

Breakthroughs in healing

with Dr. Simon Sheh

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Physician and Psychologist are Best Partners in the Treatment of Depression, Anxiety, and Stress-Related Problems

Depression and anxiety-related problems draw no borders. They affect young and old, rich and poor, white-collar and blue-collar workers, executives and employees. According to Bill Wilkerson, co-founder and CEO of the Global Business and Economic Roundtable on Addiction and Mental Health in Canada, depression is the leading source of human disability in the world today. With medical and financial cost combined, the Roundtable estimated the cost of mental health problems in Canada to be \$40 billion annually. More alarmingly, Canadians are getting depression and anxiety problems younger than our trading partners. In a survey of seven countries (Canada, United States, the Netherlands, Germany, Brazil, Mexico, and Turkey) by the World Health Organization, the average age of onset of anxiety disorders is age 12 in Canada, as compared to age 18 in the Netherlands, the oldest. Meanwhile, the average age of

A happy heart is good medicine and a cheerful mind works healing, but a broken spirit dries up the bones.

— Proverbs 17:22

onset of depression among these seven countries is 26 overall – age 23 in Canada and the U.S., the youngest. Despite the above discouraging statistics, depression and anxiety are very treatable mental health problems. Physician and psychologist are front-line professionals in treating depression, anxiety, and stress-related problems, and they are excellent partners in bringing healing to the lives of their patients and clients.

The Use of Medication and the Mind-Body Connection

Many of my clients are already on medications such as Effexor-XR or Paxil prescribed by their physicians when they come to see me for counselling and therapy. Some clients, especially men, are quite resistant to taking medications. I usually calm their fear regarding drugs by saying that medication is just one of the tools to help them get well and become more functional, and it does not mean that they have to take medication for the rest of their lives. Secondary, I explain to my clients that there is a strong mind-body connection in depression and anxiety and therefore medication has a place in their treatment. Depression and anxiety have one common ally, and that is fear, which I call emotional storms. When fear is triggered in our lives, the emotional core of our brain called the amygdala is activated to mobilize just about every system and neural circuitry in the body to fight like the devil or run like crazy. Unfortunately, the amygdala is not designed to be accurate, just fast. I often share with my clients that living with depression and anxiety are like fighting a battle. Some battles call for a thousand soldiers, some call for ten. Sometimes our body acts so fast to call up a thousand soldiers from within to fight a battle that could be won by ten brave souls. The presence of a thousand soldiers over-activates the body system and the neural circuitry. I explain to my clients that medications such as Paxil (SSRI, Selective Serotonin Reuptake Inhibitors) and Effexor (SNRI, Serotonin-Norepinephrine Reuptake Inhibitors) are particularly useful in re-balancing the

neurochemistry in our brain, which could result in calmer moods. By using the metaphor of battles in the mind-body connection, I have found many of my clients become more receptive to and educated about the use of medications.

Medication Alone is Not Enough

While the amygdala activates our body system and neural circuitry to fight emotional storms and psychological threats, our cortex gives meaning and interpretation to the situations and let the amygdala know that it is O.K. to stand down. That is where we would expect counselling and therapy to work. As one high school student put it,

” The therapy helped me see that ‘everything was not a black-and white situation.’ Before therapy, little things would throw her into a funk. ‘I couldn’t find my shoe and the whole week was ruined,’ she says now with a laugh. ‘They taught me to get some perspective.’ ”

Medication alone is not enough to soothe our neurochemistry. Modern psychotherapy has proven to be an effective tool in the treatment of depression, anxiety, and stress-related conditions. However, there is a common misconception that therapy takes years and costs a lot of money. On the contrary, many of my clients are able to see results by attending counselling for just a short period of time. In addition to cognitive-behavioural therapy,

I have found *solution-oriented brief therapy* very effective in treating depression and anxiety. *Solution-oriented brief therapy believes that clients have resources and strengths to resolve complaints, and rapid change or resolution of problems is possible.* Solution-oriented therapy focuses on:

Breaking problem patterns by changing the “doing” of the problem.

A client of mine felt very depressed about the lack of communication between her and her husband. She said she would usually throw herself into an emotional outburst with crying when her husband was not paying enough attention to her. Since her husband was very business-like in his sales and marketing job, I coached my client to act in a straightforward business manner when she talked in front of her husband. She returned two weeks later, triumphant. “It worked! My husband respected my ideas and paid attention to me when I acted in a simple, business manner.”

Finding and using solution patterns by doing what works.

A client of mine had a habit of staying home alone and accessing the Internet to view pornography to regain a sense of control when he felt anxious and fearful about his future. He came to see me one day and was very pleased that he had not gone into Internet pornography for a long period of time. I asked how he didn’t experience the problem after he expected he would. He reported that his Internet viewing happened exclusively while he was home alone when his wife and children were at work and school. He decided to stay away from home as much as possible on his days off from work, which in turn cut down his access to his home computer, and provided him opportunity to pursue healthy ways to address his anxiety about his future.

Asking solution-oriented questions to create change or resolution of problems.

- To what extent have you been satisfied with Effexor-XR’s performance?
- What have you found most helpful in stopping anxiety from taking over your life altogether?
- Has there ever been a time when you felt depression taking over when you were able to do something that stopped it?
- How have you managed to cope with such a difficult situation?

What You Can Do For Your Patients

We live in a particularly anxious age. My guess is that a good percentage of patient visits to general practitioners are associated with depression, anxiety, and stress-related complaints. Based on my clinical experience, in many cases the best treatment for depression and anxiety related problems are a combination of medication and short-term counselling. The roles of the physician are to help the patient fine-tuning the type and dosage of anti-depressant drugs and monitor the effectiveness of the medication. Another role, I believe, is to educate the patient the importance of self care by accessing the service of an experienced psychologist or counsellor to help stop destructive problem patterns, resolve unfinished business, and prevent future problems.

TEEN DEPRESSION

Dr. Ava Tin, Ph.D, C.Psych, Guest Columnist

Depression in teenagers is greatly underdiagnosed, leading to serious difficulties in school, work and personal adjustment, which often continue into adulthood.

How common is depression in teenagers?

Recent studies have shown that greater than 20% of teenagers in the general population have emotional problems and one-third of teenagers attending psychiatric clinics suffer from depression.

What are the common symptoms of teen depression?

Depression in teenagers is similar to depression in adults with a few exceptions:

- Teen depression may present primarily as behavioural problems, oppositional and negative, fragile self-esteem, substance or alcohol abuse, and complaints of aches and pains with no known cause. Physical symptoms such as headaches are very common in depression. About 40% of girls with depression have severe headaches.
- Pervasive sadness may be exemplified by wearing dark coloured clothes, writing about morbid themes, or listening to music that has nihilist themes.
- Sleep disturbance may manifest as difficulty in getting up for school, watching television all night, or sleeping during the day.
- Lack of motivation, fatigue, loss of energy and productivity may be reflected by missed classes and incomplete assignments.
- Diminished ability to think or concentrate may be reflected by a drop in school performance.
- Loss of appetite may become anorexia or bulimia.

What can be done?

Depending on the type and severity of the symptoms in depression, the treatment plan may include:

- Medical intervention
- Psychological counselling
- Group therapy
- Drug or alcohol abuse treatment

HOW TO BE SMARTER THAN A RAT

The first rule of holes: When you are in one, stop digging. - Molly Ivins -

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