CSTS Uniformed Services University

FACT SHEET FOR PROVIDERS

COURAGE TO CARE

A Health Campaign of Uniformed Services University, www.usuhs.edu, and the Center for the Study of Traumatic Stress, Bethesda, Maryland, www.CSTSonline.org

Depression in Primary Care: *A Military Health Care Perspective*

Our nation's war on terror affects the health of our military and their families. Deployment, redeployment, single parenting, long absences, and losses sustained from injury or death are stressors that impact our community's physical and mental health. While many service members and their families are resilient, other service members (and their families) may experience mental health problems that require medical attention.

Depression, one of the most common and treatable mental disorders, often presents itself during a primary care visit. This can be in the form of unexplained fatigue and vague aches and pains. Depression can also result from or be exacerbated by the stress of preparing for holidays, increased expectations of family and friends, the sadness of not having a loved one present, or having to say goodbye soon after a holiday reunion.

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Primary care providers play an important role in early detection and intervention of mental disorders, which can often prevent and mitigate long-term health consequences. Due to concerns around stigma and one's career, primary care is often the setting of choice for service members and families to address mental health issues. This *Courage to Care* Fact Sheet addresses the impact of depression on our military and their families, and the importance of the primary care setting for helping in its early identification and intervention.

MILITARY UNIQUE ISSUES FOR CONSIDERATION

Primary care settings should be alert to the following:

- Upon return from duty, a mental health screen called the PDHA (post-deployment health assessment) is administered; the PDHRA (post-deployment health reassessment) is administered 90–180 days after returning home.
- The need for mental health services has been found to be greater for those who have deployed to Iraq versus those who have deployed to Afghanistan or other locations.
- Barriers to care include the availability of mental health resources (particularly to family members) at more remote military posts and the availability to reservists and National Guard Soldiers who may be in locations where there are no military posts.

SUGGESTIONS FOR MENTAL HEALTH OUTREACH IN PRIMARY CARE

Observe

The signs of depression are often obvious. It is important to observe changes in demeanor and in mood of patients with whom one is familiar. Depression can also manifest in fatigue, problems with concentration and sleep, and weight loss. Unexplained pains and headaches may also be symptoms that warrant exploration.

Ask

Screening can be simple, quick and to the point. ***"How have you been feeling lately?"*** can be an excellent lead in to facilitate discussion. For first time patients, questions such as ***"What brings you here today?"*** followed by ***"Are these symptoms or feelings you have experienced in the past?"*** can open up dialogue. Always remember — "Safety first." Inquiring about thoughts of suicide is always important.

Continued

Listen

There may be a sense of, "I can handle it on my own," or a sense of shame about having feelings that could indicate depression. Being there and listening can be of the greatest assistance. Help-seeking begins with self-awareness and a sense of safety, which can be facilitated by your presence and interest.

Reinforce

Treatment is effective. The majority of individuals who seek and receive treatment will get better. Depression also affects one's family. Taking care of one's self protects the health and cohesion of one's family. Adherence to prescribed medication is important. As with many health issues (such as hypertension and diabetes), medication adherence is a challenge. A primary care visit can be a "teachable moment" to reinforce the progress a patient has made and the benefits to self and family of adhering to treatment.

Assure

Assure patients that "depression does not mean discharge." Explain to service members that many on active duty might be in treatment for depression and continue to work effectively. A diagnosis of depression does not necessarily require medications; mild to moderate depression can be treated with a variety of nonpharmacological approaches. The earlier one receives help for depression the less likely it will develop into a more serious problem, that could affect one's job, health, and relationships.

Suicide Alert

Anyone who expresses suicidal intentions should be taken very seriously. Over 90% of people who die by suicide have clinical depression or another diagnosable mental disorder, and substance abuse is often a factor. Although women attempt suicide more than men, four times as many men die as a result of suicide and 73% of all suicide deaths are white males. If a patient expresses suicidal intentions, assist the patient and/or their family member to seek professional mental health services immediately or to go to a local emergency room.

Signs of Depression and Possible Suicide Risk

- *Talking About Dying* — any mention of dying, disappearing, jumping, shooting onesself or other types of self-harm.
- *Recent Loss* — death, divorce, separation, broken relationship, loss of job, money, status, self-confidence, self-esteem, loss of religious faith, loss of interest in friends, sex, hobbies, activities previously enjoyed.
- *Change in Personality* — sad, withdrawn, irritable, anxious, tired, indecisive, apathetic.
- *Change in Behavior* – inability to concentrate on school, work, routine tasks.
- *Change in Sleep Patterns* — insomnia, often with early waking or oversleeping, nightmares.
- *Change in Eating Habits* — loss of appetite and weight, or overeating.
- *Diminished Sexual Interest* — impotence, menstrual abnormalities (often missed periods).
- *Fear of Losing Control* — going crazy, harming self or others.
- *Low Self Esteem* — feeling worthless, shame, overwhelming guilt, self-hatred, "everyone would be better off without me".
- *No Hope for the Future* — believing things will never get better; that nothing will ever change.

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