

TRENDS & Ideas

MEDICAL RESEARCH

New Hope for Depression?

An estimated 330 million of the world's people suffer from depression, and some experts think the number is increasing. Other experts say the real growth is in the number of those unashamed to admit they are afflicted by the illness. In either case, according to the *Economist*, 90 percent of depressed people fail to get the treatment they need.

U.S. medical researchers, who have found 39 different varieties of depression ranging along a continuum, tend to break them down into two primary types:

- Severe depression, which has biological causes and is at least partly genetic in origin

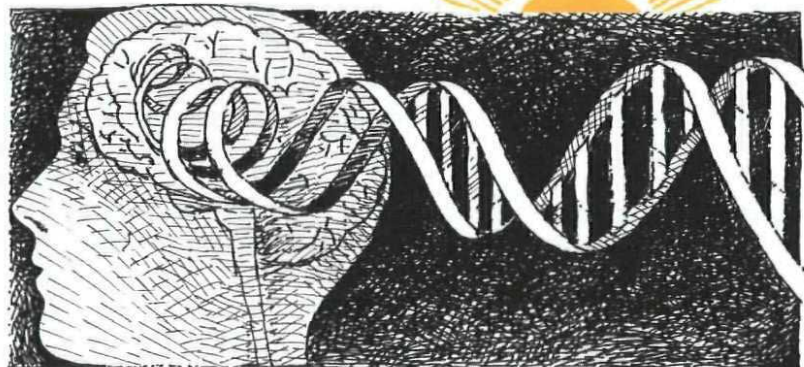
- Mild depression, which often has environmental causes such as divorce, job loss, poverty, or war

In this country, severe depression leads 15 percent of its sufferers to kill themselves and costs the economy as much as \$44 billion annually. Electroshock therapy, which can have serious side effects, used to provide the best hope for such people. Today some sufferers find relief in drugs such as Prozac—which, however, are frequently too expensive for many others to afford.

Although most researchers believe severe depression has a genetic basis, they do

not yet know which genes are the culprits. Researchers at London's Institute of Psychiatry plan to compare DNA taken from 1,000 depressed patients with that from 1,000 healthy people, thereby identifying the genes that predispose their bearers to the illness. Once that is accomplished, the researchers hope to develop medications that help keep depressive types from actually becoming depressed.

There is also hope for sufferers from mild environmental depression—the type, for



Sim Gellman

example, that affects millions of Russians downhearted over economic chaos, joblessness, and the loss of old social structures. Most Rus-

sians lack the money to pay for antidepressive medication or psychiatric aid. However, they may find relief from their symptoms in herbs like

St. John's Wort, which is increasingly popular in Europe, or in patient support groups, which are thriving these days in South Africa.

HEALTH

Infectious Diseases Making a Comeback

An increase since 1981 in the number of deaths in the United States caused by infectious diseases, after an 80-year decline, demonstrates the determined persistence of infectious agents, according to an article in *JAMA*. Gregory L. Armstrong, MD, and associates at the Centers for Disease Control and Prevention tracked data from mortality tables for nine categories of common infectious causes of death for 1900 to 1996. In the years after 1980, the emergence of AIDS and increasing numbers of deaths from pneumonia, influenza, and tuberculosis put the number of deaths from infectious diseases back on an upswing.

The authors tracked pneumonia and influenza (considered one category), tuberculosis, diphtheria, pertussis, measles, typhoid fever, dysentery, syphilis, and AIDS. In 1900 these diseases accounted for 797 deaths per 100,000, but by 1980 the figure had dropped dramatically to 36 deaths per 100,000. In the years 1938 to 1952, deaths from infectious agents decreased by an average of

8.2 percent a year. Mortality due to pneumonia and influenza fell sharply from 1938 to 1950, while mortality from tuberculosis plummeted between 1945 and 1954 and continued to drop until the mid-1980s. These declines coincided with the use of new classes of drugs, including sulfonamides and antibiotics.

But from 1981 to 1995, the rate of deaths from infectious diseases rose to 63 per 100,000 in 1995, then dropped off a bit to 59 per 100,000 in 1996. From 1980 to 1992, deaths from infectious diseases increased a whopping 58 percent, mainly because of AIDS in people 25 to 64 years of age and an increase in pneumonia and influenza deaths among people over 65.

The figures show that gains against infectious diseases cannot be taken for granted. But the future prognosis is encouraging: in 1996 the rate for deaths attributed to infectious diseases dropped 7 percent, reflecting the significant decline in the number of deaths caused by AIDS.

CHILDREN'S HEALTH

Program Connects Students to Health, Social Services

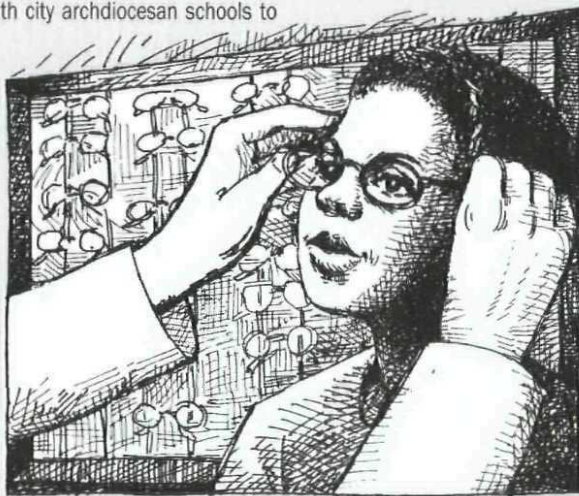
When studies revealed that the well-being of children in the city of St. Louis ranked last in Missouri, Unity Neighborhood Ministry stepped into action by creating Project 115 (for the state's 115 counties), an initiative to link elementary students at three south city archdiocesan schools to health and social services. About 520 children are in the program; many are from refugee or immigrant families, who are often ineligible for many health services and unaware of available community resources.

Many Unity Medical Group physicians and other local doctors have agreed to participate in Project 115 so children with health needs can be matched with a primary care provider. Plus, Project 115's school and family coordinator frequently directs families to resources where they can take advantages of services, including after-school care and family counsel-

ing. Since the program began in August, she has also connected children to resources for low-cost or free glasses, directed students to health assessments and short-term counseling, and helped parents enroll their youngsters in Medicaid.

"By providing access to health and social services, we hope to make a positive impact in the overall welfare of economically disadvantaged children," said Sr. Mary Haddad, RSM, executive director of Unity Neighborhood Ministry, an extension of Unity Health—St. Louis.

The three participating schools—Notre Dame Elementary, St. Pius V, and Holy Family—were chosen based on the economic needs of students and their families. The board of directors at St. Anthony's Medical Center, part of Unity Health—St. Louis, approved funding for the program.



MENTAL ILLNESS

Helping Homeless Women Find a Village

Mentally ill homeless women are usually solitary figures, disconnected from families and caretakers. But at N Street Village in Washington, DC, they find a safe haven, writes Maureen Jais-Mick in *Crossing Boundaries*. A network of inter-faith community ministries for the homeless, N Street Village includes four group homes for mentally ill women. These homes are not treatment centers, but places where the women can feel safe and secure, become part of a community, and share their lives with others.

N Street Village began 25

years ago, founded by Luther Place Memorial Lutheran Church. Its night shelter for the homeless was the first church-sponsored shelter in the city. Today staff and volunteers of many faiths support services that include a drop-in women's center, a night shelter, residential addiction recovery programs, the group homes for mentally ill women, a computer learning center, and a wellness center. N Street Village also offers apartments for program graduates, rental housing for low-income families, an early childhood development center, and an



after-school program for young residents. Its programs and housing serve 800 women, children, and families each year.

Each group home houses four or five women. There are few rules, but community is fostered through simple yet basic skills such as cleaning and cooking, helping other

residents, making and keeping doctors' appointments, and taking part in other village programs. The residents are given respect, privacy, and independence—each has her own bedroom and kitchen. "Little by little, as they feel safe, their hidden talents and personalities emerge," says Sr. Robertine McCauley,

CSC, the coordinator of the group homes. The women share a strong sense of community, and last year, when a long-term resident of one of the houses was dying, her housemates, Sr. McCauley, and the village community combined hospice care and family care so that she could die at home, as she wished.