

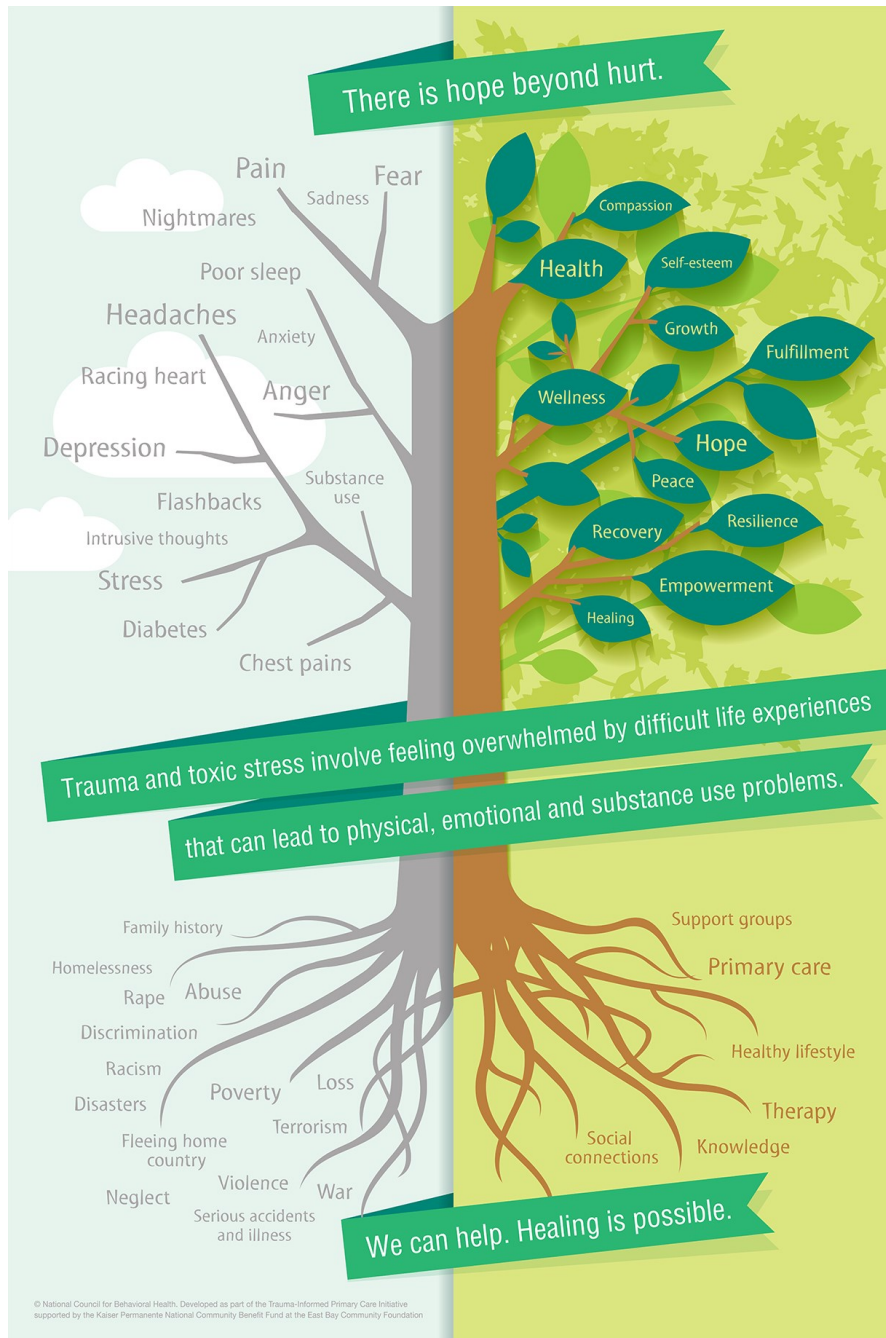
CMMHC WELLNESS BULLETIN

May 2018

May is Mental Health Month

Mental Health Awareness Month is an ideal time to normalize the impact of mental illness. It is my personal belief that we will all face mental illness, in some capacity, at some point during our lifespan. Depression is one of the most common forms of mental illness and perhaps most relatable. Depression can be a debilitating condition with the following symptoms: depressed mood, decreased motivation, decreased energy, change in appetite, increased irritability, low self-esteem, social isolation, excessive sleep, and suicidal ideation. Any of these symptoms, by itself, can be a struggle that seems too difficult to manage. However, what we often see is a cycle of depression with each symptom exacerbating the next. Perhaps an example will better illustrate this cycle. A client initially struggles with low motivation and finds it difficult (if not impossible) to leave the bed. This client misses a meal, further decreasing their appetite. Food is our fuel so lacking in nutrition the client feels a pronounced decrease in energy. As the client prepares for going to sleep at night they reflect upon the lack of meaningful activity or social contact and experiences a decrease in self-esteem. It is easy how this pattern can continue for days, weeks, and months. As I frequently say with my clients “inactivity is depression’s best friend, activity is its enemy.” Yet therein lies the problem, where do we start? Often we develop goals for our clients (or ourselves) that fail to recognize where we are truly at. These goals sound great in the comfort of the therapy office, but are often unrealistic in the reality of our client’s lives. Frequently the result is our client returns to therapy not having met the goal and has another thing that can lower self-esteem. I find the best thing to do is to draw out the cycle of depression, customizing each symptom to the uniqueness of how it impacts our client. I then discuss that the beauty of this cycle is any individual symptom can be a point of intervention and start to reverse the cycle. Where we start is immaterial, it should be selected by the client. What sounds most doable and with any semblance of enjoyment? After the selection has been made get them to talk and think about it in great detail. If a client has not been eating and their favorite food is pizza get specific. Granted the transcript of the session might look odd, but this is still therapy. What kind of crust do you like thin, hand tossed, deep dish? What toppings do you like, who makes the best pizza? This can make the therapy fun and you will both leave the session hungry. Maybe it is taking a shower and putting on your favorite outfit; playing a video game; reading a book; taking a walk, calling a friend. It does not matter what, activity is the enemy of depression. Remember that the details matter and in these details lies the spark of motivation and change. The key is that the client needs to set the goal that is achievable and they can own the success of task completion.





- Women's Day—St. Cloud Midtown Ballroom—May 11th
- May is Mental Health Month
- Mental Health Week will be May 14th—21st
- NAMI Walk—St. Cloud—May 19th at 11:00 am
- Vicarious Trauma Training—Monticello Community Center—May 21st 9:00 am—11:00am and 1:00pm—3:00pm
- Health Integration Fair—St. Cloud Convention Center—July 24th

**UPCOMING
EVENTS★**