

# Let's Talk About Mental Health Issues

**What is the difference between depression/anxiety and feeling sad or nervous?**

	<b>Clinical Depression/Anxiety</b>	<b>Blues/Nerves</b>
<b>Essential Distinction</b>	An illness	A normal reaction to life situations
<b>Symptoms</b>	Multiple: mood, thoughts, physical, behavior	Single: mainly sad mood
<b>Duration</b>	Persists	Brief
<b>Treatment</b>	Responds to medication/counseling	Responds to a good listener/time to heal

## What are the symptoms?

### Symptoms of depression

- Depressed mood
- Diminished interest/pleasure in activities
- Significant change in appetite or weight
- Sleep disturbances
- Restlessness or sluggishness
- Fatigue or loss of energy
- Unexplained aches or pains
- Lack of concentration or indecision
- Feelings of worthlessness; guilt
- Thoughts of death or suicide

### Symptoms of anxiety

- Excessive anxiety and worry about a number of events or activities
- Difficult to control the worry
- Restlessness or feeling on edge
- Easily fatigued
- Difficulty focusing/mind going blank
- Irritability
- Muscle tension
- Sleep disturbance

### Symptoms of mania

- Euphoria or irritability
- Excessive talk; racing thoughts
- Inflated self-esteem
- Unusual energy; less need for sleep
- Impulsiveness, a reckless pursuit of gratification -- shopping sprees, impetuous travel, more and sometimes promiscuous sex, high-risk business investments, fast driving
- Hallucinations and or delusions (in cases of bipolar disorder with psychotic features)

Bipolar = mania +depression

## Why do people get depression, anxiety, or bipolar?

There is no single cause. Many factors play a role including genetics, environment, life events, medical conditions, and the way people react to things that happen in their lives.

### Genetics

Research shows that mental illness runs in families and that some people inherit genes that make it more likely for them to get depressed. Not everyone who has the genetic makeup for depression, anxiety, or bipolar will get it, though. And many people who have no family history of depression have the condition. So although genes are one factor, they aren't the single cause of mental illness.

### Life Events

Life events can be emotionally challenging enough that a person becomes mentally ill.

- Death of a loved one
- Parents' divorce
- moving
- academic demands
- relationship issues
- financial stress

### Family and Social Environment

For some, a negative, stressful, or unhappy family atmosphere can affect their self-esteem and lead to depression. Substance use and abuse also can cause chemical changes in the brain that affect mood — alcohol and some drugs are known to have depressant effects. The negative social and personal consequences of substance abuse also can lead to severe unhappiness and depression.

### Medical Conditions

Certain medical conditions can affect hormone balance and therefore have an effect on mood. Some conditions, such as hypothyroidism, are known to cause a depressed mood in some people. When these medical conditions are diagnosed and treated by a doctor, the depression usually disappears. For some, undiagnosed learning disabilities might block school success, hormonal changes might affect mood, or physical illness might present challenges or setbacks.

### What Happens in the Brain When Someone Is Depressed?

Depression involves the brain's delicate chemistry — specifically, it involves chemicals called **neurotransmitters**. These chemicals help send messages between nerve cells in the brain. Certain neurotransmitters regulate mood, and if they run low, people can become depressed, anxious, and stressed. Stress also can affect the balance of neurotransmitters and lead to depression.

Sometimes, a person may experience depression without being able to point to any particular sad or stressful event. People who have a genetic predisposition to depression may be more prone to the imbalance of neurotransmitter activity that is part of depression.

## Medication

Medications that doctors use to treat depression work by helping to restore the proper balance of neurotransmitters. Medication takes 2-6 weeks before any improvement is noticed. It's normal that some people have to try several medications to find the one that works. Never stop taking medication without consulting with the prescribing physician.

**Types of medication:** Mood stabilizer, Antidepressants, Anti-anxiety

## **Why should a student get help**

- If depression isn't caught in the earliest stages, it tends to worsen in its severity.
- As a person enters the second, third, or fourth episodes it tends to get a little deeper each time
- A person doesn't have to suffer, counseling and medication has shown to help people feel better.

## **Things you can do to help a student**

### **Acknowledge behaviors that you see:**

1. Find a private place.
2. Be specific about behavior and your concern: "I have noticed that you seem very tired the past two weeks." "I've noticed you've missed class three times in the past two weeks."
3. Listen and validate: restate student responses, so the student will know you understand.
4. Avoid judging: avoid "why" questions, as "why" may imply judgment.
5. Develop options: family, friends, teachers, spiritual advisors, GRCC advisors, counselors

### **Encourage the student to seek support:**

1. Ask what he/she believes would help.
2. Suggest resources and offer hope. "Have you ever thought about using..." "I might know some resources that can help, would you like to hear about them?"
3. Ask the student, "who in your life/community would you be comfortable talking with about this situation?"
4. Suggest a "check it out" visit with a resource (e.g., with a GRCC counselor).

## **Know your limitations**

Remember to take care of yourself. Your role is to provide support; it is not to solve all their problems. In your desire to show you care, you may be feeling stressed because you are taking on too much responsibility. Do not let the situation cause you to start doing poorly in school, have health problems, or take basic enjoyment out of your own life.

Remember that a GRCC counselor is available for you to consult.

## **Myths about mental illness and counseling**

*Myth 1: Depression is not a real medical illness.*

Although the exact cause of depression is still unknown, according to the National Institute of Mental Health, “Research indicates that depressive illnesses are disorders of the brain...The parts of the brain responsible for regulating mood, thinking, sleep, appetite and behavior appear to function abnormally...important neurotransmitters appear to be out of balance.” Based on this research, as well as other medical studies, depression is a “real” medical diagnosis and is very treatable.

*Myth 2: Antidepressants will change your personality.*

The thought of taking medicine that changes your brain chemistry can be scary. However, antidepressants are designed to change only certain chemicals that underlie the symptoms of depression, not to change your personality. Most people who take antidepressants are actually happy to feel like themselves again, rather than feeling like a different person. It is best to speak with your doctor about the effects that antidepressants can have.

*Myth 3: Depression only affects women.*

Although women report being affected by depression twice as much as men, depression certainly affects men as well. Often, clinical depression is underreported in men, particularly in cultures that discourage them from asking for help or showing any weakness. Furthermore, men have a higher rate of successful suicide attempts than women, so it is crucial that men seek help for their symptoms.

*Myth 4: Counseling is only for crazy or sick people.*

People go to counseling for many kinds of problems and concerns. Going to counseling does not mean you are crazy, but rather is a sign of strength that you have insight into things you would like to improve.

*MYTH 5: Seeking counseling is a sign of weakness.*

There is nothing weak about a person who seeks counseling. In fact, it takes courage to explore sensitive feelings and painful experiences. The individuals who enter counseling are taking the first step in resolving their difficulties.

*Myth 6: If I go for counseling, people at school will know my problems or it will go on my academic record.*

Your counselor will keep all information you share with them confidential. This means that they will not release any information, or even the fact that they have met with you, to anyone (including parents, professors, friends, or school administration) without your permission. Release of any information is permitted only after a student provides written consent, or in certain legal situations involving a subpoena or court order.

Counseling records are kept separately from academic records and are protected by law.