SUGGESTIONS FOR MENTAL HEALTH OUTREACH IN PRIMARY CARE

Observe
The signs of depression are often obvious. It is important to observe changes in demeanor and in mood of patients with whom one is familiar. Depression can also manifest in fatigue, problems with concentration and sleep, and weight loss. Unexplained pains and headaches may also be symptoms that warrant exploration.

Ask
Screening can be simple, quick and to the point. “How have you been feeling lately?” can be an excellent lead in to facilitate discussion. For first time patients, questions such as “What brings you here today?” followed by “Are these symptoms or feelings you have experienced in the past?” can open up dialogue. Always remember — “Safety first.” Inquiring about thoughts of suicide is always important.

Continued
Listen
There may be a sense of, “I can handle it on my own,” or a sense of shame about having feelings that could indicate depression. Being there and listening can be of the greatest assistance. Help-seeking begins with self-awareness and a sense of safety, which can be facilitated by your presence and interest.

Reinforce
Treatment is effective. The majority of individuals who seek and receive treatment will get better. Depression also affects one’s family. Taking care of one’s self protects the health and cohesion of one’s family. Adherence to prescribed medication is important. As with many health issues (such as hypertension and diabetes), medication adherence is a challenge. A primary care visit can be a “teachable moment” to reinforce the progress a patient has made and the benefits to self and family of adhering to treatment.

Assure
Assure patients that “depression does not mean discharge.” Explain to service members that many on active duty might be in treatment for depression and continue to work effectively. A diagnosis of depression does not necessarily require medications; mild to moderate depression can be treated with a variety of nonpharmacological approaches. The earlier one receives help for depression the less likely it will develop into a more serious problem, that could affect one’s job, health, and relationships.

Suicide Alert
Anyone who expresses suicidal intentions should be taken very seriously. Over 90% of people who die by suicide have clinical depression or another diagnosable mental disorder, and substance abuse is often a factor. Although women attempt suicide more than men, four times as many men die as a result of suicide and 73% of all suicide deaths are white males. If a patient expresses suicidal intentions, assist the patient and/or their family member to seek professional mental health services immediately or to go to a local emergency room.

Signs of Depression and Possible Suicide Risk
- **Talking About Dying** — any mention of dying, disappearing, jumping, shooting oneself or other types of self-harm.
- **Recent Loss** — death, divorce, separation, broken relationship, loss of job, money, status, self-confidence, self-esteem, loss of religious faith, loss of interest in friends, sex, hobbies, activities previously enjoyed.
- **Change in Personality** — sad, withdrawn, irritable, anxious, tired, indecisive, apathetic.
- **Change in Behavior** — inability to concentrate on school, work, routine tasks.
- **Change in Sleep Patterns** — insomnia, often with early waking or oversleeping, nightmares.
- **Change in Eating Habits** — loss of appetite and weight, or overeating.
- **Diminished Sexual Interest** — impotence, menstrual abnormalities (often missed periods).
- **Fear of Losing Control** — going crazy, harming self or others.
- **Low Self Esteem** — feeling worthless, shame, overwhelming guilt, self-hatred, “everyone would be better off without me”.
- **No Hope for the Future** — believing things will never get better; that nothing will ever change.