

Depression and College Students

What do these students have in common?



When I took a part-time job and started living off-campus, my course work fell apart. I couldn't concentrate or sleep, and I was always IRRITABLE and angry.
- Leah, sophomore year



After two years of straight A's, I couldn't finish assignments anymore. I felt exhausted but couldn't sleep, and drank A LOT. I couldn't enjoy life like my friends did anymore. - John, junior year



I've always been anxious and never had much confidence. College was harder than I expected, and then my parents divorced, which was traumatic for me. After a while, all I did was cry, sleep, and feel waves of panic. - Marta, freshman year

They are college students who got depressed...got treatment...and got better.

College offers new experiences and challenges. This can be exciting; it can also be stressful and make you, or someone you know, feel sad. When "the blues" last for weeks, or interfere with academic or social functioning, it may be clinical depression. Clinical depression is a common, frequently unrecognized illness that can be effectively treated.

What is Clinical Depression?

Clinical depression can affect your body, mood, thoughts, and behavior. It can change your eating habits, how you feel and think, your ability to work and study, and how you interact with people. Clinical depression is not a passing mood, a sign of personal weakness, or a condition that can be willed away. Clinically depressed people cannot "pull themselves together" and get better. Depression can be successfully treated. With the right treatment, 80 percent of those who seek help get better. And many people begin to feel better in just a few weeks.

Types of Depressive Illness

Depressive illnesses come in different forms. The following are descriptions of the three most prevalent, though for an individual, the number, severity, and duration of symptoms will vary.

Major depression is manifested by a combination of symptoms that interfere with your ability to work, sleep, eat, and enjoy once pleasurable activities. These episodes can occur once, twice, or several times in a lifetime. Symptoms include:

- Sadness, anxiety, or "empty" feelings
- Decreased energy, fatigue, being "slowed down"
- Loss of interest or pleasure in usual activities
- Appetite and weight changes (either loss or gain)
- Sleep disturbances (insomnia, oversleeping, waking much earlier than usual)
- Feelings of hopelessness, guilt, and worthlessness
- Thoughts of death or suicide, or suicide attempts
- Difficulty concentrating, making decisions, remembering
- Irritability or excessive crying
- Chronic aches/pain not explained by other physical condition

A less intense type of depression, dysthymia, involves long-term, chronic symptoms that are less severe, but keep you from functioning at your full ability and from feeling well. In bipolar illness (also known as manic-depressive illness), cycles of depression alternate with cycles of elation and increased activity, known as mania.

How to Recognize Depression

The first step in defeating depression is recognizing it. It's normal to have some signs of depression some of the time. But five or more symptoms for two weeks or longer, or noticeable changes in usual functioning, are all factors that should be evaluated by a health or mental health professional. And remember, people who are depressed may not be thinking clearly and may need help to get help.

I kept asking myself, "How could I be depressed? I'd had a normal family life, had been getting good grades, and hadn't experienced any big trauma - where did my depression come from?" (John)

What Causes Depression?

The causes of depression are complex. Very often a combination of genetic, psychological and environmental factors is involved in the onset of clinical depression. At times, however, depression occurs for no apparent reason. Regardless of the cause, depression is almost always treatable.

Family History: Depression often runs in families, which usually means that some, but not all, family members have a tendency to develop the illness. However, sometimes people who have no family history also develop depression.

Stress: Psychological and environmental stressors can contribute to a depressive episode, though individuals react differently to life events and experiences. In coping with stress, some people find it helpful to write in a journal, exercise, or talk with friends. In clinical depression you need some form of treatment to start feeling better soon.

Common stressors in college life include:

- Greater academic demands
- Being on your own in a new environment
- Changes in family relations
- Financial responsibilities
- Changes in your social life
- Exposure to new people, ideas, and temptations
- Awareness of your sexual identity and orientation
- Preparing for life after graduation

I had a period of nearly constant turmoil when I wanted to "come out" to my friends about being gay but didn't want to be treated like an outsider. A good friend made jokes about homosexuals and I was afraid of what he'd say about me. That stress played a big part in my becoming depressed. (Josh)

My family wanted me home every other weekend and I didn't fit in there anymore. I'd argue constantly with my father, who still treated me like a child. My sister thought I was 'uppity.' Everyone was miserable; I felt guilty. (Kim)

Psychological make-up can play a role in vulnerability to depression. People with low self-esteem, who consistently view themselves and the world with pessimism, or are readily overwhelmed by stress, may be especially prone to depression. For Marta, her feelings of being "not good enough" were worsened by the academic stresses of college and the emotional conflict caused by her parents' divorce, which combined to trigger her episode of major depression.

Bipolar Disorder (Manic Depression)

As mentioned earlier, bipolar disorder is a type of depressive illness that involves mood swings that go from periods of depression to periods of being overly "up" and irritable. Sometimes the mood swings are dramatic or rapid, but most often they occur gradually, over several weeks. The "up" or manic phase can include increased energy and activity, insomnia, grandiose notions and impulsive or reckless behavior, including sexual promiscuity. Medication usually is effective in controlling manic symptoms and preventing the recurrence of both manic and depressive episodes.

During a manic episode, I stayed awake for five days straight, but had a lot of energy. I spent my tuition on a major shopping spree and long distance phone calls. I also had sex with several guys that I hardly knew. At the time, I felt so great that I couldn't see that there were serious problems with what I was doing. (Teresa)

Suicide

Thoughts of death or suicide are usually signs of severe depression. "If you're feeling like you can't cope anymore, or that life isn't worth living, get help," advised Darrel, a student who tried to kill himself during his freshman year. "Talking to a professional can get you past those intense feelings and save your life."

Suicidal thoughts, impulses, or behaviors always should be taken seriously. If you are thinking about hurting or killing yourself, **SEEK HELP IMMEDIATELY**. Contact someone you trust: a good friend, academic or resident advisor, or:

- Staff at the University Health Services; a professor, coach, or advisor;
- A local suicide or emergency hotline; in the Berkeley area: 510/849-2212; or call 911.

If someone you know has thoughts about suicide, the best thing to do is help the person get professional help. "I'm back from the edge," Darrel says. "Now that I've gotten treatment, I know how to keep from being out there again."

Depression and Alcohol and Other Drugs

A lot of depressed people, especially teenagers, also have problems with alcohol or other drugs. Sometimes the depression comes first and people try drugs as a way to escape it. Other times, the alcohol or other drug use comes first, and depression is caused by the drug itself, or withdrawal from it, or the problems that substance use causes. And sometimes you can't tell which came first... the important point is that when you have both of these problems, the sooner you get treatment, the better.

Getting Help: Treatment Works

If you think you might be depressed, discuss this with a health care or mental health professional who can evaluate your concerns. Bring an understanding friend for support if you are hesitant or anxious about the appointment.

Several effective treatments for depression are available and can provide relief from symptoms in just a few weeks. The most common treatments are psychotherapy ("talk therapy"), antidepressant medication, or a combination of the two. Which is the best treatment for an individual depends on the nature and severity of the depression. Sharing your preferences and concerns with your treatment provider helps determine the course of treatment. Certain types of psychotherapy can help resolve the psychological or interpersonal problems that contribute to, or result from, the illness. Antidepressant medications relieve the physical and mood symptoms of depression and are not habit-forming. In severe depression, medication is usually required.

Individuals respond differently to treatment. If you don't start feeling better after several weeks, talk to your provider about trying other treatments or getting a second opinion.

Making a Decision and Taking the First Step

Don't let fear of what others might think stop you from doing what's best for you. Parents and friends may understand more than you think they will, and they certainly want you to feel better though they may not completely understand.

I knew I was depressed but thought I could pull out of it by myself. Unfortunately, friends reinforced this attitude by telling me to just toughen up. When that didn't work, I felt even worse because I had 'failed' again. When a friend suggested I talk to his counselor, I resisted at first. In my mind, professional help was for weak, messed up people. But then, I hit a bottom so low that I was willing to try anything. (John)

I decided to try treatment when my friends got fed up with me. They didn't want to talk about my problems any more, but my problems were the major focus of my life. I needed someone who could help me understand what was happening to me. I'd seen ads for the counseling center and decided to give it a try. (Kim)

When I began considering suicide, I knew I needed help. My resident advisor helped me call a hotline where I got some referrals. It was just a phone call, but it was the starting point that got me the professional help I needed. (Leah)

Help Yourself: Be an Informed Consumer

Depression can make you feel exhausted, worthless, helpless and hopeless. Don't give in to negative thinking; remember, these negative views are part of the depression, and will fade as treatment takes effect.

Take an active role in getting better. Make the most of the help available by being actively involved in your treatment and by working with a qualified therapist or doctor. Once in treatment, don't hesitate to ask questions in order to understand your illness and the way treatment works. And, if you don't start feeling better in a few weeks, speak with the professional you are seeing about new approaches.

Be good to yourself while you're getting well. Along with professional help, there are some other simple things you can do to help yourself get better, for example: participating in a support group, spending time with other people, or taking part in activities, exercise, or hobbies. Just don't overdo it and don't set big goals for yourself. The health care professional you are seeing may suggest useful books to read and other self-help strategies.

Helping a Depressed Friend

The best thing you can do for a depressed friend is to help him or her get treatment. This may involve encouraging the person to seek professional help or to stay in treatment once it is begun. The next best thing is to offer emotional support. This involves understanding, patience, affection, and encouragement. Engage the depressed person in conversation or activities and be gently insistent if you meet with resistance. Remind that person that with time and help, he or she will feel better.

Helpful and Affordable Resources

There are many people on and around campus that can offer help and support. In addition to the resources listed below, staff in your living center, your family health care provider, and your clergy can be helpful resources for getting help. If you are not eligible, or don't know whether you are eligible, for the services listed below, contact the University Health Services (UHS) anyway. We're happy to discuss eligibility and referrals with you.

People are sometimes reluctant to seek help because they are concerned about the cost of treatment. If you are a Cal student, contact the UHS to discuss the coverage provided by your student registration fees and your insurance plan.

Is It Worth It? ... Yes!!

While the depression was painful, working to get better has taught me about who I am and how to stay healthy. (Marta)

Getting treatment definitely changed my life for the better and helped me avoid flunking a semester. (John)

Resources for Cal Students

University Health Services (UHS) Tang Center, 2222 Bancroft Way 510/ 642-2000 www.uhs.berkeley.edu

Emergency consultations

Counseling and Psych Services (M, T, W, F: 8-5; Th: 9-5): 642-9494.

After Hours Assistance: 510 /643-7197

24 hour crisis line: Alameda County Suicide Crisis Line: 510/849-2212

Appointments

Counseling and referral for anti-depressant medication evaluation, call CPS: 642-9494.

Medical appointments, including medication evaluations: 642-2000.

Health education appointments to discuss diet, exercise, and stress management: 642-2000.

Workshops

Counseling and Psychological Services (642-9494) has a variety of informational workshops and support groups on depression, bipolar disorder, and understanding moods. Check the UHS website for updates and schedules: www.uhs.berkeley.edu.

Self-Care Resource Center, Second Floor, Tang Center

A health information library with interactive computer programs, access to health websites, books, audio and videotapes, pamphlets, magazines, journals and self-assessment tools. Books and handouts on depression and other mental health issues. Hours during Fall and Spring Semesters are M – F, 11 am - 4 pm. 642-7202.