

Sarah Mallard Wakefield, MD

Why is mental health at a crisis level in the U.S.?

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There are always lots of factors that go into calling anything a crisis, I don't think there's one primary factor. One of the things is isolation. And when we look at our suicide rates, a very, very high rate. So for 10 to 34 year olds is the second leading cause of death in the US, and our rates are rising.

What is your main concern about the current state of mental health treatment in the U.S.?

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In the US, we don't truly have a cohesive mental health system. So when you think about a level one trauma center, and all the things that go into creating that there are standards for what a level one trauma center requires, if you're going to treat car accidents and gunshot wounds and things like that, we know that you need certain things on the premises, there's no true place like that for mental health to treat mental health crises.

What are some other areas where mental health care is lacking?

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There's also an access problem. When we look around the country, there is an access to care problem for mental health distress. There's also often delayed access to care, there's also delay and access to evidence based care. So lots of people may be accessing care, but with someone who's treating them without an accurate diagnosis or an effective treatment plan.

How do you think the pandemic affected people's mental health?

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I think the pandemic has brought challenges to people across the board. If you were already suffering with mental health distress, then limiting access to care, many therapists changing the way that they were delivering care, created access issues for those who might have already had access, you know, they said, I don't know if I want to do this via zoom. I don't know if I want to do this not face to face, if I have anxiety, that change can be really difficult. But then it definitely brought an awareness to people who might have been having a few symptoms, but not enough to warrant treatment, where now they're isolated. And they don't have their typical coping skills, maybe I'm unable to run in the park like I was, or I'm unable to see my friends who I might be feeling distressed, but they really make me feel a lot better, eating at our favorite restaurant doing those things that feel comfortable to us now feeling more isolated and alone those symptoms that might have been just below the surface are now bubbling up. So I think it's true for everybody across the board.

What is anxiety? What is depression? Can you suffer from both?

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You can suffer from both anxiety and depression. Both are neurotransmitter related illnesses. So when I think about anxiety, having fear is a normal emotion. Fear happens worry happens, and they're supposed to protect us, right? They're supposed to change our behavior so that we're more protected.

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What type of fear is anxiety?

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Anxiety is maladaptive fear. So it doesn't help us. It actually hurts us. It's fear that makes us stay inside and not go see our friends. It's fear that makes us not engage in things that would bring us happiness. It's fear that makes us isolated and alone. So anxiety is just kind of fear on steroids. But it's not just that it's fear that has overstayed its welcome.

How does someone with depression feel?

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When you have depression, you don't feel sad, irritable or mad only in response to things that would make you feel sad, irritable or mad, or would make anyone feel like that. You have it in response to lots of things. Or you might just feel down all the time, and you can't figure out why am I feeling like this? I often explain it as like thinking through mud, functioning through mud, like everything's just heavier, the weight of the world is heavier, it's harder to think it's harder to get your body up to do something. And we all have days where we feel like that. But depression is feeling like that for a longer amount of time, and where it doesn't seem to go away.

Can anxiety or depression lead to one another?

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When we look at serotonin and norepinephrine and dopamine, when we have derangements in those chemicals, it can cause either anxiety or depression or it can cause them both. On the other hand, you can when you have depression, you start thinking about, oh, I'm anxious, this person might ask me to do this thing. And I just don't feel up to it. I don't feel like I can do it. I don't feel I'll perform the way that I want to, in that thinking through mud or acting through mud and a feeling you might feel Oh, I'm afraid they're going to ask me to do something I don't think that I can do or am I going to be able to take care of my kids the way that I want to. So the depression breeds a fear that you might not be able to do the things that you want to do, and that fear can become maladaptive and then produce anxiety. On the flip side, an anxious person is constantly under the stress of feeling that anxiety, and when you're constantly under the stress of feeling that anxiety, then your brain can become depressed, your brain tires out from dealing with anxiety over time. And so in that way they can, they can both occur together from the beginning, but each one can lead to the other.

Can stress and anxiety cause sleep disorders? Why is sleep so important?

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So, stress and sleep and anxiety and depression are all interlinked. One of the major neurotransmitters that contributes to anxiety and depression also regulate sleep. So when we think about serotonin, which is the major chemical that I'm talking about, it can, if we have too little serotonin, it can cause us to be sleepless, it can also cause us to have anxiety and depression. So we see sleeplessness or insomnia or waking up frequently overnight, or waking up too early being signs and symptoms of anxiety and depression. Now, you can also have sleep problems independent of anxiety and depression. But over time, when your sleep gets disrupted, it disrupts that that serotonin chemical and then can lead to anxiety and depression.

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Does exercise help with depression and anxiety?

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Exercise can help with depression, anxiety, yes, absolutely. It's really important. We know that 10 to 20 minutes of vigorous exercise can release endorphins and release those neurotransmitters, it can boost your serotonin production. So if you're having a really bad moment, or a really bad day, or you're feeling low, or you're in the midst of a depression, if you can get yourself to just go do 10 to 20 minutes of vigorous exercise. Now that can be hard because you're thinking through mud. But if you can get yourself to do that, it actually will release the hormones, those neurotransmitters that we're targeting with many of the medications.

Does regular exercise also improve overall mental health?

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Another important point about exercise in general, is the idea of maintaining your health. Mental health is really just health. It's a component of your health. And when your body overall is healthier, then you tend to have healthier mental health as well.

How do grief and depression differ?

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It's also important to realize that grief is not depression, grief is a very normal feeling. It's a normal reaction. It is a typical reaction, when you've lost something, when you're sad, when you're missing something, grief is an indication of love, or that you had the opportunity to really experience something that was wonderful. Depression is not grief. Depression is a derangement in your neurotransmitters. But together when you're experiencing grief and depression together, it can serve to make you feel very, very low.

How do drugs and alcohol add to the mental health crisis?

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Drugs and alcohol bring about the concept of myopia for your brain. Myopia is why I wear these glasses, right, I can only see really, really close to me. And the things far away, I can't see without my glasses on. Myopia for the brain is only acting with the information you have right in front of you. So for a depressed brain, when you might be drunk or have some alcohol on board, you are only thinking about how badly you feel right? Now, it becomes that much harder to think about seeing your kids tomorrow, or going on a cruise, or going for a run or doing something that you want to do at work or seeing a friend, because all you're able to really act on right this moment is what you feel right now, how you're feeling and what information you have in the very, very close proximity to you.

What should a person do if they think they are experiencing anxiety or depression?

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So I think the first thing that you want to do is see how you might take better care of yourself? What are the things that you need to do to help yourself feel better? And are there things going on in your life that are obviously contributing to fears, anxieties, worries, depressed mood, that kind of thing? Are there

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some boundaries that you can set that would be helpful for you both for yourself to get up and go do some exercise, take a walk, call a friend, but also say, Well, I'm really not happy in this job, maybe I need a change, or I'm really not happy. And with this friendship, every time I have a conversation with this person, I feel worse about myself. So first kind of looking at your life and saying are there obvious things that I know make me happy that I'm not doing? Or are there obvious things that I know are making me unhappy, and I don't have to do them anymore. So I think that's important. But then really talking with your primary care clinician is a very important thing. They can help you weigh those things. They can help you with screeners, screening forms that will help us know you know, is this in a depression category or is this in a stressed out category, or did you have a bad day? And really you're not suffering in any realm of on the depression continuum.

Is medication always the answer?

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When I think about mental health treatment or treatment of mental health distress, what I'm thinking about are what are the goals? So first, I tried to figure out what's the problem. And the problem if the problem is boundaries, or the problem is not having a good schedule for your life or having some catastrophic thinking, because that's the way you were taught to think your whole life about, about things that if something bad happens, it's going to be the worst thing, then really a good therapist, a life coach, that kind of thing. Some friends that can help give you some insight can be fantastic in helping your mental health. However, if we think a neurotransmitter is at play, we have a deficiency and serotonin deficiency and norepinephrine or dopamine, then it's really hard to correct those situations without a medication, just like it's hard for the body to start making insulin. If the body says I'm not gonna make insulin. So really, we have to think about what the goals are that's very individualized for person to person. So I would not say medicine is always the answer. It can be helpful as a part of the as a part of the solution. But we have great therapeutic interventions. exercise we know is helpful. We know learning new coping strategies, being with friends who make us feel good about ourselves, eating right, taking care of our health, and also sometimes medication. And then there are other interventions as well, like transcranial magnetic stimulation, ECT, other interventions that we know can help when we have resistant types of depression.