Telling on You

Alcohol and substance abuse as well as other reckless behaviors can signal underlying depression.

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When New York City Mayor Bill de Blasio's daughter, Chiara de Blasio, released a video that revealed she'd undergone treatment for clinical depression and substance abuse with drugs and alcohol, she sparked a discussion about the connection between the two conditions. According to the National Institutes on Health, almost one-third of individuals with depression also experienced a substance use disorder at the same time. Commonly, one condition precedes the other. But, eventually, each condition worsens the symptoms of the other, creating a vicious cycle that can wreak havoc on your life—and the lives of your loved ones.

Lisa Jones, LCSW

To learn more, we spoke with Lisa Jones, a licensed clinical social worker in private practice in Jamaica, New York. Jones is also a board member of the Siwe Project, a nonprofit organization on a mission to reduce mental illness stigma in the African and African-American communities.

What's the best way to support awareness about the common intersection of depression and substance abuse?

There needs to be more discussion about the importance of fusing the two, especially given what we know about mental illness, and that substance abuse can be a genetic disease. When you do family history assessments and you learn that alcoholism, or any other drug abuse, can be high across the board, how people [with these issues] cope and deal with stress can connect with the state of their mental health. Discussions about marrying mental illness and substance abuse are key in conversations about why clinicians need to be more educated on how substance abuse and mental illness, basically, hold hands.

Many people perceive of depression as someone feeling lethargic or down, but what about symptoms such as taking physical risks—like aggressive driving or unsafe sex?

There are people suffering from depression who feel, literally, like they want to die, or don't feel like

there's any hope. Then you have other people [with depression] who just want to feel something, or just want to do something. I had a young boy come into the hospital and he, literally, almost drove his parents' car off a cliff, because he just wanted to feel something. There are also people who tend to be depressed, especially young girls, or even women, who injure themselves. Cutting has become a big phenomenon in the last decade, where people are causing physical injury to themselves so they can feel something.

[Depression] really ties into that example of at-risk behavior, or having sex with multiple partners and not using protection, or driving really fast or when you know you don't have a license. It may also be when someone does something that is totally and completely uncharacteristic of who they are just to experience a jolt and feel that adrenaline rush of something. People who are depressed often say to me, "I feel nothing." Usually people who cut or the person who drives at crazy speeds, when they're done they tell you they feel better—almost every time—because they feel that rush. And then they crash.

What should someone do if they see that a loved one may be depressed?

I think the best thing would be to talk to them from a place of compassion. Sometimes when we're trying to reach out to a loved one we mean well, but we may say something that unbeknownst to us triggers depression. I think it really helps to say something like, "You know, I've noticed that you seem a little down. Do you want to talk about what's going on?" versus "Why don't you get out of bed? You were just so happy yesterday." With that last approach, all that's communicated to people is that they did a good job yesterday of hiding how they really felt, and that they need to get better at hiding how they're feeling. Ask questions such as, "What's going on? How can I help? Do you know what you need?" Questions like these can help you gauge the person's level of hopelessness, how they feel about their worth. You can ask, "How long have you been feeling this way?" Some questions I usually tell my patients to ask their loved ones are, "What's going on? Do you think it would be helpful to talk to someone? Would you like me to come with you?"

I have people who reach out to me on Twitter and on Facebook, and it's usually not for them, it's almost always for a loved one. [They ask,] "What can I do, and what should I be looking for? How can I help them?" So I spend a lot of time educating that person on what depression looks like, so they can come from a place of compassion when they're talking to the person they're concerned about. I say, "Listen, I know you care otherwise you wouldn't be talking to me. How can we convey that to the person you're concerned about without expressing judgment." But I also talk to them about what do they need, because it's not easy to see that when you're focused on someone you care about. I'm a big promoter of self-care, so while you're busy worrying about your mom, who's worrying about you? We have to take care of each other. But when you check in with that person to see what they're [doing for themselves], check in on yourself, too. There are a lot of resources out there for people who are concerned about a loved one.

I refer people to the National Alliance for the Mentally Ill. They have local support groups in just about every state for parents with children who have attention deficit disorder, or children with parents who are suffering from alcoholism, bipolar disorder, or depression. There are many resources out there, and sometimes people just need to know where to go. Even with stuff like Google, people still don't know where to go. Arm yourself with resources. Read up. Find research-based organizations that will try to give you the tools and information that you need. I also point people to their local university hospitals, because there are so many free resources out there that people don't know about.

Often when people contact me, they say, “We can’t afford it,” without knowing the price. And I understand that money is a huge, huge concern for everybody. But there are resources, and sometimes just talking or asking a question will get you connected with local community mental health clinics that provide services for free—granted that the waiting list might be a little long. But there are resources out there. I’m in private practice. Many practitioners will take cases on a sliding scale basis. That means that clinicians can reduce their fee for you based on your household income. We have to make sure that people are well informed and educated on how to take care of themselves and how to take care of their minds.

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