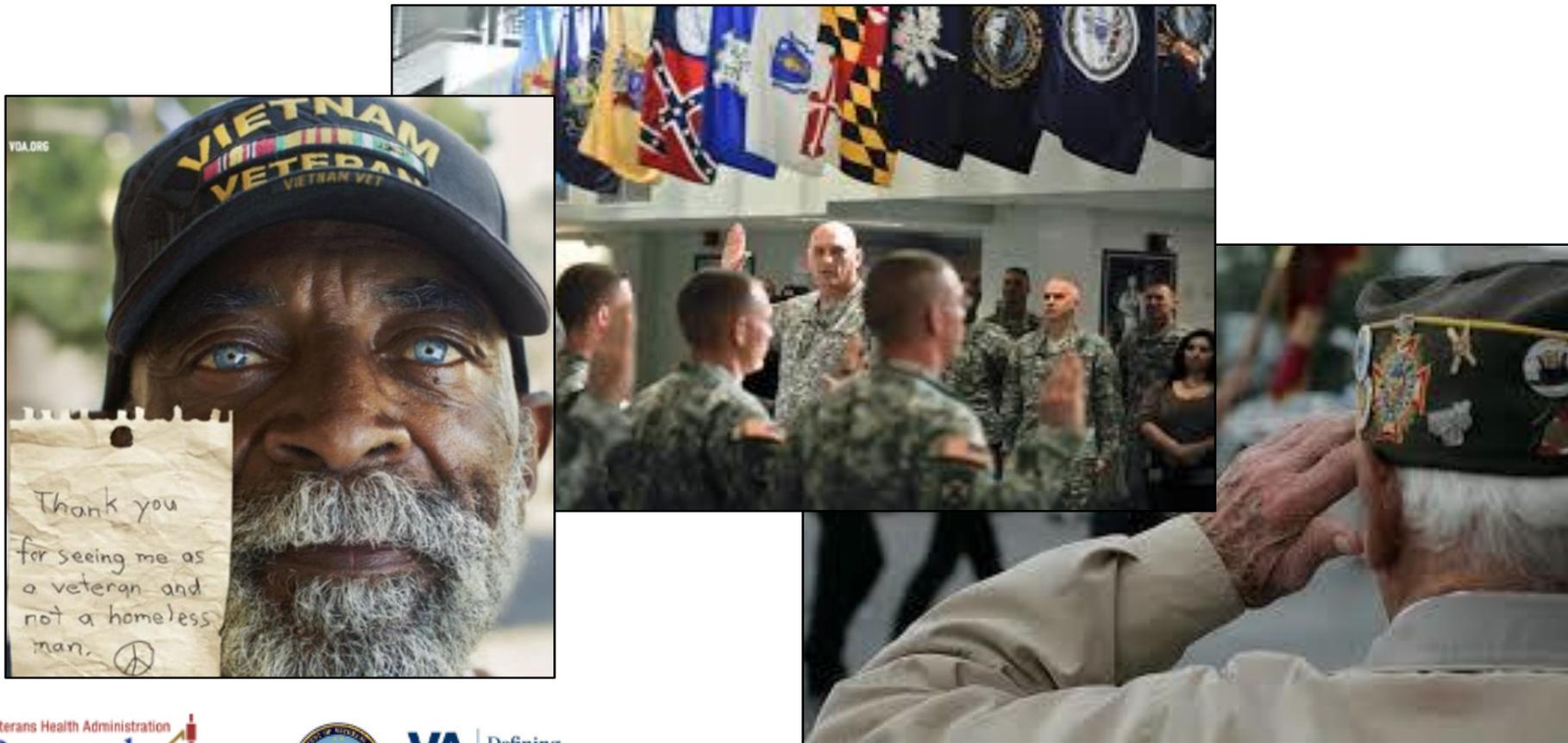


Leveraging Health Experiences Research to Enhance Veteran Engagement in Research



VA HSR&D Cyberseminar

July 13, 2016

Presented by:

Erika Cottrell, PhD, MPP

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Outline of presentation

- Patient engagement in research
- Leveraging health experiences research to enhance Veteran engagement
- Overview of DIPEX methodology for health experiences research
- Launch of DIPEX USA chapter – Health Experiences Research Network
 - Experiences of Veterans with TBI
 - Experiences of young adults with depression

Engaging Patients in Research

- If we want to conduct research that matters to patients, it is imperative to understand what is most important to them
- Many organizations (e.g. VA, PCORI) calling for enhanced patient engagement in research



YET.....

- Limited evidence-base on how to do this effectively
- Barriers to incorporating patient perspectives, values and preferences

“...engagement comes at a cost and can become tokenistic. Research dedicated to identifying the best methods to achieve engagement is lacking and clearly needed.” (Domecq JP et al. 2014)

Veteran Engagement Workgroup

Goal: Review and recommend ways to best incorporate Veteran input and engagement in research to:

- Improve design of patient-relevant research
- Increase uptake of research into practice
- Build Veteran support for research
- Restore trust in the VA

Subcommittees:

- 1) Conceptual foundations of Veteran engagement
- 2) Approaches to health experiences research**
- 3) Veteran engagement at proposal level
- 4) Veteran engagement at the center level

Health Experiences Research *and* Engagement

Lead: Mark Helfand
Portland VA Medical Center (CIVIC)

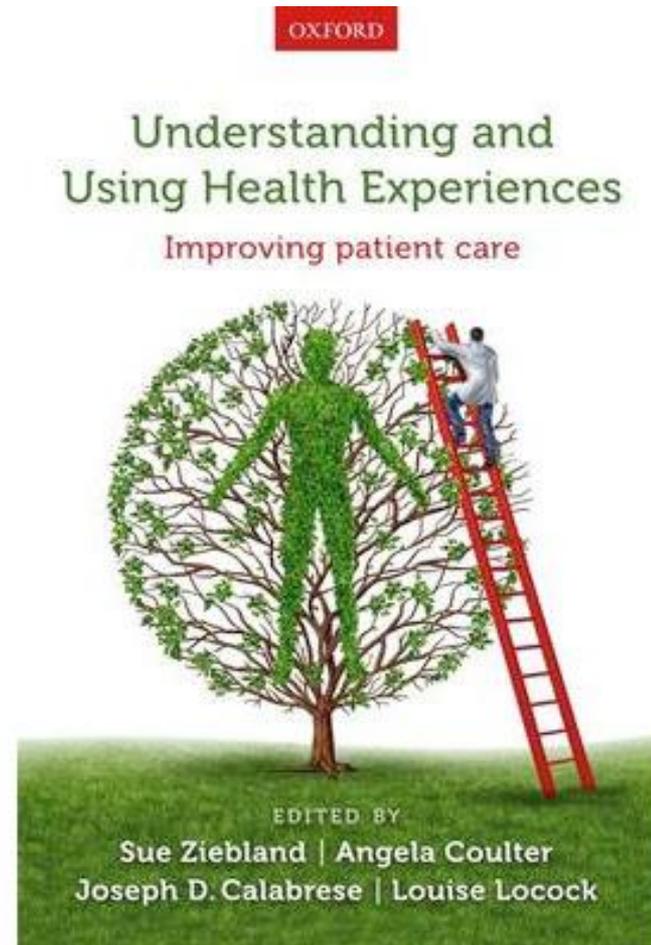
Health Experiences Workgroup members: Debra D'Allesandro,
Mark Flower, Sara Knight, Carolyn Ray, Susan Zickmund

Veteran Engagement Workgroup Recommendations

- 1) Adapt the key features of the approach used by the Health Experiences Research Group at Oxford and the DIPEX charity.**
- 2) Develop a public web-based resource for dissemination of health experiences research**
- 3) Set priorities for “Module” topics that mirror the anticipated priorities of VA and HSR&D over the next few years.
- 4) Create a network of researchers and partners
- 5) Develop guidance for IRB and privacy issues
- 6) Pilot the use of modules in development of research

What is Health Experiences Research (HER)?

- Interviewing people about their experiences with particular health conditions
- “...encourage the patient to tell the story of what has happened to them in their own way, focusing on the issues that are important to them.”
(Ziebland, Coulter et al., 2013)



Database of Individual Patient Experiences (DIPEX) approach.....

- Founded in 2001 by Health Experiences Research Group at Oxford University
- Systematic collection of patient stories to understand the broad range of experiences with disease & illness; in UK over 85 topics covered and 3000+ interviews completed
- Unique dissemination method (peer-reviewed publication, public facing website, transcripts available for secondary analysis)
- Multiple uses: patient/caregiver support; medical student & clinician education; quality improvement; policy and guideline development; health system design; and *to inform research*



Why DIPEX?

- Identify questions and problems that matter to patients
- Provide support and information to patients and caregivers
- Promote balanced encounter between patients and health professionals
- Be a learning resource for medical students, doctors, nurses and other health professionals



DIPEX methodology

- Aim is to represent the broadest possible range of perspectives, *using rigorous qualitative research methods*
- For each health condition (or module), researchers conduct at least 30 interviews, among patients from different backgrounds, recruited through a range of avenues (maximum variation)
- Interviews continue until no new ideas or experiences are voiced (saturation)

DIPEX methodology

- Transcripts coded by theme, with focus on both common and divergent experiences
- Researchers produce ~ 25 summaries in lay language, illustrated with video, audio, or written interviews clips (roughly 200-250 clips per module)
- Modules disseminated via publicly-available website (e.g. www.healthtalk.org); data available for secondary analysis and use (with permission)



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“ It gives us a unique look at what it's like to be on the receiving end. ”

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Welcome to healthtalk.org

Find information on a range of illnesses and other health-related issues from seeing and hearing people's real life experiences. Thousands of people have shared their experiences on film to help others understand what it's really like to have a health condition such as breast cancer or arthritis. **Find out more** or select from our list of health conditions above.



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25m

Have you seen our extensive range of teaching resources and trigger films? bit.ly/1sd5qt7 #meded #ukmeded

Expand

DIPEX International

www.dipexinternational.com





Health Experiences Research Network

healthexperiencesusa.org



Partnership between University of Wisconsin, Johns Hopkins University, Oregon Health & Science University, and Yale University.

Health Experiences Research Network (HERN) Steering Committee

Launched in in 2014

Rachel Grob, MA, PhD
Chair

Erika Cottrell, PhD, MPP

Kay Dickersin, PhD

Mark Helfand, MD, MPH

Kate Smith, PhD, MA

Nancy Pandhi, MD, PhD

Mark Schlesinger, PhD



US Health Experiences Modules

Two funded modules

- ✓ Depression in young adults (UW-Madison)
- ✓ Veterans with traumatic brain injury (VA/OHSU)

Proposed modules under review

- Gulf War Illness (VA)
- Pediatric cancer (NIH CTSA)
- Adults with congenital heart disease (NIH CTSA)
- Low back pain (Donaghue Foundation)



How can HER enhance patient engagement?

- ✓ Listening to patients to *capture a wide range of* experiences and priorities
- ✓ *Empowering patients* by giving voice to their story and choices about sharing their data
- ✓ *Bringing in voices that wouldn't be heard* through other engagement activities
- ✓ *From voice to voices* – synthesizing themes and disseminating to broad audiences– not just peer-reviewed literature



US Module: Veterans with Traumatic Brain Injury

Project team:

Erika Cottrell, PhD, MPP
Mark Helfand, MD, MPH
Lauren Saxton, MA, MS
Sara Dolen, BS
Joan Ash, PhD, MBA

Funding:

VA HSR&D FOP 15-001

WHAT'S YOUR STORY?

Are you a veteran living with a Traumatic Brain Injury?
Do you feel your experiences could benefit others?
Do you want your story to be heard?

Researchers at the Portland VA are looking for Veterans who are willing to share their experience of living with a Traumatic Brain Injury. Participants will take part in 1-2 interviews conducted by a member of our research team.

During the interview, we will ask questions about the experience of living with your illness and how it impacts your daily life. All interviews will be audio and video recorded. You will receive a **\$50 gift card** as compensation for your time.

This is a research study does not involve clinical visits or treatments of any kind.

Who can take part in this study?

- Veterans or active service members
- At least 18 years old
- Diagnosed with a TBI

What is the benefit of participating? By sharing your story, you will help VA researchers learn more about the issues that matter most to patients.

For more information about participation, please call: [503-220-8262](tel:503-220-8262) x52465.

Principal Investigators: Mark Helfand, MD, MPH; Joan Ash, PhD



VA
HEALTH
CARE | Defining
EXCELLENCE
in the 21st Century



VA
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CARE | Defining
EXCELLENCE
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Who did we talk to?

- 35 interviews and counting....
 - Oregon, Washington, Iowa, Minnesota, Texas, Maryland, DC
 - Age: 25-34 (44%); 35-54 (29%); 55-74 (27%)
 - 85% male; 15% female
 - 75% white; 25% non-white
- Continuing to recruit female and non-white Veterans



Listening to patients to *capture a wide range of* experiences and priorities....



Empowering patients by giving voice to their story and choices about sharing their data

Unique dissemination method

- Web-based module for public dissemination
- Data repository for VA researchers

Two-tiered consent process

- Informed consent to take part in interview and include interview transcript in VA data repository
- Consent to future use of interview for research and non-research purposes outside of the VA



Patients have control of what data is shared and how it is shared.....

I have reviewed my transcript and have crossed out any material that I wish to exclude. With the exception of those sections that I crossed out, I consent to my interview being available in the following format(s):

Check all that apply:

- Video recording of interview
- Audio recording of interview
- Written transcript of interview

I understand that my interview will only be used in the manner set out above. If I decide that I no longer want my interview to be used on the website (or for any other purpose) it will be removed, although I accept that it may not be possible to remove all existing copies from circulation.

Name: (block capitals) _____

Signature: _____ **Date:** _____

Web-based module

- Analysis and coding of interviews is ongoing
- We will produce at least 25 summaries of key themes written in lay language and illustrated with audio and video clips
- Summaries will be made publicly available on the www.healthexperiencesusa.org website



Establishing a VA Repository of Patient Narratives

- De-identified interview transcripts will be stored in a password protected data repository behind VA firewall
- Future modules – and other qualitative data – can be added to the repository

Future steps:

- Develop policies for sharing with VA researchers and others outside of the VA
- Assess best methods for organizing data? Raw transcripts? Coded by theme? Indexed?



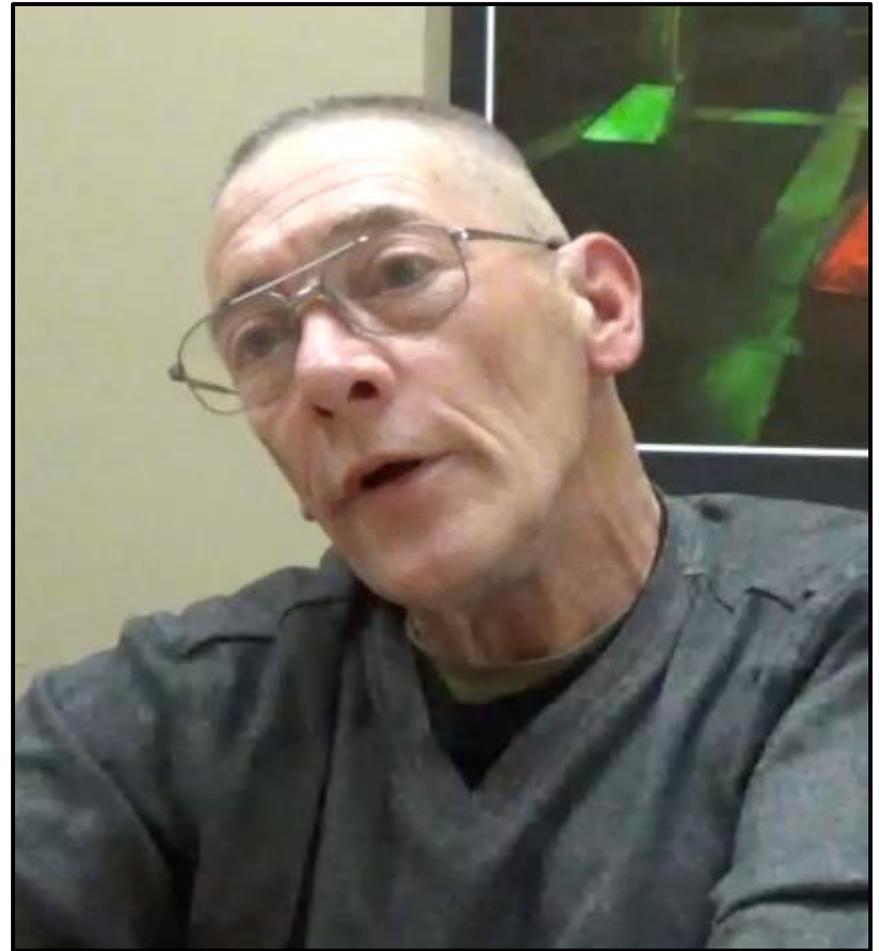
Experiences with Implementation

- Recruitment was slow at first...we learned that partnership with clinicians and Veteran organizations is important!
- The Veterans we interviewed were eager to share their stories
- Almost all were open to making part of their interview available as part of a data repository for future research
- Most were open to including excerpts from their interview (in text, audio, or video) on a public website



Why did you decide to share your story?

“For one thing, I don’t want these kids now ever go through the same, same stuff I did. And a lot of us Vietnam vets are – I can’t speak for the whole, whole demographic group, but there’s a lot of us that feel the same way, and we’re helping these guys coming back because we don’t want them to go through the ignorance and or abuse that we did. And I help them in that, you know, like I said about the benefits the VA has. Not just for PTSD – housing, education, the whole gamut.”



What would you tell other Veterans struggling with TBI?



"It's a process. I always tell people don't quit. It's not linear. It's going to get better but everybody is going to have setbacks. You're not going to be the same person you were before I tell everybody. My new birthdate is my head injury day. I'm never going to be the person I was before, so celebrate your new person."

How did it feel to be home?

“I just felt like a fish of water and still do, kind of lost that sense of purpose, sense of togetherness. Sometimes I wish I was just back deployed because being deployed was easier. You had a set thing to do, and now hear you’re just sort of tossed out. ”



US Module: Young Adults with Depression



US Module: Young Adults with Depression

Study Team

Rachel Grob, MA, PhD

Nancy Pandhi, MD, MPH, PhD

Meg Wise, PhD

Mark Schlesinger, PhD

Natalie Wietfeldt, BA

Cecie Culp, MPP

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- University of Wisconsin School of Medicine and Public Health
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- The Center for Patient Partnerships
- University of Wisconsin Department of Family Medicine and Community Health
- University of Wisconsin-Madison Health Innovation Program



Young adulthood: A critical time of change



Our Recruitment Flyer



**TELL YOUR
STORY
TO HELP
OTHERS.
FEEL LESS
ALONE.**

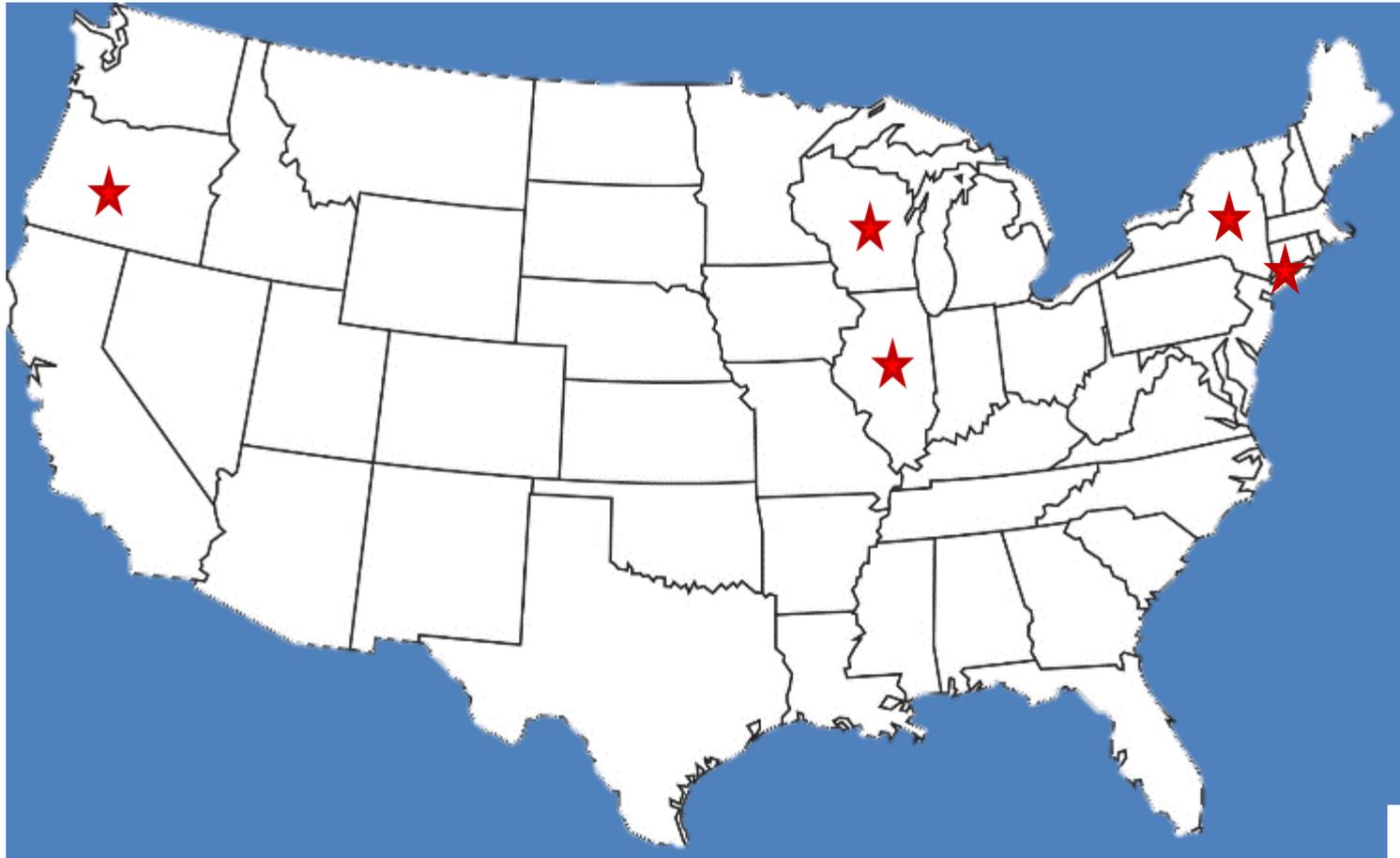


As part of a new project, researchers in the Department of Family Medicine at the University of Wisconsin are trying to find young adults (ages 18-29) interested in sharing their experiences of having depression. The project's goal is to create a module on a website with information for individuals and their caregivers about others' personal experiences living with depression. You will be compensated \$25 for participating. Please call or contact us via text (608-285-2078) or email (healthtalkus@gmail.com) if you are interested.

healthtalkus@gmail.com Call or Text: 608-285-2078



Where we've Interviewed



Young Adults' Experiences of Depression in the U.S.

Topics	People's Profiles	Resources & Information	Credits
<p>Overview</p> <p>▼ First experiences with depression (2)</p> <p>Depression and feeling different when young</p> <p>Young adults' views about what causes depression</p> <p>▶ Living with depression (19)</p> <p>▼ Getting help: seeking assistance and treatment (5)</p> <p>Getting professional help for depression</p> <p>Therapy and counseling</p> <p>Depression, medication, and treatment choices</p> <p>Depression treatment in emergency rooms and hospitals</p> <p>Holistic and integrative approaches to depression</p> <p>▼ Helping yourself: support, self-care, and feeling better (7)</p> <p>Having a purpose in life</p> <p>Building relationships that work when depressed</p> <p>Depression and pets</p> <p>Depression and strategies for everyday life</p> <p>Cycles of depression and maintaining hope</p> <p>Depression, spirituality, and faith</p> <p>Depression and healing</p> <p>▼ Messages to others (2)</p> <p>Messages to family and friends: how to support a person with depression</p> <p>Messages to other young adults with depression</p>	<h2>Overview</h2> <p>In this section you can find out about experiences young adults ages 18 - 29 have with depression by seeing, hearing and reading personal stories they shared with us. Our researchers travelled to several regions and many different communities throughout the United States to talk to 38 young people in their own homes or community settings. Find out what people said about issues such as growing up in the shadow of depression, dealing with combinations of depression and anxiety, deciding whether and when to "go public" with their condition, and finding strategies for everyday life or how to maintain hope as they cope with depression.</p> <p>The young people who shared their stories did so for varied reasons. Their voices and personal experiences differed. But they shared a belief that speaking up and telling their stories would matter – both to themselves and to others.</p> <p>Young adults and depression in US</p>  <p>Young adults who told their stories for this website also wanted to be sure to remind visitors to the website like you that if at any time you need immediate crisis assistance, help is available. Please visit our resources for more information.</p> <p>Dr. David Rakel of the University of Wisconsin, provides some background on these experiences and offers ideas for how to explore this content.</p> <p>Dr. David Rakel, Family Physician at Th...</p> 	<p>Next Topic ▶</p>   <h2>EXPERIENCES OF DEPRESSION IN U.S. YOUNG ADULTS</h2>	



Young Adults' Experiences of Depression in the U.S.

Topics	People's Profiles	Resources & Information	Credits
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Overview

Next Topic ▶

▶ **First experiences with depression (2)**

▼ **Living with depression (19)**

- How depression feels
- Signs and symptoms of depression
- Depression and eating disorders
- Depression and anxiety
- Depression and obsessive compulsive disorder (OCD)
- Depression, substance use and abuse
- Depression and self-harming
- Going public with depression?
- Depression and abuse
- Depression and identity
- Depression and relationships
- Depression and school
- Depression and everyday tasks
- Depression and work
- Depression, bias, and disadvantage
- Barriers to care
- The positive sides of depression
- Depression and suicide
- Depression and transitions to adulthood

▶ **Getting help: seeking assistance and treatment (5)**

▶ **Helping yourself: support, self-care, and feeling better (7)**

▶ **Messages to others (2)**

Overview

In this section you can find out about experiences young adults ages 18 - 29 have with depression by seeing, hearing and reading personal stories they shared with us. Our researchers travelled to several regions and many different communities throughout the United States to talk to 38 young people in their own homes or community settings. Find out what people said about issues such as growing up in the shadow of depression, dealing with combinations of depression and anxiety, deciding whether and when to "go public" with their condition, and finding strategies for everyday life or how to maintain hope as they cope with depression.

The young people who shared their stories did so for varied reasons. Their voices and personal experiences differed. But they shared a belief that speaking up and telling their stories would matter – both to themselves and to others.



EXPERIENCES OF DEPRESSION IN U.S. YOUNG ADULTS



Young adults who told their stories for this website also wanted to be sure to remind visitors to the website like you that if at any time you need immediate crisis assistance, help is available. Please visit our [resources](#) for more information.



Dr. David Raket of the University of Wisconsin, provides some background on these experiences and offers ideas for how to explore this content.



▼ **First experiences with depression (2)**

Depression and feeling different when young

Young adults' views about what causes depression

▼ **Living with depression (18)**

How depression feels

Signs and symptoms of depression

Depression and eating disorders

Depression and anxiety

Depression and obsessive compulsive disorder (OCD)

Depression, substance use and abuse

Depression and self-harming

Going public with depression?

Depression and abuse

Depression and identity

Depression and relationships

Depression and school

Depression and everyday tasks

Depression and work

Depression, bias, and disadvantage

Barriers to care

The positive sides of depression

Depression and suicide

Depression and transitions to adulthood

▼ **Getting help: seeking assistance and treatment (5)**

Getting professional help for depression

Therapy and counseling

Depression, medication, and treatment choices

Depression treatment in emergency rooms and hospitals

Holistic and integrative approaches to depression

▼ **Helping yourself: support, self-care, and feeling better (7)**

Having a purpose in life

Building relationships that work when depressed

Depression and pets

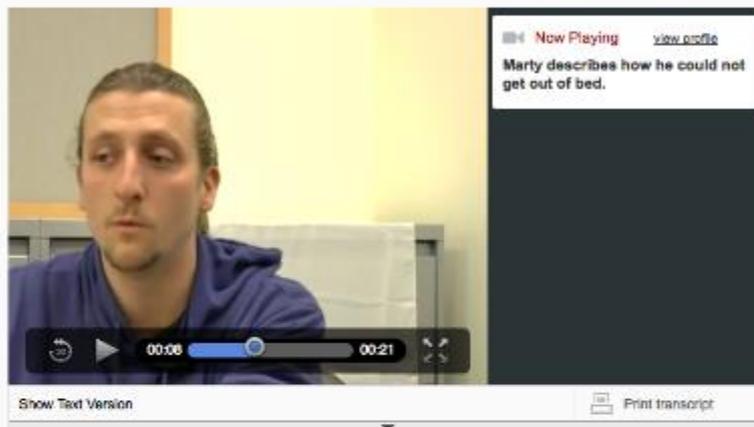
Depression and strategies for everyday life

Cycles of depression and maintaining hope

How depression feels

In the United States, clinical guidelines and/or DSM-V Criteria describe specific signs and symptoms professionals can use to diagnose depression*. In this section of the website, we focus on something different: how depression feels to young adults while they are living inside of it, as described by those we interviewed. (For summaries of how it feels for young adults to cycle in and out of depression, or how it feels to be healing from it, see ["Cycles of depression and maintaining hope"](#) and ["Depression and healing."](#))

Young adults have a variety of experiences with depression, but one thing all those we talked to shared is the feeling that they are somehow separated from the rest of the world. Each person described, in one way or another, being in their "own little world," losing their motivation to do things, and becoming socially isolated. One person talked about "feeling so alien to the rest of the world around me." Sam said that when he's depressed he has to "unplug and not really communicate with anyone."



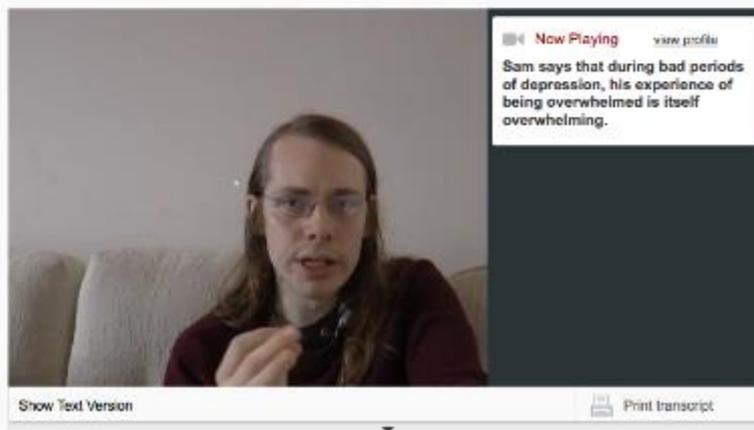
Now Playing [view profile](#)

Marty describes how he could not get out of bed.

00:08 00:21

Show Text Version [Print transcript](#)

For many people, that sense of isolation was accompanied by feeling overwhelmed. Some described this as everything becoming unmanageably "abrasive to my senses": bright lights, groups of other people, noise, daylight. Others talked about everyday responsibilities like school work becoming "frightening," or dissolving in tears while in public without knowing why.



Now Playing [view profile](#)

Sam says that during bad periods of depression, his experience of being overwhelmed is itself overwhelming.

Show Text Version [Print transcript](#)

Metaphors about depression

For many of those we interviewed, ordinary language and descriptions were not nuanced enough to



▼ First experiences with depression (2)

Depression and feeling different when young

Young adults' views about what causes depression

▼ Living with depression (19)

How depression feels

Signs and symptoms of depression

Depression and eating disorders

Depression and anxiety

Depression and obsessive compulsive disorder (OCD)

Depression, substance use and abuse

Depression and self-harming

Going public with depression?

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Depression and work

Depression, bias, and disadvantage

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Depression, medication, and treatment choices

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Holistic and integrative approaches to depression

▼ Helping yourself: support, self-care, and feeling better (7)

Having a purpose in life

Building relationships that work when depressed

Depression and pets

Depression and strategies for everyday life

Cycles of depression and maintaining hope

Depression, spirituality, and faith

Depression and health

Depression and work

Many young adults between the ages of 18 and 29 have not yet had time to develop a long or diverse work history, regardless of whether they are depressed. Nonetheless, most people we interviewed talked about the impact depression had on their experiences with work, and/or about how work influenced their depression. Some also described how and whether they "went public" with their depression in professional environments, or what role income (or its absence) played in their lives.

Work making depression easier

A number of people described how work functions as an effective antidote to feelings of isolation, powerlessness, or low self-esteem that accompany depression. For some, being busy with work and "having a routine" as well as needed income was a tremendous help: as Meghan put it, "busy people are organized people and [having a campus job] has helped a lot... just being committed to something [and]... having a schedule that I can maintain." Other people talked about work as a "productive distraction" which provides relief from endlessly "thinking about how I'm feeling." Marty used his job to practice "step[ing up] and being a leader."



Now Playing [view profile](#)

Joey says getting even a "crappy" job added necessary structure to his life and immediately made him less depressed.

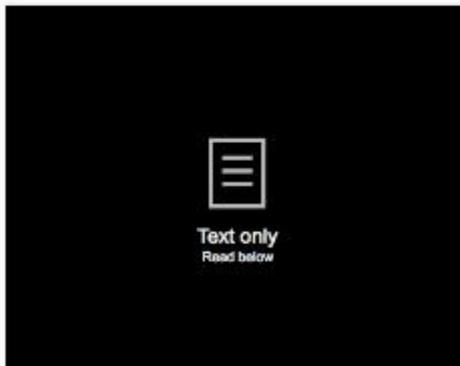
[view profile](#)

For Jacob, having a job creates a positive feedback loop: interacting with others lessens his depression, which in turn creates more motivation to excel at work, which lessens depression yet more.

Show Text Version

Print transcript

A few people mentioned how the substantive focus of their work or the specific requirements of their job challenged them to move through symptoms of depression by making it necessary to "come out of my shell" or to be intensely "emotionally aware" of self and others. The opportunity that work creates to meet and spend time with other people was highlighted by several people as particularly meaningful.



Now Playing [view profile](#)

Colin's job gives him the chance to be "part of something" with other people.

Show Text Version

Print transcript

The friends I met now I've met through my job, I work at a dining hall. I got promoted, I applied for the promotion, I'm a supervisor there.

Profile Info [view profile](#)

Age at interview: 20

Sex:



Young Adults' Experiences of Depression in the U.S.

Topics

People's Profiles

Resources & Information

Credits

▶ **Men age 18-20 (3)**

▶ **Women age 18-20 (5)**

▶ **Men 21-24 (6)**

▶ **Women 21-24 (8)**

▼ **Men 25 and over (7)**

Pete

Marty

Joey

Jason

Jacob

Jackson

Ben

▶ **Women 25 and over (9)**

Men 25 and over



Pete

Pete's depression became noticeable as a young adult, but looking back he thinks he had...



Marty

Marty has struggled with depression, anxiety, and other issues since childhood. He has...



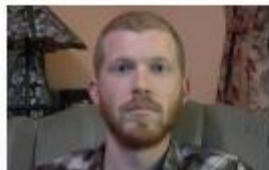
Joey

Joey had some extended periods of low mood earlier in his life, but the first time he...



Jason

Jason's first serious bout of depression happened once he was away at college, but looking...



Jacob

Jacob, 25, noticed symptoms in early high school and was diagnosed with depression and...



Jackson

Jackson, 27, experienced childhood abuse, father's suicide and mother's imprisonment....



Ben

Ben's depression began when he was 13. He was diagnosed with depression and schizophrenia...



Empowering patients by giving voice to their story and control over how it is shared

- Ongoing communication to review and approve materials
 - Feeling seen
 - Redacting materials
- Ongoing engagement:
 - e-mail
 - Advisory Group
 - Sampling
 - Topic Summaries
 - Bios



*Bringing in voices that wouldn't be heard
through other engagement activities*

For example, engaging quiet and diverse voices



“... many of the most important institutions of contemporary life are designed for those who enjoy group projects and high levels of stimulation...”



... and Helping Every Voice be Heard

Amplifying patients' voices



Young Adults' Experiences of Depression in the U.S.

Topics	People's Profiles	Resources & Information	Credits
<ul style="list-style-type: none">▶ Men age 18-20 (3)▼ Women age 18-20 (5)Sierra RoseNatashaMeghanMaraCrystal▶ Men 21-24 (8)▶ Women 21-24 (8)▶ Men 25 and over (7)▶ Women 25 and over (9)	<p>◀ Previous Person</p> <h2>Natasha</h2> <p>Next Person ▶</p>  <p>Female Age at interview: 20 Age at diagnosis: 19</p> <p>Brief outline: Natasha (age 18) grew up in a small-town religious family. At college she was lonely and started skipping classes. Upon failing a class, she was diagnosed with depression and social anxiety. Medication and counseling, as well as having friends, have helped.</p> <p>Background: Natasha is a student at a large university who lives in a dorm room on campus. She is African American.</p> <h3>Audio & video</h3> <div><p>Now Playing view profile</p><p>Natasha describes how being depressed changes her sleep patterns.</p><p>view profile</p><p>Natasha describes how bad social interactions trigger her depression.</p><p>view profile</p><p>Natasha found treatment readily available in college, but was disappointed that only the first few visits were free, since she was unable to</p></div> <p>Show Text Version Print transcript</p> <p>I guess usually when I'm like feeling like very sad and depressed I don't sleep normal hours or like healthy hours. I wake up all night and then I sleep through the day. So, I would like set my alarm to get up for class I would ignore it and go back to sleep and then I would wake up and feel bad that I missed class and I would get even more down and then it's just sort of like a spiraling kind of thing because you feel bad about missing class so you stay in and feel bad and you start missing stuff and it piles up and you feel even worse and worse so yeah. I guess when it starts it's like very difficult to stop it. If I don't stop it quickly it gets out of control.</p> <h3>Profile Info</h3> view profile <p>Age at interview: 20 Sex: Female Age at diagnosis: 19 Background: Natasha is a student at a large university who lives in a dorm room on campus. She is African American.</p>		

Natasha did not really suspect she had depression until entering college, but looking back, she realizes she's had depression "for a long time." In middle school, she remembers feeling "sort of down, like



Young Adults' Experiences of Depression in the U.S.

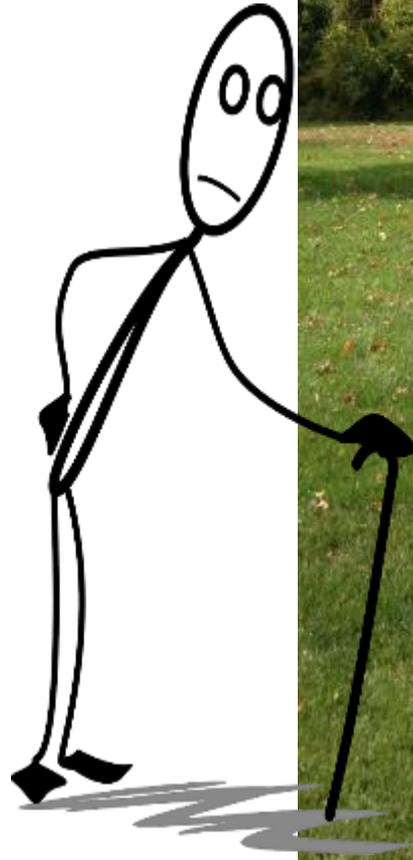
Topics	People's Profiles	Resources & Information	Credits
<ul style="list-style-type: none">▶ Men age 18-20 (3)▶ Women age 18-20 (5)▶ Men 21-24 (6)▶ Women 21-24 (6)▶ Men 25 and over (7)▼ Women 25 and over (9) <ul style="list-style-type: none">WhitneyTiaShayneSaraSallyMyra▶ MayaJuliaElizabeth	<p>◀ Previous Person</p> <h2>Maya</h2> <p>Female Age at interview: 27 Age at diagnosis: 15</p> <p>Brief outline: Maya (age 27) grew up in an emotionally abusive family and was diagnosed at age 16.. She also has complex PTSD, anxiety, and chronic pain. Healing strategies includes medication, holistic modalities, therapy and reading.</p> <p>Background: Maya manages an adolescent program in a community center and lives with her boyfriend. She is Chinese American.</p> <h3>Audio & video</h3>  <p>◀ view profile Maya discusses her early experiences with anxiety.</p> <p>▶ Now Playing view profile Maya is able to act upbeat even when her depression is bad – a skill she sees as connected to the “insincere culture” around her.</p> <p>▶ view profile Maya says her Chinese mother’s untreated mental illness, cultural beliefs and expectations combined to</p> <p>Show Text Version Print transcript</p>		Next Person ▶

Maya was diagnosed with depression in high school. She also has anxiety and complex PTSD, along with chronic fatigue and pain. She grew up in a Chinese American “academic family” that was riddled with untreated mental illness. Her family had high expectations and was emotionally abusive, which eroded her self-esteem and set her up to be a target for sexual abuse. By high school her anxiety, depression and health problems resulted in many missed school days; her fabulous grades plummeted. Eventually Maya’s parents got her connected with mental health services. She was prescribed and took Zoloft at various dosages through high school. With medication her “emotions just flat lined... no highs and ... no lows”. But she could function in her household until it was time to leave for college.

In college Maya hung out with “the free thinker, misfit, creator types” among whom mental health issues were “almost a given”. Overachieving, which was “applauded in academia” and in her culture was her coping mechanism. While a fulltime student, she worked, volunteered, participated in several organizations, and maintained friendships and a relationship. She was constantly sick and stressed out. When her body “just crapped out”, her doctors prescribed Adderall and other stimulants.

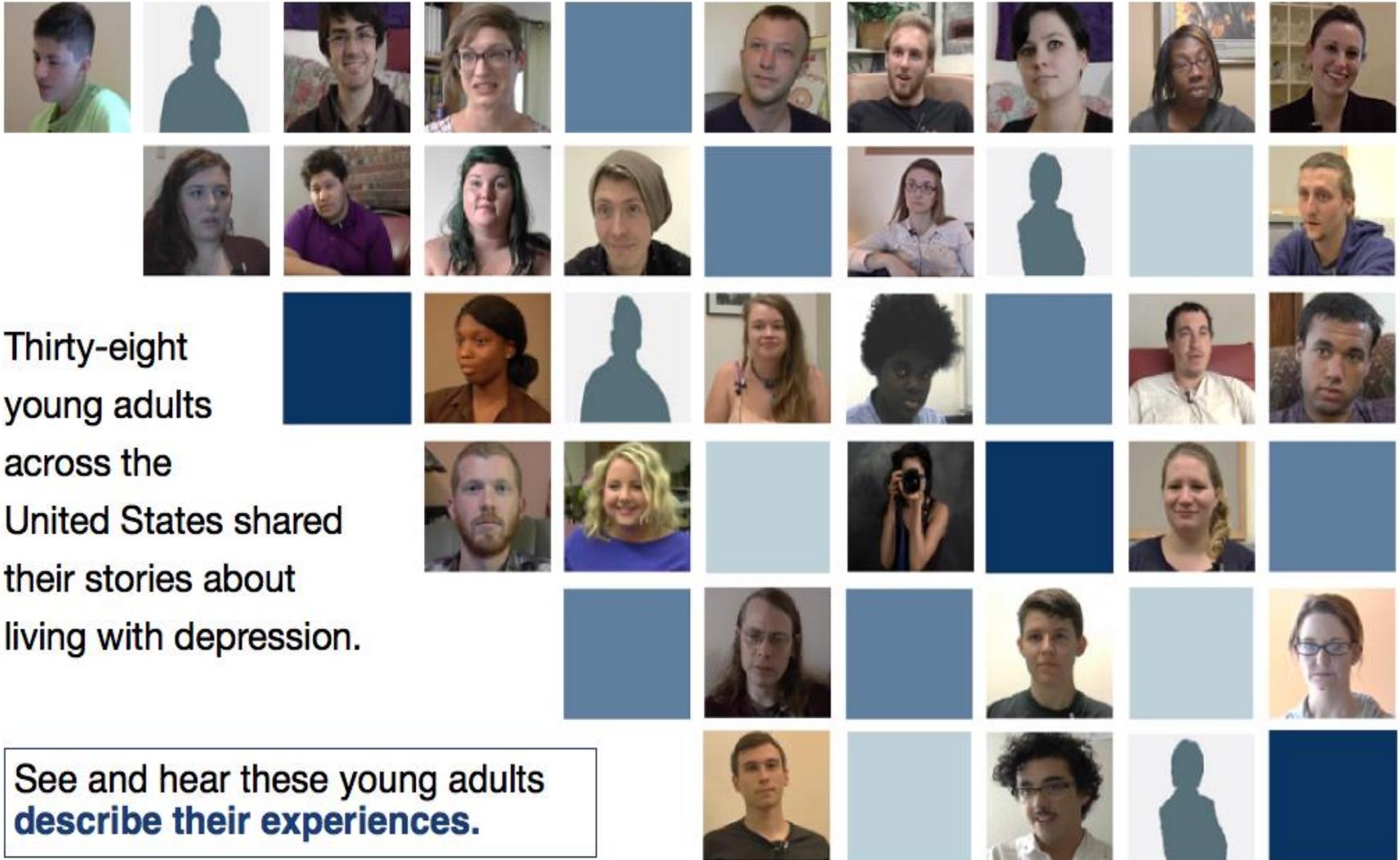


*From
Voice*



.....to Voices

Young Adults' Experiences With Depression



Thirty-eight young adults across the United States shared their stories about living with depression.

See and hear these young adults **describe their experiences.**



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Questions?

Thank You!