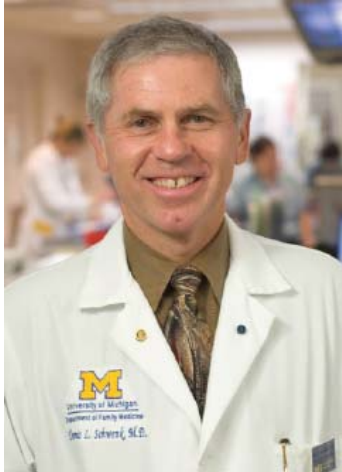
Primary Investigator: Thomas L. Schwenk, M.D.
Co-Investigators: Daniel W. Gorenflo, Ph.D. & Loretta M. Leja, M.D.

Despite the best efforts of the medical community to reverse the tide of stigma surrounding depression diagnosis and treatment, depression remains an illness misunderstood by many people and sometimes viewed with suspicion by those who have not experienced its debilitating effects. Many people do not seek treatment when they fear they may have the disorder because of how a depression diagnosis could affect their reputation, employment status or even how friends and family might treat them. Unfortunately, this is also true for many physicians, who are not immune to the stigma surrounding a personal diagnosis of depression and its treatment.

Because of recent studies addressing the need to better understand the nature and risk of depression and suicide in physicians, researchers at the University of Michigan Depression Center, led by Thomas L. Schwenk, M.D., one of the Associate Directors of the Depression Center, conducted a study in which they assessed the prevalence of depressive symptoms in a sample of practicing physicians, their perceptions of the impact of depression on their work lives, and their perceptions of the

For more information on depression and bipolar di

impact of being a physician on their pursuit of mental health care. A random sample of 5,000 practicing physicians were selected from the Michigan State Medical Society and sent an anonymous survey.



Thomas L. Schwenk, M.D.

The George A. Dean, M.D., Chair and Professor of Family Medicine
Associate Director
University of Michigan Depression Center

The responses to the surveys were concerning. Moderate to severe depression scores were reported by a substantial portion of responding practicing physicians in Michigan (130, 11.3%), with important influences on physician work roles and potential negative effects on licensing and medical staff status. Roughly one quarter of respondents reported knowing a physician whose professional standing had been compromised by being depressed. Physicians reporting moderate to severe depression were two to three times more likely to report substantial impact on their work roles compared to physicians with minimal to mild depression scores, including a decrease in work productivity and a decrease in work satisfaction.

Additionally, those physicians that scored as moderately to severely depressed were significantly more likely to report that concern about the adverse impact of their depression on their professional standing affected how they sought treatment for their depression, often in ways that would appear to be inefficient, disruptive, or possibly even dangerous. In general, physicians with moderate to severe depression were two to three times more likely to avoid seeking treatment for their depression due to concerns about adverse effects on medical staff status or medical licensing, to seek care outside of their home medical community, and to pay cash for services so as to avoid filing insurance claims, compared to those with minimal to mild depression scores.

The risk of being stigmatized may cause depressed physicians to alter their approach to seeking mental health care, including seeking care outside their medical community and self-prescribing antidepressants. The study authors concluded that destigmatization of depression in physicians and interventions to improve the mental health care of physicians in ways that do not compromise their professional standing should receive more attention.

Recommended Reading Corner: FRIENDS Depression Education Resource Center



Below are recommended books to help further your understanding of stigma and mental illness. 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.

Nothing to Hide: Mental Illness in the Family
Interviews by Jean J. Beard and Peggy Gillespie
Photographs by Gig Kaeser

This book features a persuasive collection of duotone photographs and stories that introduce readers to 44 families affected by mental illness. These families defy stigma in an open discussion of their everyday lives and the struggles to get well. By bringing visibility to these individuals and their families, *Nothing to Hide* helps to dispel harmful stereotypes, myths, and misconceptions about mental illness.

Shunned: Discrimination Against People with Mental Illness
Graham Thornicroft

Often stigma and discrimination associated with mental illness are more difficult to overcome than the illness itself. For those affected, stigma can affect every aspect of their lives, from personal relationships to their ability to manage a career. *Shunned* portrays the daily struggle with stigma, the discrimination that can devastate lives, and explains what needs to be done in order to combat this destructive force.

The Mark of Shame: Stigma of Mental Illness and an Agenda for Change
Stephen P. Hinshaw

The diagnosis of a mental illness often invokes certain stigmas including fear, stereotypes, and rejection that can drastically impact the lives of those affected. *The Mark of Shame* examines the tendency to stigmatize those with mental illness and outlines an approach to overcome this disparaging social predicament.

order, visit: www.depressioncenter.org.

Depression Center Activities and Special

Your Gift is Needed to Win Challenge Grants of \$1.5 Million for Pioneering Bipolar Research



The Depression Center received two wonderful challenge grants to advance research on bipolar disorder, one from the World Heritage Foundation-Prechter Family Fund, which has pledged up to \$1 million, and one from the Herrick Foundation, which has pledged a match of up to \$500,000. Every dollar contributed by individuals and organizations will be matched by a dollar from these funds. However, time is running out to help us meet the challenge! The first pledged fund will expire in October, 2008.

Donations will help further the work of the Heinz C. Prechter Bipolar Research Fund, searching for the genes that make individuals and families vulnerable to developing bipolar disorder or provide resiliency to resist bipolar disorder. To learn more, please visit www.prechterfund.org or call (734) 998-6143 or 1-877-UM-GENES.

You can provide hope and help for millions of people whose lives are affected by Bipolar Disorder. Please make a donation today!

Out of the Darkness Community Walks

The Depression Center is pleased to support the American Foundation for Suicide Prevention's (AFSP) annual Out of the Darkness Community Walks. By participating in these events, thousands of walkers nationwide raise money for AFSP's vital research and education programs to prevent suicide and save lives, increase national awareness about depression and suicide, and assist survivors of suicide loss.

Below are the dates for many of the Michigan walks. You can view a complete list of all of the Community Walks on the AFSP Web site at www.outofthedarkness.org. For more information, or to donate or volunteer for any of the Michigan walks, please contact Tammi Landry, AFSP Michigan Area Director, at (248) 669-1898, or via e-mail at tlandry@afsp.org.

Ann Arbor – Sunday, September 14, 2007:
Pioneer High School, 12:00 p.m.

Metro Detroit – Sunday, September 28, 2008:
Metro Beach Park, Mt. Clemens, 10:00 a.m.

For additional Michigan locations, please visit www.outofthedarkness.org.

Healthy Minds Across America: A Campaign for Breakthroughs in Mental Health Research

Sunday, September 14, 2008
3:00 p.m.-6:00 p.m.
U-M Depression Center Auditorium

Healthy Minds Across America is a special symposium to take place at the Depression Center and is a partnership between NARSAD and the U-M Depression Center and Department of Psychiatry. NARSAD-funded speakers from the University of Michigan will present state-of-the-art updates related to improving psychiatric outcomes, neuromodulation, neurobiology and biomarkers. For more information, please visit www.depressioncenter.org.



My Mother's Garden

A Documentary Film about Hoarding Disorder
Tuesday, September 16, 2008 from 7:00-9:00 p.m.
Michigan Theater, 603 E. Liberty St., Ann Arbor

The Depression Center will present a screening of the documentary film "My Mother's Garden," a story of Eugenia Lester, whose hoarding disorder has entered a dangerous and life threatening stage. Directed by her daughter Cynthia, it documents how one family comes together to cope with their mother's disorder and rebuild a lost sense of family.

The film screening will be followed by a panel discussion with James Abelson, M.D., Ph.D., director of the U-M Anxiety Disorders Program, Joe Himle, Ph.D., M.S.W., associate director of the Anxiety Disorders Program, Stephanie Preston, Ph.D., Assistant Professor of Psychology, U-M College of Literature, Science, and the Arts, Elizabeth Nelson, Co-Founder, Children of Hoarders, and Cynthia Lester, the film's director. For more information about the film, please visit www.mymothersgardenmovie.com.

This event is co-presented by the Depression Center, the Hoarding Task Force of Washtenaw County, and Children of Hoarders (www.childrenofhoarders.com). It is free and open to the public.

Did you know stigma can deter people from seeking services to needed clinical help?

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Events

Sixth Annual Todd Ouida Lecture on Childhood Anxiety and Depression

Wednesday, September 17, 2008 from 10:30 – 12:00 p.m.
The U-M Department of Psychiatry and Depression Center are honored to have John Piacentini, Ph.D., ABPP, present the 2008 Todd Ouida Lecture on Childhood Anxiety and Depression. Piacentini is a Professor of Psychiatry and Behavioral Sciences; Director of Child OCD, Anxiety and Tic Disorders Program; and Chief of Child and Adolescent Psychology in the Medical Psychology Program at UCLA Semel Institute for Neuroscience and Human Behavior.

The Todd Ouida Lecture honors the life of Todd Ouida, who was killed in the September 11th World Trade Center attack. As a child, Todd suffered from an anxiety disorder that kept him out of school for two and a half years. With intensive treatment, he was able to return to school and went on to graduate from the U-M in 1998 with a degree in psychology. The Annual Lecture and a Clinical Scholar Award in Todd's name were made possible by a gift from his parents, Herbert and Andrea Ouida, to the U-M Depression Center. The gift supports research on childhood anxiety disorders and education for clinicians about the latest advances in the field.

Did you know stigma is decreased by involving family members as partners in treatment planning?

Bright Nights Depression in Children and Adolescents with Autism Spectrum Disorders

Tuesday, September 23, 2008
7:00-8:30 p.m.
Multi-Purpose Room
Ann Arbor District Library, Downtown
343 S. Fifth Avenue

On Tuesday, September 23rd, the Depression Center's Bright Nights Community Forum series presents a program focusing on Depression and Autism Spectrum Disorders, led by Mohammad Ghaziuddin, M.D., Director, University of Michigan ASD Program, and Associate Professor, Department of Psychiatry. Co-sponsored by the U-M 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.

DC Colloquium Series

The U-M Depression Center Colloquium Series is designed for health professionals and researchers with an interest in depression and related illnesses.

September 12, 2008

Depression and Obsessive-Compulsive Disorder

Gregory Hanna, MD, Associate Professor, Department of Psychiatry, Member, Depression Center, University of Michigan Medical School

Friday, October 17, 2008

Essentially Fatty Acids: From Mood to Metabolism and Back Again

Fernando Gomez-Pinilla, PhD, Professor, Depts. of Neurosurgery and Physiological Science, University of California, Los Angeles

Simon J. Evans, PhD, Research Assistant Professor, Department of Psychiatry, Member, Depression Center, University of Michigan Medical School

Friday, November 14, 2008

Surgery for Depression

Ben Greenberg, MD, PhD, Associate Professor of Psychiatry and Human Behavior, Brown University

Parag Patil, MD, PhD, Assistant Professor, Department of Neurosurgery, Member, Depression Center, University of Michigan

The U-M Depression Center Colloquia take place from 11:45 a.m. – 1:30 p.m. in the Depression Center auditorium. Lunch is served for those who pre-register and there is no charge. Continuing education credits are available for physicians, psychologists, and social workers. To register or for more information, please visit www.depressioncenter.org.

Funding for the Colloquium Series is provided by an educational grant from AstraZeneca.

NAMI Michigan Walk National Alliance on Mental Illness

NAMI, the National Alliance on Mental Illness (formerly the National Alliance for the Mentally Ill), is the largest education, support and advocacy organization that serves the needs of all those whose lives are touched by mental illnesses. The U-M Depression Center encourages you to join NAMI in their awareness-raising Michigan Walk, a 5K event which will take place on Belle Isle in Detroit on September 28, 2008 at 9:30 a.m.

The goals of the NAMI Walks program are to fight the stigma that surrounds mental illness, build awareness of the need to improve our nation's mental health system, and raise funds to help NAMI continue their mission.

For more information on the Michigan Walk, please contact Marti Bush at mbush@gchi.org, or by phone at 313-263-2370. For more information on the NAMI Walks in other locations across the country, please visit www.nami.org.

order, visit: www.depressioncenter.org.

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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 Kady Davenport at kdavenpo@med.umich.edu or (734) 936-8309.

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

The Executive Officers of the University of Michigan Health System: Robert P. Kelch, Executive Vice President of the University for Medical Affairs; Douglas L. Strong, Director and CEO, U-M Hospitals and Health Centers; James O. Woolliscroft, Dean, Medical School; Mary Sue Coleman, President of the University of Michigan

The Regents of the University of Michigan: Julia Donovan Darlow, Ann Arbor; Laurence B. Deitch, Bingham Farms; Olivia P. Maynard, Goodrich; Rebecca McGowan, Ann Arbor; Andrea Fischer Newman, Ann Arbor; Andrew C. Richner, Grosse Pointe Park; S. Martin Taylor, Grosse Pointe Farms; Katherine E. White, Ann Arbor; Mary Sue Coleman, ex officio

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Published 4x/yr by the University of Michigan Depression Center.
Produced by: Kady Davenport.

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Ann Arbor, MI 48109-5763
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Special Events Continued

National Depression Screening Day

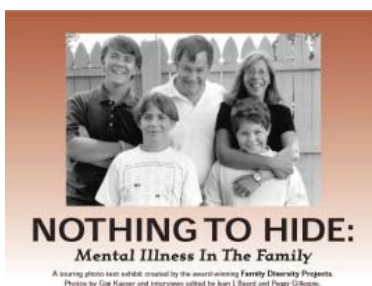
Tuesday, October 7, 2008

The University of Michigan Depression Center is offering members of the community a free opportunity to find out if they might have depression.

The event, which is part of National Depression Screening Day, will take place at the U-M Depression Center, in the Rachel Upjohn Building on the U-M Health System's East Medical Campus.

From 5:00-7:00 p.m., the public is welcome to attend this free event, which will feature confidential screening for depression with trained mental health professionals. National Depression Screening Day is a public education program, and feedback provided after a screening is informational, not diagnostic. Based on screening results, mental health professionals may recommend a more comprehensive evaluation.

Attendees will also have the opportunity to view the photography exhibit "Nothing to Hide," which will be on display at the Depression Center during the month of October.



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Receive the UPDATE Newsletter Electronically



Do you want to help cut down on paper use and printing costs for the U-M Depression Center? Please consider receiving your quarterly UPDATE newsletter via email.

If you would like to receive your copy of the newsletter electronically, please visit www.depressioncenter.org/update to change the way you receive your newsletter from "print" to "electronic."

If you have questions, please contact Kady Davenport at 734-936-8309 or via email at kdavenpo@med.umich.edu.