depression and anxiety

The information you want.
The resources you need.
Depression and anxiety disorders are serious medical conditions. People with depression may have feelings of deep sadness, worthlessness and hopelessness. Anxiety involves prolonged and intense worry over everyday things and goes far beyond normal stress. Both depression and anxiety can be linked to alcohol and drug abuse, and even suicide.
If you or someone you know has said or felt any of the following things for more than two weeks, it could be signs of depression or anxiety.

**I think/I believe:**
- Nobody likes me
- I can’t do anything right
- I’m always in crisis mode

**I am:**
- Not interested in things I used to enjoy
- Either irritable, sad or angry—all the time and at every little thing
- Constantly on edge

**I feel:**
- Tired all the time and lack my usual energy
- Unexplained aches in my joints and muscles, and/or stomachaches, backaches, muscle tension and headaches for no medical reason

**I am struggling with:**
- Meeting my everyday duties—schoolwork, friendships and other responsibilities
- Drinking more than I anticipated and/or increasing my drug use
- Sleeping (trouble sleeping or sleeping too much)
Feeling sad or having “the blues” is a normal reaction to tough life situations like relationship problems, loss and/or worries about money, school or work. It is not unusual for college students to feel sad, as well as overwhelmed during stressful times. In response to times like these, about 25 percent of Americans experience similar feelings that may seem like depression, but are in fact temporary and rarely cause thoughts of suicide.

Depression is an illness characterized by feelings of worthlessness and hopelessness, and an inability to function, which can affect your studies and grades. It causes significant changes in your mood, thoughts, behaviors, bodily functions, and sometimes even suicidal thoughts. If you have any of these symptoms, every day for two weeks or more, talk to your doctor or a mental health professional. The good news is that more than 90 percent of people diagnosed with depression get better with a combination of medication and psychotherapy (also called “talk therapy”).

“It’s okay to admit there’s a problem and it’s okay to talk to somebody. You’re not weak, you’re not a bad person, you’re just unique and you have needs like everybody else does.”
—Melissa, 20

What’s the Difference Between Depression and Feeling Sad?

Symptoms of Depression include:

- Changes in mood, such as becoming irritable, angry or withdrawn
- Changes in behavior, such as being unable to focus in class or not wanting to be with friends
- Drug and alcohol use or abuse
- Loss of interest in once enjoyable activities
- Difficulty sleeping or sleeping more than usual
- Changes in eating habits
- Criminal behavior, like shoplifting
- Fixation with death, suicidal thoughts
What Puts You at Risk for Depression?

There is no one cause of depression. Doctors think depression results from a combination of things: family and relationship history, the place where you live and work, where and how you grew up and your emotional health. Based on all these factors, some people are more likely to face depression.

Here are some risks for depression to look for in yourself or someone you care about:

### Risk Factors for Depression

- Personal or family history of mental illness, including depression, suicide or bipolar disorder
- Having a medical illness and/or chronic pain
- A recent loss or severe stress
- Unexplained physical problems
- History of using alcohol or drugs to feel better
- Being away from home for the first time
- Feeling overwhelmed

“Depression is a serious medical illness that if left untreated can cause you to have thoughts of wanting to kill yourself. Not everyone with depression is suicidal, but most people who die by suicide are depressed, which is why early detection through screening is so important.”

—Douglas G. Jacobs, MD, founder and president of Screening for Mental Health® and associate clinical professor of psychiatry at Harvard Medical School
Worry and Anxiety: What’s the Difference?

It would be tough to find a college student who does not worry; term papers, exams, money issues, social expectations and just trying to squeeze everything in. And while those things are definitely valid stressors, there’s a real difference between worry and generalized anxiety disorder (GAD). People who experience GAD often expect the worst, even when there is no apparent reason for concern. They don’t know how to stop the cycle of worry and they feel it is beyond their control. If you are experiencing prolonged worry and stress that’s disproportionate to what’s going on in your life, seek medical advice.

Symptoms of Generalized Anxiety Disorder include:

- Worrying a great deal about everyday things for at least six months
- Not being able to control constant worrying
- Being aware the level of worrying is greatly increased
- Can’t relax
- Having difficulty concentrating
- Being easily startled
- Having problems with sleep
- Suffering an array of physical symptoms such as difficulty swallowing, twitching/trembling, sweating a lot, needing to go to the bathroom often

Treatment Works

As with depression, anxiety is highly treatable.
Talk to Someone Who Can Help

If you feel as though you are experiencing symptoms of depression and/or anxiety, talk to a campus counselor or visit the health center to address concerns. Even if the symptoms are recent, do yourself a favor and seek assistance.

Sometimes just having a better awareness of your symptoms can help. You can do this anonymously at: www.HelpYourselfHelpOthers.org

“I’ve only recently begun to recognize a pattern in my day-to-day life: I am constantly anxious. I’m a nervous wreck, especially when I think about all that I have to do (or think I have to do — there’s definitely a difference). When I’m super stressed about something, just like I was last week, I make myself physically ill. I think it’s easy to fall into this cycle of anxiety and illness, because it allows little room for personal forgiveness or relaxation.” —Lily W., sophomore

Don’t give up!

Like Lily and countless others, don’t give up!
You can get help and feel better.

If you are concerned about yourself or someone you love, please take a few minutes to complete a free, anonymous questionnaire at: www.HelpYourselfHelpOthers.org
**MYTH**
People who say they’re depressed are weak and just need to pull themselves together.

**FACT**
Depression is not a weakness, but a real and serious health issue. Depression isn’t just feeling “the blues” and neither can a person “snap out of it” if they try hard enough. It’s a medical condition that can leave a person unable to function.

**MYTH**
If you have depression in your family, you will get it eventually.

**FACT**
Depression can run in families, but it doesn’t mean that you will suffer from depression just because someone in your family does. There are many different risk factors for depression, and family history is only one of them. Other depression risk factors include your living and work environments, your friends and relationships, where and how you grew up and your emotional health.

**MYTH**
Everyone diagnosed with a mood or anxiety disorder is on medication.

**FACT**
While medication is often part of treatment plans for mood or anxiety disorders, this is not always the case. Talk therapy, diet, exercise, lifestyle changes and other measures may prove to be the best path for some individuals.
**MYTH**
I’m a burden when I talk to others about my depression or anxiety.

**FACT**
There are many individuals on your campus (counselors, resident directors, advisors) who would welcome the opportunity to hear from you. They want to help and have access to resources to help you.

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**MYTH**
The most capable students never get anxious.

**FACT**
It doesn’t matter how smart, funny, athletic or popular an individual is, they can still suffer from anxiety over school responsibilities or a myriad of other issues.

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**MYTH**
Anxiety disorders are rare.

**FACT**
Anxiety disorders constitute the most common mental illness in the U.S. affecting around 40 million American adults.
How are Depression and Anxiety Diagnosed?

To diagnose a depression or anxiety disorder your healthcare provider might use a physical examination and/or a list of questions and lab tests, but it’s what you tell your clinician that will help the most.

Be sure to talk to your clinician about your symptoms, how long you’ve had them, when they started and how you’ve treated them—if at all. Your clinician may ask questions about the way you feel, including whether you have any symptoms of depression or anxiety.

To provide your clinician the best information, it helps to make and bring a list with you of the items below.

**Information for Your Clinician**

- Any worries about your mental and physical health
- A detailed description of how you are feeling
- Your past illnesses
- Your family history of depression or anxiety, if any
- Medications you are taking now and in the past (prescribed and over-the-counter)
- Your lifestyle habits (exercise, diet, smoking, alcohol and drug use)
- Your sleep habits
- Your life stresses (school, work, money, friends and any others)
- Questions you have about depression/anxiety and their medications
The majority of people diagnosed with depression get better with a combination of medication and “talk therapy” within a year.

How Are Mood and Anxiety Disorders Treated?

With mood and anxiety disorders, just like many illnesses, the sooner you get help, the better your treatment choices are. If you are diagnosed with depression or anxiety, there are many treatment options. The most effective treatment is a combination of medication and psychotherapy (also known as “talk therapy”).

By talking with you, your clinician will decide the best course of treatment. If you are prescribed medication, it may take up to three to four weeks for you to get the full effect, so it’s important to keep taking the prescribed dose—do not stop or start any medication without talking to your clinician. If one medication does not work for you, another one may work well, so try not to get discouraged. You may need to try more than one medication before finding the right one for you.

“It’s okay to talk to somebody. You’re not weak. You’re not a bad person. People are out there who want to help and they can. There is hope.”—Melissa, who struggled with depression
How Can You Help Yourself?

Mood and anxiety disorders can cloud your mind, zap your energy, and make you feel discouraged. They can make the challenges of school daunting. You may find it hard to take action to help yourself. You may think you are the only one feeling these symptoms. But you aren’t. There are ways you can help yourself, starting right now.

Take care of your mind and body.

- Take part in activities you usually enjoy (being outdoors, movies, concerts, community events, theater, sporting events, etc.).
- Limit your alcohol use and avoid drug use.
- Learn about healthy nutrition and take steps to eat a balanced diet.
- Get enough sleep.
- If you smoke cigarettes, consider quitting.
- Engage in 20-30 minutes of movement or exercise.
- Try not to be alone, even if it means studying at a library or café.

Unwind with Sleep.

Varying class times, demanding work schedules, and busy social lives often mean that sleep is a low priority. Sleep and mood are closely connected; poor or inadequate sleep can cause irritability and stress, while healthy sleep can enhance well-being. While short-term periods of less sleep are normal, chronic insomnia can increase the risk of developing anxiety or depression.

If your insomnia makes it hard to function during the day because you are sleepy and tired, you may want to consider speaking with a professional in either the Health or Counseling Center.
Focus on what’s doable.

- We can’t control how other people act, or feel, or the choices they make, but we can control how we choose to react to it all. Focus on what is within your power.

- If you feel overwhelmed, sit down and plot out your weekly schedule as best you can – but don’t beat yourself up if you can’t make it work perfectly in practice.

- Break up large tasks into small ones, set some priorities and do what you can, as you can.

Celebrate small steps.

- Often during treatment for depression, sleep and appetite will begin to improve before your depressed mood lifts.

- Expect your mood to improve gradually, not immediately.

- Remind yourself that positive thoughts will replace negative feelings as you focus on recovery.

“I don’t have to go back to those sad, darker days, but it’s work, you know. I’m determined to feel better, so don’t give up.” – Seana

Help is near.

If you are concerned about yourself or someone you love, please take a few minutes to complete a free, anonymous questionnaire at: www.HelpYourselfHelpOthers.org
Talking About Mental Health

When talking about your mental health, or that of a friend, parent, or other family member, there are four key points that help frame the conversation:

1. **The Truth**

   Acknowledge what you are experiencing and how you are feeling. When you are honest with people who care about you it allows them to understand what you are going through and how they can best offer support.

2. **Stigma**

   There are many misconceptions about depression and anxiety. Learn what is true and accurate in order to best inform yourself and others. With clear knowledge comes less fear and less stigma.

3. **Signs & Symptoms**

   Recognize the risk factors and know how to communicate details surrounding your mental health. A good place to start is to review a signs and symptoms checklist and note what resonates with you.

4. **Help-Seeking**

   Know that going to a trusted adult to talk about mental health can be a safe, appropriate and effective way to confront your concerns. The best advice to give anyone is to get help as soon as you feel something isn’t quite right.
DEPRESSION
National Institute of Mental Health
www.nimh.nih.gov
Mental Health America
www.mentalhealthamerica.net

ANXIETY
Anxiety Disorders Association of America
www.adaa.org

BIPOLAR
Depression and Bipolar Support Alliance
www.dbsalliance.org

EATING DISORDERS
National Eating Disorders Association
www.nationaleatingdisorders.org
800-931-2237

ONLINE MENTAL HEALTH SCREENING
Screening for Mental Health, Inc.
www.HelpYourselfHelpOthers.org

LESBIAN, GAY, BISEXUAL, TRANSGENDER AND QUESTIONING (LGBTQ)
The Trevor Project
www.thetrevorproject.org
866-4-U-TREVOR (866-488-7386)
GLBT National Help Center
www.youthtalkline.org
800-246-PRIDE (7743)

SUBSTANCE ABUSE AND MENTAL HEALTH TREATMENT
Substance Abuse and Mental Health Services Administration
www.samhsa.gov/treatment
800-662-HELP (4357)
Alcoholics Anonymous
www.aa.org

RESOURCES USED TO DEVELOP THIS BROCHURE
Preventing Chronic Diseases; Public Health Research, Practice and Policy, Volume 2, No.1, January 2005.