The Medical Mind
Personal Perspectives on Major Depressive Disorder – Part 1

Voiceover (00:04):

This is The Medical Mind, a podcast about innovations in mental health care from the American Psychiatric Association. This special episode is co-presented by SMI Adviser, a clinical support system for serious mental illness, and by NAMI, the national Alliance on mental illness. SMI Advisor is funded by the Substance Abuse and Mental Health Services Administration and administered by the American Psychiatric Association. These podcasts include the real life experiences of people with mental illness and family members. Some of the content includes discussions of topics such as suicide attempts and maybe triggering. If you are in need of support at any time during the podcast, please contact the NAMI helpline at (800) 950-6264. Available from 10:00 AM to 6:00 PM Eastern time, Monday through Friday.

To receive 24 seven crisis support, please text N A M I to seven four one seven four one or call the National Suicide Prevention lifeline at (800) 273-8255. The topic for this episode is major depressive disorder. It is the first of a two part discussion led by Dr. Ken Duckworth. He leads a deep discussion that offers insights for individuals, family members, and mental health professionals. Living with it, loving someone who has it, treating it, the impact of cultural identity and so much more. Let's dive right in.

Ken Duckworth (01:21):

Hi, it's Dr. Ken Duckworth. I'm the Chief Medical Officer for the National Alliance on Mental Illness or NAMI. Welcome to our podcast, where we're interested in learning from people's experience and cross-matching that with the research literature. Today we're discussing major depressive disorder, and we're very fortunate to have a married couple, one who has lived with major depressive disorder, and his spouse. And we also have a researcher who has spent his career working on this.

Our guests today are Marty Parrish from Iowa, his wife, Peggy Huppert, also from Iowa, who's the executive director of NAMI, Iowa, and Dr. Andy Nierenberg from the Harvard Medical School and the Mass General Hospital, who is a long time friend of the NAMI family and has done a tremendous amount of work in mood disorders. I'd like to start with Marty. Marty, tell us a little bit about what your experience is now with depression and how long this has been in your life.

Marty Parrish (02:20):

Sure. My experience now is that I'm maintaining would be the best word, I'm in recovery. I have not had a major depressive episode now in about three years which is just an astronomical amount of time for me. My first episode that I draw back to occurred when I was 17 years old, so that's 40 years ago that I have had reoccurring episodes of depression, and this is both under treatment with therapy and with medications. But to go three years without a major depressive episode just seems almost miraculous.

Ken Duckworth (02:55):

Is this your longest run Marty? Is three years your longest?

Marty Parrish (02:58):

This is my longest run, and that's even with medication. And we can talk about that because once many depressives, and I'm included, once the medication starts working after about six months or so you're thinking I might not need this anymore. You slack off, and in my case I found through the hard way that I had about an eight month window before I slipped back into the deep dark depths of depression.

Ken Duckworth (03:23):

Meaning once you stopped the medication you still had a runway?

Marty Parrish (03:27):

Yeah.

Ken Duckworth (03:28):

But then after eight months or so, is that accurate? I think that's a pretty common experience.

Marty Parrish (03:33):

That's my understanding too, from other people I've talked with. The first four weeks after you stop the medication is just fine, you feel really good. So again, that reinforces the notion you don't need the medication. And what many don't realize until much later is you begin to slip and slide into depression in a way that you don't recognize, and the other people start to notice it but you don't. And by the time you recognize you've slipped into it, you're stuck buddy, you are there.

Ken Duckworth (04:04):

So one of the things my patients have told me over the years is taking medicines every day when you feel well is just an unfortunate or negative reminder of the fact that you live with a particular vulnerability. Is that what the thinking was for you or is it more really, "I'm obviously good to go this time?"

Marty Parrish (04:23):

Combination of both. In many cases you want to believe that you have been cured, you want to believe that your brain has fixed itself, that you no longer need it, and you don't want to be reminded that you have to take it. The second thing is, yeah, you've had six months now feeling good, you're good to go, should not be a problem. And I think in the early days there was thought that maybe six months of treatment would be enough to last a lifetime for some people, maybe it is, but for someone suffering with chronic episodes, that's not the case. You will go back down.

Ken Duckworth (04:59):

Can you tell us a little bit about your spouse Peggy and how you shared this with her when you were dating, and what you have learned together from your experience. I'm also going to be asking Peggy about this but I just wanted to start with your introduction of your wife.

Marty Parrish (05:15):

I don't know how much I hid at the beginning because I self medicated and stayed in a pretty good mood, that I drank a lot of alcohol, and so she couldn't see the depression. In fact, I don't think she saw it until several months after we had been dating. A little background here, I'm originally from Arkansas, but I did go to the University of Michigan, I got out of the South for awhile.

I spent some time on Capitol Hill, worked as a volunteer legislative assistant. I came to Iowa in 2007 to work as a volunteer initially with Joe Biden's campaign. I got picked up as IT coordinator and I worked on staff for the campaign through the Caucasus. It was during that time that I met Peggy, and what she didn't know is that I was actually running from my loss of pretty much home life, everything in the South, as a result of depression and drinking. After the campaign was over and I crashed, she saw me become very isolated, very uncommunicated for three or four days at a time. And I think that's when she thought she made a big mistake.

Ken Duckworth (06:25):

Well let's ask Peggy a little bit about that. Peggy, can you talk a little bit about your life with Marty and how depression fits into it? Obviously not the whole story, but today we're trying to understand how spouses and individuals can do best with major depression.

Peggy Huppert (06:41):

Sure. I had suffered from episodic depression so I was somewhat familiar with it. I recognized it when I saw it. And Marty's right, when I met him he was at the thick of the Caucasus campaign. He was working a lot and he was very excited and motivated to help elect Joe Biden, and then the Caucasus happened and it was not a very good result for Joe Biden and he really did crash. Then he went back to Arkansas so I didn't see the crash for too long before he left. He ended up coming back but it was very much a rocky on again, off again relationship for a while, before we finally got things resolved to the point where we decided to make a go of it.

But Marty's right too, he was drinking heavily. He was also using tobacco so that was masking a lot of what was really going on. I knew he was drinking too much but I didn't know the depths of his both anxiety and depression. And it would come out in different ways at different times. For a long time I had no idea of really how much he was suffering and how much he had suffered. Even though I had dealt with it with my daughters this is just a completely different thing, so I was in the dark really.

When I finally took Family-to-Family five years ago, I had the reaction that a lot of people have which is, "Oh man, if I had only known." I feel like I did so much wrong because I didn't know, and then you have guilt about that. But what I've learned from NAMI is you can only do with what you know at the time, and when you know better you do better. I worked for the Cancer Society at the time, I was the director of government relations. And I consider myself to be a fairly informed, knowledgeable, enlightened person, but I was very naive.

Ken Duckworth (08:57):

But one of the key on one thing that Marty said, and I want to ask you about this Peggy. Marty said sometimes other people notice that you're starting to slip into a depressive episode, but that you the individual with the condition may not. Is this something you can talk about in your marriage? Can you say, I wonder if, or I'm noticing that, how is your communication about identification over recurrence?

Peggy Huppert (09:22):

Yes, that's definitely true. They also said, when Marty went through TMS, the spouse will probably notice improvements before a patient will. And I think that was true. But I can also almost immediately tell when I see him, whether we'd been apart for the day or whatever, it's been just from the expression on his face, if he's having a good or a bad day. And sometimes he'll say, "Yeah, you know what? You're right. This has not been a good day. What told you that?" Just from his expression or the way he responds to something I say or something I asked, so I think it's definitely true, but I think a lot of times as people close to others who are suffering, we have to become aware of what those things are.

Ken Duckworth (10:09):

Yes.

Peggy Huppert (10:10):

We have to learn the best way to raise it with the patient. So one of the things I've learned is I don't ask why, because that is triggering for Marty. Don't ask me why. I'm not perfect at it, but trying to find different ways of raising it with him that is not going to make him defensive.

Ken Duckworth (10:35):

Mm-hmm (affirmative). And Marty, have you been able to communicate with Peggy, "Here's the kind of feedback that works best?" Because it sounds like she's really figured out that why is not a winning pathway with you.

Marty Parrish (10:49):

Absolutely. That was one of the things that I can't explain why it's triggering. I did take her with me to a therapy session so the therapist could explain it. It turns out that why can be considered a judgemental word I guess, it's the way he put it. It's a word of judgment and be taken that way, and that seemed to be the way I was taking it. So what I did say to Peggy, I said, "I don't know, but when you ask me why you trigger me," I said, "So let's use a Southern phrase how come."

I said, "That doesn't bother me as much, if you ask me how come I didn't shut the door to the refrigerator after I got the milk out, that's not nearly as bad as asking me why I didn't shut the door when I got the milk out of the refrigerator."

Ken Duckworth (11:31):

Mm-hmm (affirmative). Your Arkansas background, you can hear it. And this is the art of communication with all marriages of course. But when you're talking about something vulnerable, it's the potential to activate defensiveness. It's crucial to develop these communication patterns where you can not be defensive because of course your spouse is likely to be your best early warning signal if you can't see it yourself. You did mention TMS, that's transcranial magnetic stimulation. We'll talk about that later. You did mention NAMI's Family-to-Family which is our free course that supports families, and given more than half a million people and has been shown in randomized controlled trials to help families feel more empowered and hopeful. And it provides a lot of information.

I want to turn to our academic colleague, Andy Nierenberg. Dr. Nierenberg, Peggy and Marty have figured a lot out about communication but I also wanted to just say, in your travels as a researcher, I was taught that depression was an acute condition. Marty is describing it more as a recurrent condition which I now see from the literature is more how people think about it. So I want to start there. I was taught you had an episode, then you were fine, then you had an episode. But then later of course I've come to learn there's different ways to conceptualize. Can you comment on that please?

Andy Nierenberg (12:58):

Sure. So part of it is that about 50% of people who experience an acute episode may have that episode and no others, whereas the other 50% can have it come back. There are all sorts of risk factors for that, part of it has to do with how old you had your first episode. The older that you've had it the more likely it is to come back. There's a sense that people can be sensitized to stress and that it can take less and less of a stress over time that can provoke the episode of depression with a flavor of the stress is usually loss. We all know life can be full of all sorts of losses, some of which are easier to deal with and some of which are more challenging.

Ken Duckworth (13:53):

Andy, do you find that couples who can talk about anticipating an early identification of depression promote a healthier way of approaching the condition?

Andy Nierenberg (14:06):

Yes, and I think Marty put it very well in the questioning of the question why, that if Marty experienced that as judgmental, like "Why'd you do that?" As opposed to, "How come you did that?" The why sounds a lot more accusatory. I think if couples can be supportive of one another where the person who has the depression can be open to observation as opposed to accusation, I think that can help. Whereas, "I didn't realize I'm doing this," or, "I didn't realize that perhaps these are the early signs that it's coming back. So thanks for observing that."

Ken Duckworth (14:50):

Thank you Andy. I want to go back to Marty. Marty, can you talk a little bit about when you first thought you might have a depression, how you interpreted it and how the people around you thought about it with you?

Marty Parrish (15:04):

Interestingly, a lot of people still look at the way I looked at depression, they still look at it in the same way. It has to do with my religious upbringing, and my religious upbringing was one that any issue you have, particularly a emotional or a mood issue is somehow spiritual or related. God's trying to tell you something or you're not doing something right. The first time I had depression, that first episode, I knew that it was depression but I wasn't completely aware that it was depression. I thought maybe I was having a spiritual breakdown of some sort. The answer to that issue is to go out and pray more and get involved in church, and admittedly social engagement helps alleviate someone's mood. But in my case I'd gotten to the point that I literally, for a couple of weeks there, couldn't interact with anyone.

So that religious background, that attitude actually hindered my recovery, hindered me seeking help for many years. I went through college and I went and worked on my master's and I completed a master's in 86, but it wasn't until 1987 that having four shots of rum before I went to church one morning made me realize that maybe I've got a problem. I needed the four shots of rum because I was really too depressed and didn't have the energy to go to church. When church was over I'd had enough for whatever reason and I went to an urgent care clinic, and that was the first time I saw treatment.

Ken Duckworth (16:39):

So you recognized that the drinking that you were doing in order to function to get to church was over a line and then you went to urgent care. How old were you then?

Marty Parrish (16:50):

I would have been 24 at that time.

Ken Duckworth (16:53):

And your first episode began at what age?

Marty Parrish (16:57):

At 17, so this was seven years.

Ken Duckworth (17:01):

You had many years when you were not getting help.

Marty Parrish (17:04):

Yeah.

Ken Duckworth (17:04):

And how did the church view alcohol? Was that considered a problem or was that just ordinary life?

Marty Parrish (17:13):

I'm Southern Baptist, you don't drink. That's not an option. The option is you need to read the Bible and you need to pray more. I have an interesting story of that period. A couple of years before I went to the doctor and urgent care on that Sunday I was having coffee with a friend of mine. We went to high school together and we were having a conversation about depression because he was depressed. I had just read a book called the mask of melancholy by John White, who of all things was a Christian psychiatrist. So if a Christian psychiatrist can wite about depression maybe it's something real, maybe it's medical or not spiritual. And that's what I learned in that book. Explaining that to my friend, he didn't accept that. A few years later, I'm on my way to recovery.

Ken Duckworth (17:59):

Oh my. Let's talk a little bit about alcohol. It's common for people to use substances to try to change their state. And that can be challenging to find treatment that addresses both substance use and psychiatric vulnerability like major depression. Can you talk a little bit about how alcohol weaves into this narrative of depression?

Marty Parrish (18:25):

My experience with alcohol was not lifelong. In fact, the first time I began to use alcohol was to alleviate the depression. So to me it was a legal method of dealing with something that was causing me pain but I didn't have to go to the doctor and be considered crazy. I'm using that term with quotations crazy because that's the environment I was coming out of, that if you got depression you're crazy.

Ken Duckworth (18:50):

People didn't always use the most helpful terms particularly back in the day.

Marty Parrish (18:54):

Right, exactly. Which is one of the reasons I'm trying to help now tell the story is to break that stigma a little bit. Now as you grow older and you become more tolerant of alcohol you use more and more and more of it, and of course your depression, the longer it lasts the worse it can be. I could have periods where I wouldn't drink, but many times those periods occurred after I'd gotten on medication and become stable. My first medication was Elavil, that had such a sedating side effect there was no way I was mixing alcohol with that. That may have been the thing to help break that alcohol dependency to some degree, because once the Elavil kicked in about six weeks later the light came on, like in a dark room, and I was no longer depressed. And I saw for the first time in my life that I can live a life without depression. So that helped break that cycle of depression and drunkenness.

Ken Duckworth (19:50):

When you felt better, were you no longer looking for alcohol to change how you felt? Or did you do recovery groups or psychotherapy? How did the treatment for the depression contribute to your sobriety?

Marty Parrish (20:04):

For the most part, if I were not depressed, if I was healthy, I didn't actively seek alcohol. Now that's not to say that I wouldn't maybe have a drink but it was rare. You could tell when I was getting depressed because if I were going to have a drink or a glass of wine it was never just one.

Ken Duckworth (20:23):

I see, when you're going to go for it, your thinking was let's do this bigger.

Marty Parrish (20:29):

Right, over time that became the issue. And that began to interfere with everything, not just from the consequences of drinking but also it made it impossible to deal with the alcohol. And that's one of the things I was going to say, that some of the newer medications don't have a noticeable impact. A person doesn't realize that medication's working on them and if they continue to drink that medication is not going to work for them because it's basically going to be knocked out by the alcohol.

I had to learn that the hard way by going through it many times, luckily for me I had a therapist, and my wife Peggy sat down nine years ago and say, "If you don't give up the alcohol, tough love. You're not going to make it and we can't help you. You're going to make a decision, either the alcohol or us." It took that equation away from the depression because I can't deal with the depression until we deal with the alcohol at that point. It had gotten so bad.

Ken Duckworth (21:25):

Peggy, what was that like for you? It sounds like you really gave Marty very clear feedback.

Peggy Huppert (21:32):

I did. The drinking had gotten really bad and I know Marty says that for a lot of his life that he was a happy drunk and he was fun to be around. And that actually was the case when I first met him. As we went along, when he would drink he would get very angry.

It was really scary and culminated on the 4th of July, we were at a party and he drank too much and then he disappeared and came back later and was violent. I had to call the police. He was in therapy, he was taking medication at the time, but he was not being honest with his therapist about his drinking. His therapist had no idea. And so we all got together and I relayed some of the things that had been happening and it was an ultimatum. He said, "AA is not going to do it Marty, you're going to have to check yourself into Powell," which is a local hospital-based treatment.

Voiceover (22:34):

That's all for this episode of The Medical Mind. Look for the second part of this discussion led by Dr. Duckworth in the Medical Mind episode list. The mission of SMI Advisor is to advance the use of a person-centered approach to care that ensures people who have serious mental illness find the treatment and support they need. Learn more at smiadvisor.org.

The Medical Mind
Personal Perspectives on Major Depressive Disorder – Part 2

Voiceover (00:04):

This is The Medical Mind, a podcast about innovations in mental health care from the American Psychiatric Association. This special episode is co-presented by SMI Adviser, a clinical support system for serious mental illness and by NAMI the National Alliance on mental illness. SMI adviser is funded by the substance abuse and mental health services administration and administered by the American Psychiatric Association. These podcasts include the real life experiences of people with mental illness and family members. Some of the content includes discussions of topics such as suicide attempts and maybe triggering. If you are in need of support at any time during the podcast, please contact the NAMI helpline at (800) 950-6264. Available from 10:00 AM to 6:00 PM Eastern time, Monday through Friday. To receive 24/7 crisis support, please text N-A-M-I to 741741 or call the national suicide prevention lifeline at (800) 273-8255. This episode is the second in a two-part discussion about major depressive disorder. We continue the conversation with Dr. Ken Duckworth, right where we left off in episode one.

Peggy Huppert (01:11):

We were just talking today as a matter of fact about the drinking. I'm really proud of Marty because he hasn't had a drink in nine years. That was really the beginning of his true recovery and being able to live in wellness because it would have been impossible before. It was that ultimatum that made him go there and he also was just sharing recently that he remembers when he started at Powell someone said to him, when you first came here, I kind of wondered what you were doing here because he had the attitude that he really didn't need to be there. It was life-changing for me too, because I went through the spouse program and that was really what Mark as the real true beginning of his recovery.

Ken Duckworth (01:57):

Dr. Nierenberg, let's talk a little bit about the co-occurrence phenomena of substances and mood disorders and obviously Peggy showed tremendous courage and Marty showed a lot of grace in listening to the feedback. Can you talk a little bit about what the research tells us about co-occurring disorders and mood disorders?

Andy Nierenberg (02:17):

Sure. A lot of times when people are in distress from having a mood disorder, that also frequently comes with anxiety, they'll turn to substances like alcohol, marijuana, and other things as a solution because it gives them some temporary relief. What happens over time as Marty talked about is that the solution can end up being part of the problem. So they frequently can co-occur but I think if you put it in the context of, I'm trying to get some relief here, and this has given me at least some relief and then people don't recognize when it morphs into compounding the problem.

Ken Duckworth (03:01):

What do you find about the different cultures of substance use disorder care and mental health care? I've been impressed at how these are two different approaches and two different worlds. When you have both problems, unless you can solve one of them as Peggy and Marty did together for Marty, it's hard to get them both treated at once. Do you have thoughts about that?

Andy Nierenberg (03:23):

I think that there have been philosophical differences in the two different worlds. In the substance abuse world sometimes they discourage people from taking any medications at all for psychiatric problems. That can be a bit of a problem and then in the mood disorder world, people can say, well I can't touch your mood disorder unless you take care of this first. Frequently, the truth is somewhere in the middle and you try to take care of both at the same time.

Ken Duckworth (03:55):

Peggy mentioned that transcranial magnetic stimulation made a big impact in Marty's course. Marty, you want to talk a little bit about repetitive transcranial magnetic stimulation and the other treatments that you try?

Marty Parrish (04:09):

Yeah, of course. So I have probably been on more the antidepressants than can remember. I tried to list them all out and couldn't remember all of them, but starting with the amitriptyline Elavil, which is a first-generation tricyclic, that was my first med back in 1987, worked for me as many people who have taken those know it has some serious side effects that eventually you just can't do it. The second generation, I went through a time of trying those did not really work for me then with Prozac and Paxil in particularly Paxil has worked. The problem is Paxil has again, its own side effect that was not recognized by research scientists. Not going to knock you guys, but those of us that took it, knew it.

I am one of those that do the provider training at the Moines University to the third year students there and I had to share with them that the main reason I got off Paxil was the so it was the inorgasmia side effect, which is the lack of ability to achieve orgasm. I think that if people were really honest, they might admit that's why they stopped taking them. We have always been persistent and persevered in trying to find a med that would work long-term, by the time till about three years ago, I had almost just about given up, I was taking the Paxil and then I would drop it. We tried some other things that didn't work, I don't know if the general public knows, but it takes anywhere from three to six to eight weeks for antidepressants to work. If you're on one, you got to taper off of that one for three to four weeks before you can start a second one. So when you start trying to find a new med that works better, you may have two to three months there where you're just suffering.

I went through a period where I was out of a job about three years ago and looking for the right medication and everything, and just really about ready to give up Peggy got to see a real clinical episode of depression, really not getting out of bed, really not getting off the couch, that kind of thing, really not wanting to do anything. I had heard of TMS before in my research and she did too through NAMI and then she found out that it was available here locally.

Marty Parrish

I had considered ECT electroconvulsive therapy 20 years ago, that's how bad my depression had gotten, but I decided against it because of the memory side effects and other things that came from that. What I learned about TMS is that it was safer and proven effective. I was evaluated for it here in Des Moines, I went through my first treatment three years ago, this month, 34 sessions, I think it was at the time.

I lasted a whole year depressive free until we noticed that I was kind of slipping and then I had a seven session booster the year after but for two years now, since that second session I'd been just basically free of depression. That does not mean I don't have down days we call them bad brain days and I can have a couple or even three in a row, but I'm still functional and I recognize it for what it is and what we both do is I alert Peggy and we just monitor it. If it's more than three days, then we're going to get concerned but so far that's not happened. So I've been very pleased with the treatment. I'm not on any antidepressant and haven't been since the TMS sessions. There are two different types of TMS, there's one that doesn't quite go as far as the magnetic impulses as the other does, I had the deeper of the two therapies. First you've got to be treatment resistant with medications before you even qualify for it but I was astounded that I've gone this long without a major depressive episode.

Peggy Huppert (08:05):

It was so life-changing, I'll never forget this, that after we left the clinic office that day and they said he was accepted and he could start treatment in three weeks, I was really excited. I said, Marty aren't you excited you got accepted into this sounds really promising? And he said, yeah I guess, it's either bad or I'm going to die. Just very matter of factly.

Ken Duckworth (08:32):

Andy Nierenberg, I wanted to ask you, how do you think about repetitive transcranial magnetic stimulation in the treatment tool box? Let's acknowledge it doesn't work for everybody, no one treatment works for everybody, but clearly had a major impact on Marty. So how do you think about that?

Andy Nierenberg (08:51):

I think RTMS or repetitive transcranial magnetic stimulation can always be considered an option all along the journey of having major depressive disorder. It really is in some ways, revolutionary type of treatment that's been around for a while now and continues to evolve, where you can rethink major depression as a problem in how areas of the brain are connected to each other functionally. By using the repetitive transcranial magnetic stimulation, you can shift some of those connections that are related to depression towards a healthier state. It is remarkably safe, you don't need any sort of anesthesia, one side effect that can have is a bit of a headache because it can make the muscles in your scalp contract, but it's a particularly potent and interesting type of intervention. The one thing I will say though, is that it can be a pain in the neck and the pain of the neck part of it is people have to go five days a week for six weeks, but there's some new technologies which may actually speed it up.

Ken Duckworth (10:09):

That's very interesting. We still have so much to learn. People used to use the term chemical imbalance, which I always found problematic, but the idea of medications is they are impacting the neural synapses in terms of how neuro-transmitters communicate and TMS, as you notice is more of a connectivity, it's more of a wiring approach. Do you agree with that?

Andy Nierenberg (10:35):

Yeah. It's one way to think about it, but it's not like a wire that you think about and something electrical, because in electrical wiring, the wiring's fixed and what is amazing about our brains is that they're not fixed. You make and break connections all the time. So it's a dynamic connectome if you will.

Ken Duckworth (10:58):

Marty, Peggy had mentioned, when you learned, you might be eligible for TMS, you said I'll either get it or I'll be dead. I think it's important when you're talking about major depression to talk about thoughts of harm, self harm, or suicide or suicide attempts. I wanted to make sure on a podcast talking about major depression that we took this issue up, what has been your experience in this regard? Was that just one day that you said that offhand, or have you struggled more with your safety?

Marty Parrish (11:32):

When you are in a state of major depression the thought of suicide is almost constant or in my case, that's the way I felt it was. So in other words, you have constant negative thoughts, you see no purpose in anything, so what's the point of staying around? So then the statement was coming from very deep and from a very real point in time in my experience. Now I like to claim I've never attempted suicide, but I had a therapist once. Well, when you drive a hundred miles an hour and drive your car off the road, maybe you aren't trying suicide with the car.

Ken Duckworth (12:09):

Did you do that?

Marty Parrish (12:10):

I did do that. I impaled the car on a post holding up a bridge. How do you survive that? I don't know. We had to have a tow truck come and literally wrench it off the top of the post.

Ken Duckworth (12:21):

You weren't consciously suicidal, but you were behaving, would you say recklessly?

Marty Parrish (12:29):

Absolutely. It is what happened and we have to recognize there's that danger and risk there. As I told the three-year doctors in our last session, sleeping in bed with a loaded handgun, because you're just going to play with the revolver while you're drunk and depressed is not such a good idea either. These are just reckless behaviors that were part of it.

Ken Duckworth (12:51):

Do you have any thoughts about how to prevent or address suicidal thinking? It sounds like for you, it was a combination of sobriety and finding the best treatment. You've also mentioned therapists a few times, have good therapists been important for you around your safety and your treatment?

Marty Parrish (13:12):

They have when I've found them, then I've had therapists that I've worked with and they've been helpful. The last decade has been the most helpful, the therapist here in Iowa that I saw for several years, drew the line with Peggy on the alcohol, for anyone suffering depression I advise them to continue to look for a therapist. One of the things I found is that when you're depressed, you tend not to have a social support network. I don't care how good a friend you think you have out there or family members, if they've been with you, eventually they become tired or stressed themselves and you need the support you get from a professional counselor in therapy.

Ken Duckworth (13:56):

Marty, I'm interested in your thoughts, what you would advise somebody who's newly diagnosed with major depression and feel somewhat hopeless about their prospects going forward. What advice would you offer them based on your 40 year experience of living through depressive episodes?

Marty Parrish (14:14):

The first thing is don't give up and don't quit. I've used this before, when I've encountered people with depression, they've asked me, what do you live for? And I said, I live to see what happens next. So I invite you to stick around, to see what happens next and in that same thought, I encourage them to find help with a medical profession. If they can't get into see a psychiatrist for four to six months, at least go see a County social worker, someone who is available for counseling and talking and from there, then they may be able to go see their local family physician who at least give them some immediate relief. It may not be permanent, but it will at least hold them over until they can get in to see a psychiatrist.

Ken Duckworth (14:59):

Excellent. Peggy, I wanted to ask you what you would advise the spouse of a person who's diagnosed with major depressive disorder. What advice might you offer them as they take on this journey together?

Peggy Huppert (15:16):

Well, first of all, recognize it is a journey and that's one of the things that Marty and I always say when we speak together is it's a day by day and it is a journey and some days are better than others, it's not happily ever after, but there is light and happiness on the other side. It's not all unicorns and rainbows, so you have to recognize that there will be bad days and good days, and it is not easy because we're all human, so we're going to get at times angry, impatient, get up off the couch and do something. It's just human nature to feel, "I can't always be the strong one, I want you to carry your weight in the relationship".

Peggy Huppert

I would not be doing my job and my duty, if I didn't recommend NAMI. The family is a wonderful resource. There's also family support. It's really helpful to educate yourself. What's really cool about NAMI groups is that you'll think you're the only one who has experienced a particular thing and you share it and you see everyone around the table nodding or smiling. They're like, yeah been there, done that, get support, get help, and also work on your own wellness and do the things that make you happy and help you recover.

Ken Duckworth (16:54):

Great. Peggy, thank you so much, Dr. Andy Nierenberg you have been studying depression for the better part of four decades. What advice do you have for people who are newly diagnosed and are struggling with the information?

Andy Nierenberg (17:08):

I think to realize that the hopelessness that they feel is one of the symptoms of depression and that having hope, and as Marty said, curiosity about trying to be open to what happens next can be extremely helpful. Trying to push through it as much as you can with as much support as you can get can also help.

Ken Duckworth (17:35):

Marty and Peggy, I want to say it was a pleasure to meet you. You're our first married couple on a podcast, and I want to thank you for opening up about the impact on your relationship. I think that was a particularly strong aspect of this conversation and Andy, thank you as always.

Voiceover (17:53):

That's all for this episode of The Medical Mind, look for the first part of this discussion led by Dr. Duckworth in The Medical Mind episode list. Tune in next month for a special series on early psychosis. The mission of SMI adviser is to advance the use of a person centered approach to care that ensures people who have serious mental illness find the treatment and support they need. Learn more at SMI advisers.org.