



**By Al Ells, M.C.**

“I never feel good anymore. It seems like there is always a crisis or problem I have to resolve. Someone is always unhappy,” explained John, the leader of a large church network. Was he having a bad day, or is he depressed? “I’ve never considered the possibility of depression,” he added. “I just thought that problems and difficulties went with the job and that's what made me feel under it all the time. My wife complains that she hasn’t seen me truly happy for years.”

In actuality, John was suffering from a mild form of depression called Dysthymia. Unbeknownst to him and many others, depression is common. It affects approximately 19 million adults in America. Often depression can follow a major positive event or season like Christmastime, a traumatic event, difficult situation, a major failure (relationship, business, moral or other), or even creep up seemingly from nowhere like it did with John. Leaders are especially vulnerable because of their high stress, long hours, isolation and burnout.

While each person may experience depression in his or her own way, common to most is the feeling often described as “living under a dark or gray sky”. Everyone has “blue days” wherein motivation and joy are lost and one just feels down. But depression is different. It is more persistent and serious. Many of us know what a major severe depression looks like. But few of us recognize the symptoms of dysthymia.

**Here is the definition of Dysthymia:** A low-level, seemingly continuous negative feeling for most of the days, for more days than not. Individuals with this type of depression may not feel well or enjoy their lives. They often drag through the day and feel pressured or irritable. The depression is not serious enough to disable their lives but it does cause some impairment and often affects relationships. Others can experience them as critical, negative or distant.

A diagnosis of dysthymia should only be done by a physician or behavioral health professional (BHP). For example, a diagnosis requires, among other things, that a person feel down or depressed most of the time for a lengthy period of time, that occurs with at least two of the following:

- ⤴ Lack of appetite or overeating
- ⤴ Sleeping too much or too little
- ⤴ Low energy or fatigue
- ⤴ Low self-esteem
- ⤴ Feeling hopeless
- ⤴ Trouble concentrating or making decisions

**Thoughts to Consider:** The following are considerations that leaders should make regarding depression whether in their own lives or those of their families or staff. In all cases it is helpful to recognize the symptoms and know how to deal with both mild and severe depression.

### **It may be genetic.**

Dysthymia, like severe depression, runs in families. It probably has a genetic link. More and more we are realizing that most disorders are reflected in our genetic makeup. Certain gene patterns can make us more susceptible or predisposed to disease and illness. Dysthymia is one of those illnesses.

### **It may be tied to family dynamics.**

Dysthymia is also connected to the manner in which families interact. Family dynamics and parenting styles that are critical and negative can also contribute towards creating a mood disorder in children and teens. Dysthymia often starts in childhood or early teens and is more common in women than men.

### **Stress, burnout and illness are factors.**

High-stress jobs that provoke anxiety and depletion can also contribute to dysthymia. At least three-quarters of patients with dysthymia also have a chronic physical illness or suffer from a co-occurring condition such as anxiety.

As with most issues it may be a combination of genetic predisposition, early experiences and current environmental factors that create the vulnerability.

### **Denial is a real problem with mild depression.**

People who are mildly depressed have often lived with the condition so long that they think it is normal. Like John, they don't realize that they are mildly depressed. It took feedback from John's wife and the input of a professional to make John realize he had a medical condition and needed help.

### **Seek professional help.**

If you suspect dysthymia or depression in yourself or a loved one, seek a professional evaluation. The important first step is to consider the possibility that you or your loved one may be depressed. Physician and behavioral health professionals often use the PHQ-9 Depression Assessment as a depression screening checklist to help determine the presence and severity of depression.

### **Counseling can also be very helpful.**

Don't resist seeing a professional counselor. There is wisdom in seeking counsel. Many BHP's are familiar with depression, even mild forms such as dysthymia, and can help work through both the contributing causes as well as preventative and remedial steps to wholeness.

### **Medication will probably be required.**

Dysthymia has been connected with imbalances in brain chemistry. Just as some people have illnesses wherein their hormones, such as insulin, are not produced and assimilated appropriately, so it is with brain chemicals such as serotonin and dopamine that affect mood. Treatment will often require medication to help correct the imbalance. Don't let embarrassment keep you from considering medication as a viable treatment strategy. It can make all the difference.

John was very hesitant to take medication but after a trial period of meds he was overjoyed, stating "I can't believe how different things are. The problems are still there but they don't overwhelm me. I feel like a cloud has lifted!"