



Depression and Anxiety

Lesson Plan

*To use this lesson for self-study, participants should read the material, do the activity, and take the test. For group study, the leader may give each participant a copy of the Learner's Guide and follow this plan to conduct the lesson. You may copy certificates for everyone who completes the lesson and passes the test. **Approximate time: One hour.***

Objectives

At the conclusion of this lesson, participants will:

1. Be able to define depression and anxiety and their causes.
2. Know the signs and symptoms of depression and anxiety.
3. Know some ways to prevent depression and anxiety.
4. Know how to care for people with depression or anxiety.
5. Know the warning signs of suicide and how to prevent it.



Preparation

1. Ask two workers to prepare a brief presentation from the Learner's Guide. Have one explain the definitions, causes, and symptoms of depression. Have the other do the same with anxiety.

Activity

1. Ask participants if they know any depressed people. If they do, ask them to tell you some of the symptoms of depression. List these symptoms on a board or flipchart under the heading "Depression."
2. Do the same thing for anxiety. See if your learners can think of clients who may suffer from one of these conditions. Ask them what kinds of problems they have had taking care of depressed or anxious people.

Lesson

1. Ask the two workers who prepared in advance to share their information with the group. Allow for questions and discussion after each one has finished.
2. Emphasize that depression and anxiety are treatable illnesses, not normal conditions. Give a brief lecture on treatment and prevention.
3. Discuss the ways to care for people with anxiety and depression, using the lesson material. This is a good time for participants to share stories and examples from their experience.
4. Review the information on suicide. Emphasize that workers must observe and report problems.

Evaluation

Have the learners take the Test. Give out Certificates to those with at least 10 correct answers.

Test Answers: 1. D, 2. Both, 3. D., 4. A., 5. A., 6. D., 7. Both, 8. A. 9. depression, 10. medication, 11. anxiety, 12. goodbye, 13. guilty, 14. weight.



Depression and Anxiety

Learner's Guide

Definitions and Causes of Depression and Anxiety



Depression

What it is: Depression is a mental disorder marked by a sad or irritable mood lasting more than two weeks.

What it is not: Everyone gets sad or irritable from time to time, but for most people these moods only last for a few hours or a few days. When these feelings last for several weeks without improving, a person's way of thinking can be altered and the person may become clinically depressed.



Who gets it: About 5% of the population suffers from depression, but this number increases with age, disability, or illness. Depression is four times more likely to strike individuals over age 65 than younger people. 15% of older adults are depressed. People with disabilities or illness, and those who take care of them, have depression rates ranging from 20% to 50%.

What causes it: Depression has many different causes. Here are some:

- Medication side effects, particularly from drugs used to treat arthritis, heart problems, high blood pressure, or cancer.
- Illnesses such as Alzheimer's disease, Parkinson's disease, stroke, hormonal disorders, and others.
- Genetics—it may run in families.
- A traumatic event, such as a death in the family.
- Changes or differences in brain chemistry.

Anxiety

What it is: Anxiety is a feeling of concern or worry, and includes increased alertness or awareness. It can be mild, moderate, or severe; when very severe it can become a state of panic.

What it is not: Mild to moderate anxiety is a normal part of living, and can even be helpful when we must focus on something urgent or important. As a normal reaction to a stressful situation, it helps us take action. When anxiety becomes a long-term condition, or becomes severe, the person becomes overly focused on specific details and can't think of anything else. In this case, most of the individual's behavior is directed toward relieving the anxiety.

Who gets it: From 3% to 8% of the population suffers from severe anxiety, with about 15% of people experiencing it at some point in their lives. It is a common disorder in the elderly, and is more common in women than men.

What causes it: Some of the many causes of anxiety are:

- Persistent stress.
- Extreme change.
- Illness, particularly cancer, heart disease, and chronic illnesses.
- Chemical changes in the brain.
- Abnormal brain functioning.
- Medication side effects.
- Drug abuse or withdrawal.

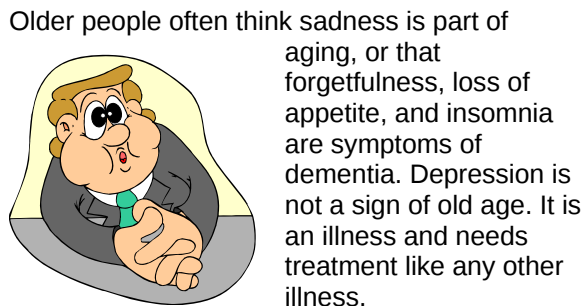




Mood Disorders

Depression is sometimes referred to as a “mood disorder.” Mood disorders usually involve chemical imbalances in the brain, and are often treated with antidepressants and/or psychotherapy.

Depression. Depression causes severe, prolonged sadness. It can affect a person’s thoughts, feelings, behavior, and physical health. It may develop at any age. Depressed people often look sad or expressionless and lose interest in normal activities. Depression is the leading cause of disability in the U.S., affecting more women than men.



Seasonal affective disorder (SAD). This disorder is characterized by recurrent bouts of depression in certain months of the year, usually fall and winter. Symptoms include oversleeping, carbohydrate craving, weight gain, lethargy, and social withdrawal. SAD is treated by bright fluorescent light, which alters the levels of brain chemicals. Antidepressants may be needed.

Bipolar disorder, also called manic depression, causes episodes of severe mania (euphoria, increased energy and confidence) and depression (sadness, fatigue, poor concentration) that alternate with periods of normal mood. It occurs equally in men and women. This illness can be successfully treated with medications, although people with bipolar disorder often quit taking their medications when they feel better. They must be urged to stay on their medications at all times or they will become ill again.

Signs of Depression

If a person has four or more of these symptoms lasting two weeks or more, he or she may be depressed.

- Sad, depressed, or apathetic mood. May cry a lot, or complain of feeling empty.
- Irritability, agitation, grumpiness, constant complaining.
- Disturbed sleep—either difficulty sleeping, or sleeping more than usual.
- Fatigue and loss of energy.
- Changes in appetite and weight—either increased or decreased.
- Loss of interest or pleasure in normal activities, such as self-care or social activities.
- Withdrawal from others.
- Feelings of worthlessness, guilt, helplessness, hopelessness, or self-reproach.
- Thoughts of death or suicide, or attempted suicide.
- Difficulty thinking, concentrating, focusing, or remembering.
- Slowed or agitated movements or speech.
- Complaining of aches and pains, dizziness, blurred vision, racing heart, anxiety, or vague discomforts.
- Mood swings.
- Excessive alcohol use.





Signs of Anxiety

There are five main types of severe anxiety, and each has different symptoms. Taken together, these are called Anxiety Disorders. In general, anxiety causes physical symptoms such as rapid shallow breathing, increased heart rate, sweating, and trembling. It can cause emotional symptoms including alarm, dread, and apprehension. Treatment may include medication, therapy, or a combination. Anti-anxiety drugs may be used to treat many forms of anxiety disorders.

- **Generalized anxiety disorder (GAD).** This disorder may occur at any age. It involves persistent, excessive, and unreasonable anxiety and worry lasting at least six months. Signs include restlessness, fatigue, difficulty concentrating, irritability, muscle tension, shaking, crying, pacing, sweating, rapid breathing, rapid heartbeat, fearfulness, & sleep problems.
- **Panic disorder.** This is a sudden onset of intense fear, apprehension, and impending doom that may last from minutes to hours. People with this condition have recurring attacks of panic. They may have dizziness, faint feelings, sweating, trembling, chills, flushes, nausea, numbness, heart palpitations, or chest pain. These attacks occur suddenly and last several minutes. Approximately 1 in 3 people with panic disorder develop agoraphobia. Persons with agoraphobia are afraid of having attacks in public, so they avoid leaving the house.
- **Obsessive compulsive disorder (OCD).** OCD is characterized by the need to maintain control, order, neatness, cleanliness, and/or perfection. People with OCD feel compelled to perform repetitive acts such as handwashing or repeatedly checking to be sure a door is locked. This disorder causes recurrent and persistent thoughts, impulses, or images that are unwanted and inappropriate. The person performs repetitive behaviors in response to these thoughts.
- **Phobias.** A person with a phobia feels very anxious when exposed to a particular object or situation, such as a high place. The person fears and avoids whatever causes the anxiety. These are irrational, intense fears of certain things or situations, which interfere with normal functioning.
- **Post-traumatic stress disorder.** Persons with this disorder have experienced or witnessed a traumatic event. After the event, they re-experience the anxiety associated with the previous trauma. Many times it is caused by exposure to an extremely stressful event, such as abuse or rape. Symptoms include recurring memories, nightmares, and flashbacks.

Treatment of Mood and Anxiety Disorders

What Should Be Done?

Even though depression and anxiety are common, they are NOT normal, even among the disabled, ill, or elderly. Symptoms of these conditions should always be reported to a physician. Other diseases can cause some of these symptoms, so the doctor will have to decide on a diagnosis and a treatment. We must never assume that these signs are a normal part of disability, illness, or aging.

Mental health disorders are treatable, and many people recover. Medications, psychotherapy, psychoeducation, electroconvulsive therapy, and self-help and support groups are used in treatment. Anything that improves a person's quality of life can help, such as pets, social events, activities, or reality orientation classes. Many communities and facilities are affiliated with mental health professionals that can screen for mental health problems and conduct therapy sessions.



Medications

There are a wide variety of medications that can be used to treat depression and anxiety. Most of them are very effective in helping the client. Unfortunately, many of the medicines used to treat mental illness cause unpleasant side effects. Some of the more common ones are dry mouth, constipation, blurred vision, appetite changes, loss of sexual function, drowsiness, and weight gain. **Drinking 8 glasses of water a day and eating fruits and vegetables can help with some of this.**



Antipsychotic drugs can cause tremors, stiffness, muscle contraction and rigidity, restlessness, and loss of facial expression. Elderly people and those that have taken these medicines for years sometimes develop a condition called *tardive dyskinesia*. This causes uncontrolled facial movements and jerking or twisting movements of other body parts. This condition can be treated with medication.

Psychotherapy

Psychotherapy is the use of psychological techniques to change behaviors, feelings, thoughts, or habits. It is recommended for persons experiencing emotional distress.

- **Behavior Management.** The aim of behavior management is to increase the occurrence of desirable behavior by rewarding the person for acting correctly. Unsuitable behavior is reduced by giving negative consequences.
- **Cognitive Therapy.** Cognitive therapy emphasizes a rational and positive view. This therapy attempts to change destructive thought patterns that can lead to disappointment and frustration. It is effective with anxiety and depression.
- **Psychoeducation.** Psychoeducation is teaching people about their illness, treatment, and how to recognize a relapse. Teaching coping skills to the family will help them deal with an ill relative.
- **Electroconvulsive Therapy.** This treatment is used only for delusions and hallucinations, major depression, or serious sleep and eating disorders that cannot be effectively treated with drugs. Sedatives are given, and then low doses of electric shock are applied to the brain. Most people show rapid improvement.
- **Self-Help and Support Groups.** These groups help because members give each other ongoing support. It's comforting to know others have the same or similar problems. These groups can also help families work together for needed research, treatments, and community programs.

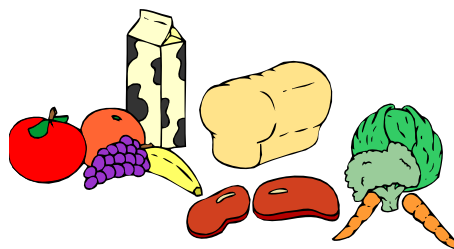




Preventing Depression and Anxiety

Although many types of depression and anxiety cannot be prevented, there are some general things that everyone can do to lower the risk of developing these conditions.

1. Keep and maintain friendships and social activities.
2. Develop enjoyable interests or hobbies.
3. Stay physically active. Exercise and stay physically fit.
4. Stay mentally active. Read, take classes, and learn new things.
5. Maintain contact with family members.
6. Eat a balanced and nutritious diet. Avoid sugar, caffeine, and alcohol.
7. If you take medicines that might have depression or anxiety as side effects, follow the doctor's directions on using the medicines to lower the risk of those side effects.



Caring For People with Depression or Anxiety

Depression: The Goal of Care Is to Lift the Person's Mood

- Encourage depressed people to express their feelings. Listen to what they say. Accept them as they are without making judgments. Give them time to get their thoughts together and to tell you what they are thinking and feeling. Help them feel valued.
- Brighten the environment by hanging pictures, posters, or family pictures. Make family photo albums easily available. Keep the environment neat and clean.
- Encourage pleasant activities such as listening to music or performing a hobby.
- Encourage socialization. Start with one-to-one conversations, and gradually help them participate in larger social events.
- Encourage daily exercise or activity. Even the disabled can usually move a few body parts.
- Encourage as much self-care as possible. Help the person gain a sense of control by letting them make as many independent decisions as possible.
- Pay attention if someone talks of self-injury or suicide. Always report this to a supervisor.
- Be sure the person takes his or her medications in the correct way and at the correct time.





Anxiety: The Goal of Care Is to Lower the Person's Anxiety Level

- Listen to a person's fears and anxieties. Respond with reassurance and support.
- The environment should be quiet and less stimulating than normal.
- Many people will never become completely free from anxiety. Help them learn to accept and tolerate a certain level of worry and anxiety. If they believe that you will assist them with their problems and keep them safe, their anxiety may be relieved.
- Sometimes an anxious person can be distracted if you help them think about something pleasant or relaxing, or have them picture a peaceful image.
- Help the person relax each muscle, guiding them to consciously and progressively relax every muscle from toes to head. Instruct them to breathe slowly and deeply.
- Help anxious people recognize that although their feelings are real, their fears are not based on reality. Gently point this out: "You're feeling anxious, but you are really O.K."
- Ensure that medications are taken as prescribed.

The Warning Signs of Suicide

Sometimes anxiety and depression occur together, or one may lead to the other. People suffering from anxiety or depression may decide they want to end their life. It is important to be alert to things that might indicate a person is seriously considering suicide. The suicide rate is twice as high in people over age 65 as it is in younger age groups. People with chronic or terminal illnesses sometimes want to end their lives because of their mental and physical pain. Untreated or mistreated depression can lead to suicide. Pay attention to these warning signs and report them.

- Talking about suicide. Statements such as "I have no reason to go on living" are danger signs.
- Being preoccupied with death.
- Giving things away.
- Stockpiling pills or obtaining some sort of weapon.
- Refusing to follow doctor's orders about medications or diet.
- Making unusual visits or calls to family and friends, saying goodbye to loved ones.
- Getting affairs in order or making funeral arrangements.
- Losing interest in things or people that used to be important.
- Suddenly becoming happier and calmer after a period of depression or anxiety.
- Talking about how worthless or helpless they are, saying they have no hopes or plans.

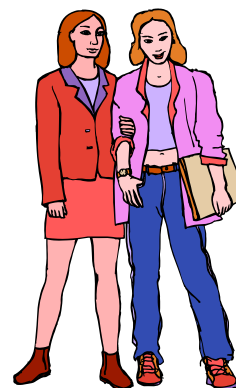




Suicide Prevention

Here are some things you can do to help prevent someone from taking their own life:

1. Recognize anxiety and depression in others and help them get appropriate treatment.
2. **Remove any weapons** and be sure the environment is safe and secure.
3. If you suspect someone is thinking about suicide, ask them if they are. Don't be afraid that you'll be giving them ideas. If they tell you they are having these thoughts, report it.
4. Be sure a depressed or anxious person is seeing the doctor as ordered and getting their medications.
5. Reassure a suicidal person of how much you care. Explain that depression is no one's fault, that it can be treated, and that suicidal thoughts are temporary and will go away.



6. Don't try to minimize the individual's problems. Don't tell him how hurt his family will be or that he has everything to live for, because this just makes him feel guilty and even more hopeless.
7. If you suspect someone is thinking about suicide, always report your suspicions to the appropriate person. Don't think that you are imagining things or getting worried for nothing. It is much better to be cautious in this situation.
8. Suicidal thoughts are not harmless fantasies. The first step to committing suicide is thinking about it. Anyone who has thoughts of suicide needs help.

If one of your clients shows warning signs of suicide, contact your supervisor immediately—time could be very important. If you are the family member or friend of someone you think is suicidal, help them get to a physician at once.

People commit suicide because they think it is the only way to stop the pain they are feeling. Our job is to help them find other ways to get rid of their pain, through appropriate care and treatment.





Depression and Anxiety: Test

Name: _____ Date: _____ Score: _____
(10 correct answers required)

Directions: Here is a list of things that can be done to help people with depression or anxiety. Beside the ones that are helpful in Depression, write a "D." Beside the ones that are helpful in Anxiety, write an "A." If the item is helpful to both disorders, write "Both."

- _____ 1. Keep the environment bright and clean.
- _____ 2. Listen.
- _____ 3. Encourage daily exercise.
- _____ 4. Help the person breathe deeply and relax their muscles.
- _____ 5. Reassure the person that you will help them and keep them safe.
- _____ 6. Encourage the individual to be with people and participate in social events.
- _____ 7. Make sure medications are given as ordered.
- _____ 8. Keep the environment quiet and non-stimulating.

Directions: Fill in the blanks in the statements below:

- 9. A person who feels unneeded or unwanted may be suffering from _____.
- 10. Illness, chemical changes in the brain, and _____ side effects can all cause depression or anxiety.
- 11. Someone who is constantly fearful or restless may be suffering from _____.
- 12. Saying _____ to loved ones could be a sign that a person is thinking about suicide.
- 13. Telling a suicidal person that he will hurt his family if he kills himself only makes him feel more hopeless and _____, thereby increasing his pain.
- 14. Losing or gaining _____ could be a sign of depression.





Certificate of Completion

Awarded to: _____
(Name of Participant)

**For Completing the
One-Hour Course Entitled
*Depression and Anxiety***



Date of Course: _____

Organization: _____

Presented by: _____
(Signature of presenter, or write "self-study")

