



Dispelling the Myths About Depression

Depression is a serious illness that affects members of the general population and the military. It is estimated that approximately 5–8 percent of American adults are affected by depression each year, and one study reports that an estimated 7–15 percent of service members returning from Operations Iraqi Freedom, New Dawn and Enduring Freedom met screening criteria for major depression. Service members who experience depression benefit from treatment and support, but only a portion of these service members seek care. Many of the negative ideas that people have about depression and psychological health care are simply not true. But, these myths perpetuate the stigma and concerns that keep people with depression from reaching out for the help they need. It's critical that service members understand the facts about depression and seeking care.

MYTH: "DEPRESSION IS JUST A BAD CASE OF THE BLUES"

Fact: Everyone gets the "blues" at times, and it's normal for people to feel down for a few days. Unlike the "blues" though, depression is a very real and serious clinical condition which can last for months or years if untreated. Depressive disorders (e.g., major depressive disorder, dysthymia) can have a profound impact on day-to-day life, affecting one's thoughts, feelings and behaviors. A simple case of the "blues" won't cause you to lose your appetite, sex drive, energy level and ability to concentrate, and people don't commit suicide because they're feeling "blue."

MYTH: "DEPRESSION WILL GO AWAY IF YOU WAIT IT OUT"

Fact: A case of the "blues" may last a few days, but it usually goes away on its own. For a lucky percentage of people, depression also may go away on its own. Unfortunately, for the rest of individuals with depression, it doesn't go away and can get worse over time. By trying to wait it out, you risk damage to your career and relationships. Because depression is a known cause of suicide, you also may be risking your life. There are treatment options for depression that work quickly and have high rates of success.

MYTH: "ONLY WEAK PEOPLE GET DEPRESSED"

Fact: Depression has nothing to do with a lack of toughness, a fact that scientists have known for a long time and that is now acknowledged by top leadership throughout the military. We know that, much like other disorders such as high blood pressure, there is a genetic component to depression; this means that you're at greater risk to develop depression if your relatives have had it. Some of the most influential people in history have had some type of depression, including Abraham Lincoln, Winston Churchill, Beethoven and Michelangelo. These individuals are not considered weak in mind or accomplishments.

MYTH: "PEOPLE SHOULD BE ABLE TO SNAP THEMSELVES OUT OF DEPRESSION"

Fact: You can't use willpower to cure yourself of a disease like pneumonia, and the same is true of a disorder like depression. No one chooses to develop depression, and people can't just choose not to have it. Depression is a clinical disorder associated with changes in the brain that can't be cured by willpower or simply trying to "snap out of it."



MYTH: “TREATMENT DOES NOT WORK”

Fact: There are many effective treatments for depression, supported by decades of research. Several forms of counseling have been shown to improve depression, such as cognitive behavioral therapy, interpersonal therapy, and problem solving therapy. Several types of medication also have been shown to help reduce the symptoms of depression.

MYTH: “IF YOU SEEK CARE, EVERYONE IN YOUR UNIT WILL KNOW”

Fact: The majority of psychological health care remains confidential. Providers only break confidentiality in extreme cases - for example, when a service member is suicidal or homicidal and needs to be hospitalized, has some duty restriction (e.g., cannot carry a weapon) that the command has to be informed of and in a few other circumstances. If you are hesitant to seek care from your medical treatment facility, you can get information and/or treatment that is even more confidential by going through chaplains or off-base or online resources. See the handout “*Resources for Psychological Health Care.*”

MYTH: “I WILL LOSE LEADERSHIP ROLES AND THE TRUST OF MY UNIT, ETC.”

Fact: You are much more likely to lose a leadership role if you are repeatedly late for work due to severe insomnia or if you make mistakes due to an inability to concentrate. These are symptoms of depression. Seeking care should not affect one’s leadership position, but if it does, the service member can challenge it. Service members with untreated depression may be a problem for their unit as it can cause feelings of worthlessness, loss of interest in activities, agitation, difficulty making decisions and other symptoms that can interfere with the ability to perform one’s mission. Getting depression under control is a way to gain the trust of your fellow service members and leadership.

MYTH: “I WILL LOSE MY SECURITY CLEARANCE IF I SEEK HELP”

Fact: Most psychological health conditions will not result in loss of a person’s security clearance. In fact, less than 1 percent of 800,000 people who applied for security clearance in 2006 were denied due to their mental health status. Additionally, a new regulation allows service members who receive treatment for deployment-related psychological health conditions and other conditions like marital counseling due to deployment issues to answer “No” on the security-screening question asking if they have ever “consulted with a health care professional.”

MYTH: “I WILL BE ADMINISTRATIVELY OR MEDICALLY SEPARATED IF I SEEK CARE”

Fact: Depression is a treatable condition; therefore, a full recovery and return to duty is expected. A medical separation is a last resort, used only after months of aggressive treatment have failed to return the member to a fit for duty status. Service members who disagree with the need for medical separation can appeal the medical board recommendations. A service member cannot be administratively separated due to having a depressive disorder.

MYTH: “GETTING CARE WILL HURT MY CAREER”

Fact: Seeking care may actually strengthen and protect one’s career by minimizing the negative impact of symptoms on your performance. Failure to seek care hurts your health and increases the likelihood of an adverse event (e.g., being late to work, mistakes because you’re tired or have memory problems). These adverse events could lead to loss in rank, personal relationships, leadership positions, etc.

SOURCES:

<http://www.nmha.org/go/backtocampus/depression>
http://www.healthcentral.com/depression/just-diagnosed-822-143_2.html