

Faith: Feeling sad or anxious? Welcome to SBH Bronx Health Talk produced by SBH Health System and broadcasted from the beautiful studios at St. Barnabas Hospital in the Bronx. I'm Faith Daniel. Anxiety and depressive disorders are two of the most common mental illnesses worldwide affecting millions. They can have grave impacts on one's life. Depressive disorders go beyond the normal ups and downs that come with daily life and can affect one's ability to perform everyday tasks. One may experience a loss of interest in their favorite activities, problems sleeping, feelings of hopelessness and guilt, and in more severe cases, thoughts of death or suicide. Anxiety disorders are the most common mental health illnesses in the United States and may result in an intense feeling of nervousness, panic, fear, and unease. Here with me today to shine a light on these topics is Dr. Pablo Ibanez, Outpatient Psychiatry medical director at SBH Behavioral Health Clinic. Welcome Dr. Ibanez.

Dr. Ibanez: *Thank you so much for having me*

Faith: so first I just wanted to learn a little bit about you and what interested you in becoming a psychiatrist

Dr. Ibanez: *first of all again thank you so much for having me. As you know, psychiatrist first, we are trained as medical doctors. So at first, my goal was to help patients so that was my first reason why I went to medical school. When I was in medical school, I saw that a lot of the patients were suffering from mental illness along with their physical illnesses, so that draw me to being able to help them with mental illness in their anguish. That's what draw me into the mental health field.*

Faith: and now that you have been working in the Bronx, what is that like? What is psychiatry like in the Bronx?

Dr. Ibanez: *in the Bronx, there are a lot of real issues our patients have a lot of stressors on top of their medical illnesses. They have sometimes housing issues, sometimes have financial issues, they have a hard time finding a job given the things that go down in the Bronx, sometimes there is a history of trauma, they have witnessed things that are traumatic so all of these things pile up for our patients that are pre-disposed to mental illness, to have a mental illness. All these are triggers that can trigger either depression or anxiety or other mental illness*

Faith: And can we delve a little bit more into that? What is anxiety? What are anxiety disorders?

Dr. Ibanez: *anxiety the way we could understand that, for people when they hear the word anxiety, they think different things. What I think anxiety is, you could start thinking about it as worrying. You cannot stop thinking about something so for example you are worried about your son's health and it's a thought that comes to your mind and then you start worrying about it and you cannot get rid of that thought. You were in the supermarket and you are still thinking about it. You go to sleep you cannot stop thinking about it. So when it starts taking a lot of time in your life and it starts impacting your life, then is when we think that you should be doing something about it*

Faith: and we know there's different types of anxiety disorders. Can you speak a little bit more about the different types or the most common?

Dr. Ibanez: *The most common type is called generalized Anxiety disorder, which is basically what you would think about, a person that worries a lot about things. So anything that happens in their life, they would just worry more than your normal person. There are other kinds of anxiety, which could be panic disorder. In panic disorder, you have anxiety, but you also have panic attacks. A panic attack is an episode that usually comes out of the blue like you're doing okay and it just comes out of the blue and then you get this intense fear that something really bad is going to happen. You could feel like a pressure on your chest and you feel like you're going to lose control and some people might feel like they're going to die. So it's a very, very, very intense feeling and you feel really bad when you're having one. What I want to say for listeners that may experience panic attacks is that even when it feels like you're going to die or something bad is going to happen. No one has ever died from having a panic attack. It's just a feeling. The expectation would be that it will get better in a few minutes, 5 minutes, 10 minutes, 15 minutes. Some things that you could do is take deep breathes, you can take yourself out of the situation that is causing the panic attacks. Some people are more likely to have panic attacks in certain situations like taking the train or going over a bridge or being in places that are very high. So sometimes if you are having one just removing yourself from the situation may help with the panic attack.*

Faith: so it's important to know the triggers or it's important to know what environments induce those feelings

Dr. Ibanez: *correct.*

Faith: but I feel like it could take a lifetime in order to figure out those things. But that's why working with a psychiatrist is so important to try to figure out those triggers right?

Dr. Ibanez: *Correct*

Faith: what about depressive disorders? What are the most common depressive disorders that you have seen?

Dr. Ibanez: well, the most common depressive disorder that was in the clinic is major depressive disorder. Everyone in their life can experience feelings of sadness and that is normal. If you have a family member that passes away, your pet passes away, you're going through a divorce; so there are times in your life where you can feel sad. When we start worrying about depression is when you have this sadness feeling that would last more than two weeks, so there's two weeks straight where you're feeling sad, low, down in the dumps, you are not enjoying things that you used to enjoy before, maybe you're eating less than you used to eat or sometimes more. You're having difficulty sleeping. Some people get feelings of worthlessness like life is not worth living. Why am I here and then when it gets to the extreme, some people might think, maybe life isn't worth living. Maybe things will be better if I don't wake up tomorrow and then you can get to the point when you might even think about doing something to hurt yourself just to alleviate the pain from the depression. When you're experiencing these symptoms, this would be a time when you would want to go and talk to a therapist and a psychiatrist we are here to help with the symptoms.

Faith: for someone that's experiencing that if a loved one is witnessing them experience that, how do they go about talking to them or convincing them like you know, maybe it is time for you to see somebody

Dr. Ibanez: you know your family member or your friend better than anybody else, but usually you would approach them and you can tell them I can see that you're going through something and it is normal to feel sad in the circumstances that you're in, but, I get the feeling that this is not getting better that you're still down in the dumps. It's been three months, you still not eating right. You're still not going to school or not going to work. You're spending most of your day in bed, so I don't want to see you like this.

so this might be a good time that you can go talk to someone. The first step would be you can talk to your primary care provider. The primary care provider, can let them know how you're feeling and sometimes they can direct you. They might start your medication if they think it's appropriate and sometimes that's all it takes. If you're feelings are worse or you're having thoughts of suicide that would be a good time when you would just go and talk to a psychiatrist

Faith: and what does that mean to seek help so say I feel really sad and I go and see a psychiatrist. I'm really nervous about it. What would that look like? so maybe I'll put myself in the position of somebody that's going to see you, walk me through what that would look like, that first visit.

Dr. Ibanez: When you come to our clinic, you would see a psychiatrist, but you also see a therapist. So usually the first person that you would see is the therapist that's going to be assigned to your case. So the therapist will take a very thorough history of when you're

symptoms started, how you're feeling, the things that you've tried, if they've work, if they haven't worked, and they will give you some tips on how you can deal with your symptoms right now as you're talking to the therapist. Then the next step is you get to see the psychiatrist. All of the patients that come to our clinic get to see the psychiatrist, the psychiatrist will do the same thing. We'll review your history, will not ask you all the same questions because we already have them from their therapist, but we'll go more in depth into your symptoms and will assess, will give you a diagnosis and then will assess if medications will be appropriate for you.

Faith: So it's important to have a therapist as well as a psychiatrist or does one go, could one like see only one or like how does that work

Dr. Ibanez: *the way we think about it is, treatment for depression and anxiety medications help. Therapy helps and the studies say that people that do both are the ones that do the best. So one approach would be for patients with mild to moderate depression, if they're not willing to start medications, first, you could go try to do it with therapy alone, so that could be a first step. You always have choices. The fact that you see a psychiatrist doesn't mean that you're going to be put on medications right away. So if you are not interested in medication and your depression is not so severe you could try with therapy first. One kind of therapy that has been proven to work is cognitive behavioral therapy.*

Faith: and can you talk a little bit more about what that would look like?

Dr. Ibanez: Cognitive behavioral therapy, the word cognition means think so when you say Cognitive behavioral Therapy, what we're saying is that the way you feel comes from the way you think. If you can think differently, you will feel differently so an example would be, this is a simple example, would be you're in school and you don't pass a test. That is something that happens, it could happen to anyone. From not passing this test, you can have an automatic thought. Some patients that have depression and anxiety have more of certain negative automatic thoughts. So you don't pass your test in school, you might say well, the teacher doesn't like me since the teacher doesn't like me, I'm never going to be able to pass this class. If I don't pass this class I won't be able to graduate. If I don't graduate, I won't be able to go to college. If I didn't go to college, I won't be able to have enough money. If I don't have enough money, I won't be able to pay my rent and then my landlord will take me to court and then I wind up homeless.

Faith: It's like a downward spiral kind of thing.

Dr. Ibanez: Yeah.

Faith: the snowballing

Dr. Ibanez: *this kind of thought is called catastrophizing and making things worse than they are. Patients that have depression and anxiety have more of certain negative thoughts and from thinking this way you feel sad and anxious. Somebody else might say, well, I didn't pass my test in school, I'll study more next time. I'll take it in a couple of weeks. Everything probably would be okay. So with the same thing that happens in your life, depending on how you think about it, you will feel differently. So coming to Behavioral Therapy teaches you how to identify your negative thoughts and how to switch them for better thoughts to feel better.*

Faith: and I think, especially in our community and lot of communities of color there's a lot of stigma around mental health, getting help, seeking therapy or seeing a psychiatrist as being a weakness or something you know, I have to figure this out on my own. Growing up in the Bronx myself and also struggling with anxiety and depression myself and having a lot of performance anxiety so kind of like catastrophizing and stuff sometimes you could end up applying that to also getting treatment and that could very much be the thing that is holding you back, which could be so frustrating where you're kind of like I'm catastrophizing getting help and then I'm also catastrophizing within my everyday life. So for somebody like me that is anxious about even seeking help or getting on medication, how would you have that conversation?

Dr. Ibanez: *the way we think about mental illness now is different than before. In the past mental illness could be seen or some people saw it as a moral failure, like it's my fault because I'm feeling depressed. It's something that I did wrong or in a religious person is like maybe God is punishing me for something that I didn't do correctly. We see mental illness now more from a biological point of view, so the way we see mental illness, the current train of thought is that some people have a genetic predisposition for having a mental illness. So it's not something that you did. You're more likely to have depression or anxiety just because of your genes and then to that you add a trigger, something bad happens in your life. You're in an environment where you experienced trauma or your parents died at a young age, something happened. You get those two together, and then you experience depression and anxiety. The same way people don't feel shame if they have diabetes and they go to their doctor and they have to take insulin. We see it in the same way. If you're having depression and anxiety. It's not necessarily that you did anything wrong or you have yourself to blame. But the right thing to do is just to go to the right professional and get treatment.*

Faith: right and I've had this conversation actually with my own therapist who's amazing and her thinking, because I also ended up being like well, then like everybody struggles. everybody has sadness, why me kind of thing, and she proceeded to say two people could have asthma. One person could have severe asthma where they're in a hospital versus somebody that can have a more mild asthma, they both have pumps, they both have medication, even though there's different levels to it, everybody has their own way of treating and that doesn't mean like you now just because everybody is struggling with something that doesn't mean that you should not seek help. I think you're right, thinking about it from it's not your fault this is something that is genetic. It's something that's out of your reach is important for a lot of people to hear. I think because they kind of go down that downward spiral again of

blaming and I also think it's important for family members to hear this as well. So the ones that are kind of putting that shame or kind of putting that idea. I think another nuance to it is the religion aspect that you mentioned, especially within the West Indian community and my family as well. They kind of like, you know, just pray on it. You know if you're dealing with depression or if you're dealing with anxiety. Sometimes you need a little bit more help than just you know like talking about it with like your mom or dad is a little deeper than that.

Dr. Ibanez: *correct. You could do both. I'm not, sometimes religion can have a negative impact, but it also can have a positive impact. People that are religious, usually when they're going through illnesses that usually and they have faith their faith helps them through things so it's not just a negative thing, but yes, you have to you can be religious and also look for help, seek for help at the same time.*

Faith: Yeah and that's important that spirituality goes together. Of course, we want people to have spirituality and of course we want people to believe in, you know having hope, but also like getting help is not deterring you away from that or like vice versa. Yeah. That's very true and could you speak about, I know you mentioned a little bit about a therapist and psychiatrist. So what is the different, like the fundamental differences between like a therapist, a psychiatrist and a psychologist?

Dr. Ibanez: *that is a very interesting question because very often people get them confused. So I'll start with the psychiatrist, a psychiatrist is someone that has gone through medical school. So a psychiatrist has the same medical school training as a surgeon or an eye doctor, just go to medical school. Then you get your specialty. Your residency, then you do it in Psychiatry. Four years of training which you specialize only in treating mental illness.*

So when you go see a psychiatrist, you're seeing a medical doctor that is going to ask you about your medical conditions, is going to review your blood work, can order blood work and different tests and can also prescribe you medication. When you see a therapist, a therapist can either be a social worker with special training or a psychologist. These two different providers do not go to medical school. They go to college and they get their training. But it's not medical training so they are trained to give talk therapy so they can do all different kinds of therapy, but they will not be doing medical things like reviewing your blood work or prescribing your medications or giving you medical advice. It would be more towards talk therapy and all different kinds of therapy, cognitive behavioral therapy or different kinds of therapies

Faith: and they all work together

Dr. Ibanez: *and we definitely work together correct*

Faith: and so just to talk a little bit more about like supporting family members that may be struggling, say if somebody is in therapy and they are seeing a psychiatrist and you know, of course, like there's ups and downs with everything even while you're in treatment. How does a family member support somebody through that while they're in treatment?

Dr. Ibanez: *support in which way*

Faith: how do they, you know, encourage them to continue to get treatment? How do they encourage them outside of like when they're at home like how to, you know, implement those

...

Dr. Ibanez: *One thing that we have to be mindful of in psychiatry. Is that things don't change very fast*

Faith: right

Dr. Ibanez: *so it would be an unrealistic expectation to think that you're feeling depressed and anxious and you've been feeling this way for six months and then you'll see your psychiatrist and therapist for a month and then everything will get better. Things change very slowly so therapy works slowly and our psychiatric medications also works slowly. These are medications that you take daily, but you have to give them time to work so a family member could encourage the patient by just telling them this, that you have to stick with it, you have to stick to taking the medications if you took your medications for two weeks and you're not feeling any better. Don't just stop taking your medication. Go back to your psychiatrist. Tell them how you're feeling, that things are not getting better. Maybe they'll increase it. Maybe they'll switch to something else, but just stick with it and then things should start improving.*

Faith: It's true. When I started, I was very reluctant to taking medication actually and after I saw my psychiatrist, you know after the first month, I didn't see a change and I was like so frustrated and I was kind of like I don't want to do this anymore and after they you know they worked with me because you know the first time may not be the one that works, so he had to up my dosage and then I saw the difference and I felt the difference after two months and I felt so much better. So you're right, it's a marathon and it's something that you work through

Dr. Ibanez: *correct your story is more, it's not an exception. This is what is to be expected.*

Things take a little bit of time.

Faith: And for somebody that has like minor symptoms like how do they cope at home? What are some tips that you would recommend?

Dr. Ibanez: *If you're symptoms are mild, you're not having thoughts of not being here, you're not having thoughts of suicide. You're just feeling low, feeling like you don't want to get out of bed. Some things that you can do is which is actually the opposite of what you feel like doing because you feel like staying in bed all day, but just push yourself. So exercise works. So we know that patients that exercise, their mood is better. So if you're at home, just, maybe go outside, walk for 30 minutes, get some light, being outside in the light definitely improves your mood. So that is something that you can do. Have some goals something that you plan to achieve today. Instead of having endless days with nothing in mind, you set yourself some goals. So my goal today is going to be, you can have minor goals. Take a shower, go outside, do my grocery shopping, prepare myself some meal and then maybe call a friend. So having some goals just makes you... when you achieve the goals makes you feel better when you achieve what you set up to do for that day.*

Faith: Right. It's very true. I also had started doing a gratitude book that, helped me a lot, setting goals and then kind of reflecting on the things that I was able to accomplish and it also help me kind of highlight that there's positivity within the day. Even when I couldn't see it. It just forced me to do it and also writing really helped me as well. So if anybody's out there that's really creative that likes to write, to draw, that's also something that's really helpful.

Dr. Ibanez: *That is a very good point. You could think about the things that you used to enjoy before. Some of my patients will say well, I used to love playing guitar and I'll ask them, when was the last time you played guitar? Two years ago, so maybe even if you don't feel maybe picking up the guitar and playing might help your mood.*

Faith: I actually started writing and I found creativity from my journey and from all the pain that I felt so it sometimes, it's really difficult to see the light or to see the positivity within it, but once you've kind of make that huge step out of it, you get to reflect and see there are some things that you gained. You learn so much about yourself, you learn so much about your history, about your relationship and those things are really important to kind of move forward.

Dr. Ibanez: *Yes. I think you raised such a good point. When you are depressed, part of the depression is, you are not able to see how things could be different or that things could actually improve. You're in a state when you think that everything is going to go wrong,*

everything is negative, nothing is ever going to get better, which is why seeking for help and talking with your therapist, they help you see things from a different point of view. It gives you hope and you start getting better.

Faith: Yeah and just for the listeners, there is hope, there's help out there. There are so many people that love you and care about you and want you to get better and it will. And even though you know, when you're stuck in that you kind of just see black, but there will be that like tiny spark of light that will just keep growing very soon.

Faith: And are there any resources for our listeners to check out if they want to learn a little bit more or they want to review?

Dr. Ibanez: *we spoke about cognitive behavioral therapy. So I have these couple of books that I usually recommend to my patients and we'll put the link in the show notes. The first book is called Feeling Good and the author is David Burns. So this book, uses cognitive behavioral therapy like we talked about, identifying the negative thoughts so that you work yourself on switching them for better thoughts and it gives you a walk through it. It has tables. It gives you examples to somethings that you can do on your own and then there is another one also using cognitive behavioral therapy that is called the Anxiety and Worry workbook and this one is by David Clark and Aron Beck. So it uses the same techniques with more focus towards anxiety.*

Faith: Awesome, so thank you for joining us on SBH Bronx Health Talk, again for more information on our behavioral health services available at SBH Health System. Visit SBHNY.org or call to make an appointment at 718 960 3070. Thank you for joining us

Dr. Ibanez: *Thank you.*