

3. Faculty Spotlight: Dr. Patricia Deldin



Dr. Patricia Deldin is a Professor of Psychology and Psychiatry within the Department of Psychology at the University of Michigan. Her lab studies the etiology and treatment of people across the spectrum of wellness and illness, focusing on mood and psychotic populations. For this special edition newsletter, we interviewed Dr. Deldin about her mental wellness program, Mood Lifters:

For those who may not have heard of MoodLifters, could you provide a brief description of the organization, including the services it offers and its goals?

"Mood Lifters is a biopsychosocial (ie. biology, thoughts, emotions, behaviors and relationships) mental wellness program that was designed to address four issues in mental health care:

1. Accessibility. There are not enough care providers to help the 50% of Americans who will have a mental illness in their lifetime and others who experience significant life stresses, like the pandemic, divorce or the death of a loved one. In fact, about 50% of the counties in the country have no doctoral level health care provider. Further, many people in rural or inner city areas are in "mental health care deserts" and have no access to mental health care. We address this by offering evidence based care offered by well trained, kind, warm and caring peer leaders (shown to be equally effective as trained professionals in our program) via Zoom or in person to many groups every month. Most people do not need to wait more than a week or two to start a group. Finally, many practitioners do not provide evidence based care to their clients. And it works. We find that on all measures we take, people who finish our program, on average, significantly improve their depression, anxiety and other scores. We find that it works best for people who have moderately or higher levels of

depression and anxiety.

2. Affordability: Mental health care is expensive. I can charge upwards of \$200 for hourly services. We charge \$200 for our entire 15 week, hourly group meetings making Mood Lifters 15 x less expensive than traditional care.

3. Acceptability: Research shows that people who don't get mental health care often want to fix their problems on their own without help from a professional. Stigma keeps others away care from getting help that would make them feel better. Further, they may not feel comfortable sharing the problems or believe that traditional care will help them. We address these issues in several ways. Our program feels like a class and people are not required (though encouraged!) to share their struggles. Instead, the classes are positively focused toward teaching and encouraging members to practice mentally healthy strategies that are 100% based on the latest science. We not only give them ideas of what to do but provide the scientific evidence for why it could help them. For example, we teach people "behavioral activation" skills which encourages people to do and keep track of pleasurable or meaningful activities. This is the most effective component of cognitive behavioral therapy for depression. Another example is that we teach people sleep hygiene which often helps people to improve their sleep and to feel better. Since we view negative emotions as a normal part of being a human being, all the leaders are peers (went through the program themselves for their own struggles), other members are going through the same things and normalize the experience, we strive to provide a safe, stigma free, welcoming and non-judgmental place to increase wellness.

4. Availability: The number one complaint I hear from people when they learn that I am also the Deputy Director of the Eisenberg Family Depression Center is that it takes too long to get care. They are frustrated by waitlists. And supposedly, compared to other counties in the country, we have enough care providers per capita! Our Department of Psychiatry does a great job but the need for care is frankly, overwhelming the system everywhere. We are trying to meet people where they are at. For example, we are developing an undergrad specific version of Mood Lifters and our dream is to have resident assistants offer it to all incoming freshmen at Universities such as the University of Michigan."

What sparked your interest in developing Mood Lifters?

"The fact that suicide rates and mental illness rates are increasing every year-- especially for young people. This might sound like I'm just saying this but some of the best, most caring and wonderful people I know have depression and anxiety. It's wrong that they feel judged and stigmatized for their mental health care needs. And it's wrong that they often don't have access to high quality mental health care. Can you even imagine people with cardiovascular disease or cancer not being able to access

science based care? This happens all the time with mental health care. And although I don't think it's my fault, and I don't feel guilty, every time I hear about someone who died by suicide or are struggling with mental illness, I feel responsible for making it better. I have been fortunate enough to have been at many great places, have my education paid for through fellowships, and to have had many leadership roles, so I personally feel compelled to do everything I can, to help make it better. If not me, who?"

What advice would you give to students interested in working in the field of mental health?

"If you want to provide direct care via therapy, get an MSW or psychiatric nursing degree. Our programs in these fields at the University of Michigan are world class. I no longer recommend getting a Ph.D. to practice as a therapist--no reason to get 6 years of training when you can be an effective helper in other ways (like being a peer leader at Mood Lifters). If you want to help the field understand, assess, or treat mental illness better than you should definitely get a Ph.D. in psychology or an M.D./Ph.D. in psychiatry. I cannot emphasize how much I appreciate having a Ph.D. in clinical psychology and my job at UMICH. With the degree and this job, I can teach, practice therapy, do research, supervise and mentor brilliant students, create new programs (e.g. Mood Lifters), consult, and have administrative positions (was the head of the Clinical Psychology program and Associate Director of the Depression Center for years). It took 7 years post undergrad to get the degree but it was worth it for me.

If you do want to go into clinical psychology, get the book, "Insiders Guide to Counseling and Clinical Psychology" to help you get a competitive edge. We interview 3% of the applicants who apply to our program and ultimately accept 1%. It's one of the most competitive fields to get into."

[Learn More about Mood Lifters](#)