

Dal News

Depression: Shaking the stigma

Marking National Mental Health Awareness Week

Ryan McNutt - September 29, 2011



Dalhousie clinical psychologist Simon Sherry will discuss depression's causes, symptoms and treatments. (Bruce Bottomley photo)

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We've all had rough patches in our lives – moments when we've felt worthless, or feel unmotivated, or have trouble relating to others.

But what happens when those feelings can't be shrugged off or tossed aside?

It's estimated that 2 million employed Canadians will experience depression in their lifetime. These days, we know that depression is caused by a complex and often varying combination of biological, psychological and social factors. But that awareness hasn't stripped the disorder of the crippling stigmas that surround it: that it's self-inflicted, that it's just a phase, that it's just something to be waited out.

That's why, to mark National Mental Health Awareness Week, Dalhousie is hosting 'Beyond the Blues,' an event featuring individual depression screenings and consultations supported by the Association of Psychologists of Nova Scotia. The free screenings are drop-in—no appointment necessary—and will take place on Thursday, October 6, from 1-4:30 p.m. in room 303 of the Student Union Building.

"Hopefully we can help promote early detection and learning, while raising awareness of the importance of depression as a mental health issue," explains Suzanne Le-May Sheffield, associate director (programs) with the

Centre for Learning and Teaching, who is helping organize the day's events.

A serious public health issue

'Beyond the Blues' day will also feature a lunchtime keynote presentation from Simon Sherry, assistant professor in Dalhousie's Department of Psychology. Sharing his perspectives as both a researcher and clinician, Dr. Sherry will provide an overview of depression: its known causes, symptoms and treatments. His talk starts at noon in the MacMechan Auditorium, Killam Library (1st floor).

"Dalhousie deserves credit for creating opportunities like this to learn about and support those with depression," says Dr. Sherry. "Too often mental health is ignored or minimized, but depression is one of our most serious public health problems. That's a strong statement, but it's backed up by the data."

Indeed, some calculations have found that depression costs the Canadian economy upwards of \$14.4 billion each year. "That's a fact," adds Dr. Sherry. "But as a clinical psychologist, what I see up close is the intense personal suffering depression causes, and how it affects not only the patient, but their friends, their family, their coworkers and others."

He notes that depression is a particular concern at universities, for a number of reasons. One is that the age at which depression is commonly diagnosed is getting younger and younger. In 1960, the average age for first onset was 30; now it's less than 15. And those born after 1975 are 10 times more likely than their grandparents were to be diagnosed with depression. Dr. Sherry explains that, like the causes of depression itself, the increase is likely due to several factors: not just a greater awareness and willingness to seek treatment, but also changes in lifestyle in Western industrialized countries.

Universities are also places where perfectionism runs rampant; Dr. Sherry is only half-joking when refers to it as 'the common cold of academia.' His research explores perfectionism as a risk factor for depression. Along with his team, what he's found is that perfectionists not only often have tangled and intense relationships, but they excel at getting into situations that inspire stress and self-doubt. They're also often reluctant to seek help, seeing it as an admittance of imperfection.

"Put those things together and it's a particularly risky proposition," he says. "You have someone experiencing great stress without a solid network of support to fall back on."

Seeking help

The good news is that there are supports at Dalhousie that students and staff can fall back on.

The Counselling Services Centre provides free counselling to Dal students for a wide variety of issues, including depression and mental health. Victor Day, the centre's director, says that based on external statistics, upwards of 10

per cent of Dalhousie students may experience a depressive episode in a given year.

“What we start with is a detailed conversation,” he says, explaining how a counselling session with a student works. “It’s about understanding contexts. We work to clarify the duration, how it’s affecting their lives, if there may be triggering behaviours and if it could be tied to something directly. A good counsellor can get a pretty accurate impression of the situation even after one session.”

The centre also offers the Feeling Better program, a free, online self-help program for students who may be experiencing some symptoms of depression, anxiety and/or stress.

On a staff level, Janice MacInnis, coordinator of organizational health with Human Resources, is working to increase awareness and understanding of depression in the workplace. She notes one external survey that found 62 per cent of people wouldn’t know how to respond if someone told them they have depression, and 78 per cent of people would keep depressive symptoms to themselves for fear over their jobs.

“This depression screening event hopefully reinforces that Dalhousie cares about the mental health of everyone on campus, and we’re working to support people when they need it,” she says.

Ms. MacInnis notes that Dalhousie has recently started programs for managers to help them identify and support employees who may be dealing with depression. Dalhousie also offers the Employee and Family Assistance Program, an information service that provides opportunities for face-to-face counselling as well as consultation by phone or email.

“We have to remember that people bring their whole selves to work,” she says. “We’re multidimensional human beings. You can’t just leave it at the door.”

“We have a long way to go towards de-stigmatizing depression,” says Dr. Sherry, explaining that, all too often, depression is dealt with in private. “Many patients will wait up to a year before deciding to get help. That’s way too long. That’s why it’s so important that we empower people and provide the right information so that depression can be managed, not suffered from.”

Readers Say

EH

September 29, 2011 6:56 PM

I'm happy to see Dal's efforts to de-stigmatize depression and encourage people to get help. I just hope that the event is not focused on anti-depressants as the answer. While drugs can be incredibly helpful for some people, most people can benefit from non-pharmacological interventions, and without all the side effects. There's nothing to be ashamed about taking drugs... but despite what Big Pharma would like us to believe, they are not the end all, be all, and they can sometimes do more harm than good.

Lynne Robinson

September 30, 2011 11:03 AM

Dear EH,

As co-Chair of this event and President of the Association of Psychologists of Nova Scotia, which is offering brief consultations to those who attend the screening, I can assure you that the focus is not on medications. There is a great deal of evidence for the effectiveness of psychological interventions for depression (and anxiety) and we will emphasize a variety of resources. As you say, medications have their place, but I agree, they are not the only solution.

Lynne Robinson, PhD, RPsych

HH

October 2, 2011 5:54 PM

Another response to EH's message-- from a student who suffers with Depression and takes medication.

I understand that people have this conception that drugs are pushed on people with mental illness and is seen as a "quick fix", but I often find your argument does more damage than good for those who need treatment. I know I shared your view point for a longtime, until I started medication, that is. I also started Cognitive-Behavioural Therapy, which was very helpful.

Anyhow, I think it is this view-point that reserved me from going on medication for so long. But once I went on medication, it made a huge positive difference in my mood and made cognitive-behavioural therapy more effective for me. Challenging those negative thoughts can be nearly imposable and meds gave me the push I needed.

Also, sometimes it is a person's only option, because they cannot afford a psychologist/psychiatrist appointment, in cost, time away from work or travel huge distances.

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