

Depression

PH1.1: Analyze risk factors and protective factors for depression



Fill in the K-W-L chart about depression. In the “Know” column, write down things you think you know about depression. In the “Want to know” column, write down questions you have about depression, and leave the “Learned” column open to write answers to those questions during and after the lesson.

Know	Want to Know	Learned



Share your list of “Knows” and “Want to Knows” with a partner



Use the following basic background information on depression from the National Institute of Mental Health (NIMH) and the Mayo Clinic. If any of your questions from the K-W-L chart were answered, briefly list the answers in the table above, or draw a line connecting the question with the information in this table.

What is Depression?

Depression...

- is a medical illness that causes a persistent feeling of sadness and loss of interest and even physical symptoms
- affects how you feel, think and behave & can lead to a variety of emotional and physical problems.
- is a chronic illness that usually requires long-term treatment

(summarized from Mayo Clinic)

Most likely, depression is caused by a combination of genetic, biological, environmental, and psychological factors. Depressive illnesses are disorders of the brain. Brain-imaging technologies, such as magnetic resonance imaging (MRI), have shown that the brains of people who have depression look different than those of people without depression. The parts of the brain involved in mood, thinking, sleep, appetite, and behavior appear different. But these images do not reveal why the depression has occurred. They also cannot be used to diagnose depression. (NIMH)

Types of Depression:

Major depression: a combination of symptoms that interfere with a person's ability to work, sleep, study, eat, and enjoy once-pleasurable activities. Major depression is disabling and prevents a person from functioning normally. Some people may experience only a single episode within their lifetime, but more often a person may have multiple episodes.

Dysthymia: long-term (2 years or longer) symptoms that may not be severe enough to disable a person but can prevent normal functioning or feeling well. People with dysthymia may also experience one or more episodes of major depression during their lifetimes.

Minor depression: having symptoms for 2 weeks or longer that do not meet full criteria for major depression. Without treatment, people with minor depression are at high risk for developing major depressive disorder. (NIMH)

Signs & Symptoms of Depression:

People with depressive illnesses do not all experience the same symptoms. The severity, frequency, and duration of symptoms vary depending on the individual and his or her particular illness. (NIMH)

Signs and symptoms include:

- Persistent sad, anxious, or "empty" feelings
- Feelings of hopelessness or pessimism
- Feelings of guilt, worthlessness, or helplessness
- Irritability, restlessness
- Loss of interest in activities or hobbies once pleasurable, including sex
- Fatigue and decreased energy
- Difficulty concentrating, remembering details, and making decisions
- Insomnia, early-morning wakefulness, or excessive sleeping
- Overeating, or appetite loss
- Thoughts of suicide, suicide attempts
- Aches or pains, headaches, cramps, or digestive problems that do not ease even with treatment.

Diagnosing Depression:

There is no diagnostic lab test for depression. To be diagnosed with major depression, you must meet the symptom criteria spelled out in the Diagnostic and Statistical Manual of Mental Disorders (DSM). This manual is published by the American Psychiatric Association and is used by mental health providers to diagnose mental conditions and by insurance companies to reimburse for treatment. To be diagnosed with major depression, you must have five or more of a set of symptoms over a two-week period. At least one of the symptoms must be either a depressed mood or a loss of interest or pleasure. Symptoms can be based on your own feelings or may be based on the observations of someone else. (Mayo Clinic)

Treating Depression:

Once diagnosed, a person with depression can be treated in several ways. The most common treatments are medication (antidepressants) and psychotherapy.
Antidepressants: Primarily work on brain chemicals called neurotransmitters, especially serotonin and norepinephrine. Other antidepressants work on the neurotransmitter dopamine. Scientists have found that these particular chemicals are involved in regulating mood, but they are unsure of the exact ways that they work.
Psychotherapy: Several types of psychotherapy—or "talk therapy"—can help people with depression. Two main types of psychotherapies—cognitive-behavioral therapy (CBT) and interpersonal therapy (IPT)—are effective in treating depression. CBT helps people with depression restructure negative thought patterns. IPT helps people understand and work through troubled relationships that may cause their depression or make it worse. (NIMH)

DISCUSS

Think-Pair-Share: Do you think those who are depressed are more likely to commit violent crimes? Why or why not?



After discussing the question above, read the following article and share your reactions.

Study: Teen depression linked to higher property crime, but not violent crime

By Suzy Khimm, Published: February 18

The gun control debate has prompted many legislators to call for stronger mental health care, among other reforms, in the name of getting to the root of the violence. But new research reveals that one of the most common mental disorders among adolescents—depression— isn't statistically linked to violent crime later in life, though it is strongly related to higher property crime rates.

In a new working paper for the National Bureau of Economic Research, D. Mark Anderson, Resul Cesur and Erdal Tekin examined data from the National Longitudinal Survey of Adolescent Health collected from students who were in grades 7 to 12 in the 1994-95 school year, then tracked them for the next 13 years. The researchers argue that much of the existing research on mental health and crime doesn't

have adequate controls for a whole range of factors—including socioeconomic status and poor parenting—and is limited in time span.

The NBER study seeks to explore the long-term consequences of teenage depression and controls for poverty, parenting style, school type, education level and employment among many other factors. Researchers found that there was only one kind of crime that was linked statistically to adolescent depression: property crime.

Our findings indicate that adolescents who suffer from depression face a substantially increased probability of engaging in property crime. We find little evidence that adolescent depression influences the likelihood of engaging in violent crime or the selling of illicit drugs. Our estimates imply that the lower-bound economic cost of property crime associated with adolescent depression is about 219 million dollars per year....Moreover, our findings persist even when we compare individuals who attend the same schools or individuals who are siblings.

Such findings suggest that there's a more complex relationship between mental illness and crime than the conventional wisdom suggests.

Source Link: <http://www.washingtonpost.com/blogs/wonkblog/wp/2013/02/18/study-teen-depression-linked-to-higher-property-crime-but-not-violent-crime/>



This study argues that there is not a linkage between the two variables: violent crime and depression. Scientists think about “linkages” as associations or correlations. A correlation refers to two variables which seem to show up in a population together. However, it is much more difficult to find evidence that one variable causes another variable to happen in a health science study. This is because most health phenomena have many influences and causes, not just one. However, many people make errors in this. You will learn hear these errors referred to as **causation vs. correlation errors**. **When we examine depression, we must keep this in mind.** Although there is much that researchers still do not know about the causes of depression, they believe that it is caused by a combination of genetic, biological, environmental, and psychological factors.

In the study of health science, we call many of these variables RISK FACTORS or PROTECTIVE FACTORS.

Risk Factor: Any action or condition that increases the likelihood of injury, disease, or another negative outcome

List some risk factors you can think of:

Protective Factor: Any action or condition that reduces a person’s potential for injury, disease, or another negative outcome

List some protective factors you can think of:



In the table below, make some predictions about **RISK FACTORS** and **PROTECTIVE FACTORS** for depression:

	RISK FACTORS	PROTECTIVE FACTORS
Predicted Factors		
Known Factors		



Apply what you learned to create characters that illustrate the risk and protective factors for depression:

1) Write a 3-5 sentence scenario about a person who has at least THREE of the **RISK FACTORS** for depression:

2) Write a 3-5 sentence scenario about a person who has at least THREE of the **PROTECTIVE FACTORS** for depression:



Find an article describing another study that was done to determine which factors are associated with depression. Then write a one paragraph description of the study.

You may use any reliable source, however a recommendation is to use one of the following:

- 1) Science Daily (www.sciencedaily.com): This website summarizing science research and allows you to type in key words you are searching for
- 2) Google Scholar (www.google.com/scholar): This will direct you to scholarly journal sources, written by the scientists who conduct the actual studies themselves.
- 3) News articles: NYTimes, CNN, and several other sources summarize health news and scientific studies and can be accessed with basic google searching

Title		Author		Date	
Source					
SUMMARY					