

Stopping depression in its tracks.

Welcome to SBH Bronx Health Talk produced by SBH Health System and broadcast from St. Barnabas Hospital in the Bronx. I'm Steven Clark.

Tommy Raskin seemed to have it all. A popular and brilliant young man, he was a graduate of Amherst College and a student at Harvard Law School, the alma mater of both his mother and father, Maryland congressman Jamie Raskin. His father said that while his 25-year-old son had a photographic memory what marked him as extraordinary was his heart. Madison Holleran, a beautiful young woman who was an athlete, top student and all-around star at her Bergen County high school also seemed to have it all when she went on to study and compete in track at the University of Pennsylvania. Yet, both Madison's and Tommy's stories have dark endings. Both committed suicide after bouts with severe depression. With us today to discuss depression and suicide is Dr. Daniel Roman, a psychiatrist at SBH Health System. Welcome Dr. Roman.

We've heard of older people who get sick or end up in financial ruin or feel isolated or lonely who commit suicide but how is it possible that people who seem to have it all to live for commit such acts.

That's an interesting question. People who seem to have it all is the key uh you know the wording there seem so we seem from outside doesn't mean much a successful career uh of successful uh from outside family uh life or personal life uh it's all relative there are people who don't share a lot about their feelings to even the most the people most uh close to them. You know there are many examples from successful singers uh fashion designers so the answer is that we do not know that they had perfect lives at all. It seems you know just success doesn't make a life perfect.

Are there warning signs though when you hear about a story like this? Is there anything that you can look at either in the present or in you know in the future that would say no gee something may not be right here?

There are many many times you know people are not aware of those. Usually, can be a change in personality or changing behavior even in social situations. A very good indicator could be, and I had several patients who actually tried to do that or did that, is giving belongings or making big donations, or you know all of a something that is unusual or very sudden that is unexpected that can be a sign for that. For example, someone who is uh divorced and you know will deposit a lot of money into a child's account the child not living with them other warning signs. Drastic changes in modes or mood switching very quickly, deep depression not being able to go to work or not being able to function well at work as well as before, risky behavior also can be a factor and really a warning sign that is more acute that can happen. Let's say someone goes through a period of agitation or anger or a lot of anxiety that is visible, noticeable from for people around them and all of a sudden they seem very calm and it's a change from agitation, anxiety to something that looks good. It's usually a sign that they may be contemplating suicide. They may be researching you know, they found some piece because of that idea itself.

Is it typically an incident that triggers it or is it something that you're just sort of born with?

Yeah, so that's an interesting question. I don't think anyone is born with the ability to commit suicide. Many times it's that they have been going through depression and most of the time there can be an acute trigger. Depends on how much they prepare for it. So an acute loss, having a medical condition is I forgot to mention that earlier is also a risk factor actually if you don't mind I'll speak a little bit about what are some of the risks higher risks for someone to commit suicide. A trigger can be a medical illness, can be a loss of someone, can be a financial hardship loss of a job any of these you know things that would stress you know general public patients with depression are more fragile to those to those stresses and they their coping skills are exhausted at that time . now of course there a genetic component to having depression Depression runs in a family. In general, mental illness runs in the families. All of them – bipolar disorder, depression, schizophrenia so if you have someone, one of the parents who suffer from depression. You are as the child more at risk of depression.

Is there a certain age when depression becomes visible? Is it in your early adulthood. Is it later? Is it earlier?

Depression can start any time. what we call clinical depression, without any big trigger usually starts earlier than the other one and it makes sense yes so a big trauma or a big stress would make most people suffer in some way. It doesn't have to be depression, but people are going to react. What we call depression without meeting the criteria for clinical depression is called adjustment disorder is an adjustment to something that is going to make you upset or stressed out.

I read somewhere that there were three times the amount of depression that occurred during the pandemic than in the past. Are you seeing that among your patients at all? Are you seeing more depression?

That's a good question. I don't think so. I didn't really count numbers, but the big compounding factor here is the fact that at least at our hospital there are fewer patients coming in the medical emergency room which is where you we get our patients from, the census in emergency room is half or even less so we've been functioning with a little bit of a lower census compared to normal. So you know what I see is not really a good, a good indicator of more depression. I assume there are more people who are depressed and anxious and more suicides right now. I think this situation is affecting all of us. The ones who have mental illness or not. So I'm sure that the patients with depression suffer more because of this isolation, the stress, the fear and all of that are factors that are added to their baseline depression.

Are certain people in general more susceptible to depression or more susceptible to you know quote you know from a layman's perspective “falling apart” if things don't go right than others are?

Yes, I mean we have what are called the high-risk categories of people for suicide. I can mention a few of them. So, males commit suicide about four times more than women. Being single is considered a risk factor. Single or divorced or not being in a meaningful relationship or being socially isolated. All of these are a pretty significant risk factor. Having medical debilitating medical illness is a factor. Recent important loss is a factor. Having a weapon in the

house is considered a risk factor. Age is also very important, so the highest risk patients are white men above 70 years old.

Okay but that means if you're 25 years old like these two people I talked about initially who again seem to have it all so to speak they don't seem to be likely candidates for suicide but yet you see that as well.

These are just statistics. You can be someone with none of the risk factors and still and still do it.

So again how do you treat it you know if you see somebody has depression you know maybe they've even talked about suicide. How do you typically treat that patient or what are some of the ways you can treat that patient?

First of all, the first step is to engage them with treatment. They need to see someone in a private practice, can be a clinic affiliated with a hospital, but we shouldn't forget that many times depression remains untreated because of stigma. Social aware mental illness because of variety of factors. So that's the first step is to be in treatment. Some patients would benefit from therapy, some patients will benefit from both but being in treatment is the first step and it's a very important. Some patients need to be admitted to the hospital and spend some time in the hospital. Especially there's a rule if someone attempted suicide no matter what the circumstances are usually if of course if someone brings them to the hospital or calls none on one they usually end up admitted because it's considered a high risk and the policy of any hospital in this country is to admit someone. We declare exceptions if they are done due to intoxication or drugs or things like that.

So you're still finding that there's a stigma in getting treated for mental health whether it's depression or some other mental health illness there's still a stigma about seeking treatment. You're still finding that to be the case?

Absolutely there still is, depends on many factors. Depends on ethnicity, where you are from, where you live, but yes overall it's improving and I think overall in the last I don't know maybe 10 years awareness in the society in general, the population at large about mental illness and how debilitating it can be is increasing is improving a lot but there's still a lot of stigma people don't want to be seen as vulnerable. That applies to all of us. You know admitting that you have a mental illness is admitting that you need to be treated for something and it's a little more delicate you know to admit to have to have something wrong with your mind than let's say high blood pressure or diabetes.

Okay are we seeing here in the Bronx? Are you seeing that in specific ethnicities? This stigma where they don't want to get treatment is it, I know years ago it was in the Spanish community? Are you still seeing that?

I think so I think so yes and but more. We have patients sometimes from Asia from India, let's say, or Pakistan or even more stigma there.

How successful is treatment when it's given? You know early enough does it work?

Yes, that's a good question. It works on some patients. It doesn't work as well on others. It depends. Antidepressants have a success rate of I mean I'm seeing a really rough number. It depends on the specific medication but 40 - 45 percent so it's not that high. Placebo is about 30 percent so placebo means you're not getting any medication so that's also high if you combine with therapy which is also you know considered to be very effective the success rate improves. It is close to 80 percent 90 absolutely not but you never know without trying. It's high enough that it's encouraging and people should be in treatment for that.

Is it fair to say that for many of these people it's a lifelong battle depression it doesn't just come and go, or it doesn't go away it's there for the long period?

Yes, it is. It's considered a chronic illness and people should be in treatment for the long run. Yes it doesn't come and go. Usually once diagnosed with clinical depression pretty much lifelong condition. It can go in remission with treatment and it can get much better, but left untreated chances are that it's going to come back and that is a reason for you know usually when we decide to start someone on an antidepressive it's continued for at least a year so it's not you feel better into three months and you stop it it's uh there's a high risk of recurrence or it's 3d because sometimes patients do not respond to the same medication or they need a higher dose. When treated it can still you can still have a depression it's something that you monitor on an ongoing basis.

So again if someone may work with a certain medication today you may have to change it a year down the road or okay.

Absolutely yes.

So it's a it's a constant battle and something that as a psychiatrist you're on all the time and you're seeing your patients on an ongoing basis to see if this treatment still works for them.

Yes, usually once a month sometimes if the patients are very stable they can be seen once every two or three months. It depends on how acute the case is but the treatment usually doesn't stop.

Okay well Dr. Roman thank you for a few minutes today on SBH Bronx Health Talk. We really appreciate it. If someone needs help I want to give the national suicide prevention lifeline number which is 800 273 TALK. That's 800 273 TALK or 8255. You can also text a crisis counselor by messaging the crisis text line at 741. For more information on services available at SBH Health System visit www.sbhny.org. Until next time.