

Depression & African Americans

Not “Just the Blues”

Clinical depression is more than life’s “ups” and “downs.”

Life is full of joy and pain, happiness and sorrow. It is normal to feel sad when a loved one dies, or when you are sick, going through a divorce, or having financial problems. But for some people the sadness does not go away, or keeps coming back. If your “blues” last more than a few weeks or cause you to struggle with daily life, you may be suffering from clinical depression.

Clinical depression is not a personal weakness, gracelessness or faithlessness.

It is a common, yet serious, medical illness. Clinical depression is a “whole-body” illness that affects your mood, thoughts, body and behavior. Without treatment, symptoms can last for weeks, months or years. Appropriate treatment, however, can help most people who have clinical depression.

Clinical depression can affect anyone.

Anyone can experience clinical depression, regardless of race, gender, age, creed or income. Every year more than 19 million Americans suffer from some type of depressive illness. According to a Surgeon General report, African Americans are over-represented in populations that are particularly at risk for mental illness. A common myth about depression is that it is “normal” for certain people to feel depressed—older people, teenagers or new mothers. The truth is that depression is not a normal part of life for any African American, regardless of age or life situation. Unfortunately, depression has often been misdiagnosed in the African American community.

Clinical depression is a treatable illness.

The good news is that, like other illnesses such as heart disease or diabetes, clinical depression is treatable with the help of a health care professional. In fact, over 80 percent of people with depression can be treated successfully.

Myths about depression:

The myths and stigma that surround depression create needless pain and confusion, and can keep people from getting proper treatment. The following statements reflect some common misconceptions about African Americans and depression: *“Why are you depressed? If our people could make it through slavery, we can make it through anything.”* *“When a black woman suffers from a mental disorder, the opinion is that she is weak. And weakness in black women is intolerable.”* *“You should take your troubles to Jesus, not some stranger/psychiatrist.”* The truth is that getting help is a sign of strength. People with depression can’t just “snap out of it.” Also, spiritual support can be an important part of healing, but the care of a qualified mental health professional is essential.

What Causes Clinical Depression?

Many factors can contribute to clinical depression, including cognitive issues (e.g., negative thinking patterns); biological and genetic factors; gender (it affects more women than men); other medications; other illnesses; and situational factors. For some, a number of these factors seem to be involved, while for others a single factor can cause the illness. Often, people become depressed for no apparent reason. In an effort to cope with the emotional pain caused by depression, some people try to “self-medicate” through the abuse of alcohol or illegal drugs, which only leads to more problems.



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Symptoms of Clinical Depression

Due to cultural backgrounds, depression may be exhibited differently among African Americans. To help decide if you—or someone you care about—needs an evaluation for clinical depression, review the following list of symptoms. If you experience five or more for longer than two weeks, if you feel suicidal, or if the symptoms interfere with your daily routine, see your doctor, and bring this sheet with you.

- A persistent sad, anxious or “empty” mood, or excessive crying
- Reduced appetite and weight loss or increased appetite and weight gain
- Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders and chronic pain
- Irritability, restlessness
- Decreased energy, fatigue, feeling “slowed down”
- Feelings of guilt, worthlessness, helplessness, hopelessness, pessimism
- Sleeping too much or too little, early-morning waking
- Loss of interest or pleasure in activities, including sex
- Difficulty concentrating, remembering, or making decisions
- Thoughts of death or suicide, or suicide attempts

Treatment Options: The most common ways to treat clinical depression are with antidepressant medication, psychotherapy, or a combination of the two.

Medication: Research strongly supports the use of medication for more severe episodes of clinical depression. Antidepressant medication acts on the chemical pathways of the brain related to moods. Antidepressant medications are not habit-forming. It may take up to eight weeks before you notice an improvement. It is usually recommended that medications be continued for at least four to nine months after the depressive symptoms have improved. Those with chronic or recurrent depression may need to stay on medication to prevent or lessen further episodes. People taking antidepressants should be monitored by a doctor. Do not stop taking your medication without first talking with your doctor, since some medications cause problems if stopped abruptly.

Psychotherapy: Psychotherapy can help teach better ways of handling problems by talking with a trained mental health professional. Therapy can be effective in treating clinical depression, especially depression that is less severe.

Making the most of your treatment: In addition to treatment, participation in a patient support group can be very helpful during the recovery process. Support group members share their experiences with the illness, learn coping skills and exchange information on community providers. Also, be sure to take care of yourself. Get plenty of rest, exercise in moderation, stay away from alcohol and drugs, and eat regular, well-balanced meals. Some find strength from faith or spiritual communities.

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