



COURAGE TO CARE



A HEALTH PROMOTION CAMPAIGN FROM
Uniformed Services University of the Health Sciences, your federal medical school, Bethesda, Maryland • www.usuhs.mil

DEPRESSION IN PRIMARY CARE *A Military Health Care Perspective*

Our nation’s war on terror affects the health of our military and their families. Deployment, redeployment, single parenting, long absences, as well as losses sustained from injury or death are stressors that impact our community’s physical and mental health. While most service members and their families are resilient, some may experience mental health problems that require medical attention.

Depression, one of the most common and treatable mental disorders, often presents itself during a primary care visit. This can be in the form of unexplained fatigue and vague aches and pains. Depression can also result from or be exacerbated by the stress of preparing for holidays,

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increased expectations of family and friends, the sadness of not having a loved one present, or having to say goodbye soon after a holiday reunion.

Primary care providers play an important role in early detection and intervention of mental disorders, which can often prevent and mitigate long-term health consequences. Due to concerns

around stigma and one’s career, primary care is often the setting of choice for service members and families to address mental health issues. This *Courage to Care* addresses the impact of depression on our military and their families, and the importance of the primary care setting for helping in its early identification and intervention.

MILITARY UNIQUE ISSUES FOR CONSIDERATION

Primary care settings should be alert to the following:

- Upon return from duty, a mental health screen called the PDHA (post-deployment health assessment) is administered; the PDHRA (post-deployment health reassessment) is administered 90–180 days after returning home.
- The need for mental health services has been found to be greater for those who have deployed to Iraq versus those who have deployed to Afghanistan or other locations.
- Barriers to care include the availability of mental health resources (particularly to family members) at more remote military posts and the availability to reservists and National Guard Soldiers who may be in locations where there are no military posts.

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.

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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.

PLACE LOCAL CONTACT INFORMATION HERE

COURAGE TO CARE is a health promotion campaign of Uniformed Services University. Its purpose is two-fold: to provide quality health information reflecting our University’s excellence in military medicine and to present it in a friendly, appealing format for immediate distribution for the health promotion needs in your community.

