

# Depression

College offers new experiences and challenges. This can be exciting, but it can also be stressful and make you, or someone you know, feel sad. But 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.

There are many different levels of depression, but a key feature of each is the feelings of depression go beyond a “simple sadness.” Students who are depressed have trouble keeping up with their work, school assignments and are often hopeless about the future.

## ***What are some of the symptoms of depression?***

- Increased class absence for no apparent reason
- Social withdrawal
- Lack of appetite, not interested in eating or overeating
- Insomnia or oversleeping
- Decrease in physical sex drive
- Restlessness or irritability
- Reduction in motivation, self-esteem, and self-confidence
- Feelings of hopelessness, worthlessness, guilt, or self-blame
- Difficulty thinking, concentrating, or making decisions
- Thoughts of death or suicide

Depression can range from mild to severe. The mild forms of depression may need small interventions from an RA in order to help “nudge” the student in question to better choices. More severe depression is beyond the scope of what an RA can manage. Left alone, a student with severe depression will likely sink deeper into their depression and develop suicidal thoughts.

It is helpful for RAs to become familiar with referral resources in their community to better be able to use these resources when problems occur. It would be a good use of time to know the local mental health providers, medical doctors who can prescribe medications and what the potential barriers to accessing care may be. With one-in-ten students experiencing depression, being aware of local resources is a good investment of your time.

Depression does not spontaneously “fix itself.” The best treatment for depression is a combination of talk-therapy with a professional counselor or psychologist, a medication referral to a psychiatrist or medical doctor and, when possible, encouraging the student to develop healthy eating and exercising at least three times a week.

## Core Concepts

Depression can have both an environmental component and a biological component. Treatment often involves talk-therapy as well as having a medication evaluation. Any student who struggles with depression is at a higher risk for suicide. Staff needs to ask direct questions about suicide to any depressed student.

**Not just a bad day.** We all can relate to having a bad day, even a series of bad days. Depression is more serious than this. It is as if a weight falls down on the student and they will become lethargic, apathetic and struggle to see any hope that things will improve. Depression is beyond a bad day or series of bad days. It is an overwhelming burden and all encompassing sense of dread and hopelessness that surrounds the student.

**Not my problem.** Don't assume that someone else is taking care of the student with depression. Often, depression can feel like a difficult topic to discuss, so staff avoid talking to students about it because they don't feel qualified or don't have any easy answers for the depressed student. If you notice a student who is depressed, reach out to them and try to help. Work with the Washington office to keep them informed and seek out ways you can be most helpful to the student.

**Physical problems.** Some of the key diagnostic criteria for depression are related to sleep and appetite disturbances. Others relate to lethargy and an upset stomach. Sometimes the only outward signs of depression we have to work with are those physical disturbances. Many times, students who travel abroad experience sleep and appetitive problems as well as homesickness, stomach problems adjusting to the food and a lack of tiredness. The only sure way to know what is depression and what are normal adjustment issues is to talk to the student in question.

**Stick with it.** Getting someone help for depression can be a daunting task. Students with depression often lack the energy needed to follow through with the health steps laid out in front of them (e.g., getting to therapy, attending class, seeking support from friends, exercising and staying on medication). One way an RD can help is offering extra support during the early stages of treatment. Once a student begins to recover, it is likely they will need less and less support. Staff should also seek support from on campus and community resources to remain positive and effective with the student they are trying to assist.

## What to Do

- While it can be an uphill battle, try to build a rapport with a student who is depressed so they will share more of their thoughts with you.
- Keep in contact with housing staff, and on-campus resources when you are concerned about a student.
- Gather information from others around the student such as professors, the peers, and other students.
- Know what local resources are available for therapy and medication.
- Provide hope and support for the student (even if you don't feel as hopeful about their future).

## What Not to Do

- Be surprised and shocked at how serious a student's depression is.
- Challenge depressed students by saying things like "you just need to get over this!"
- Hope that things will just get better over time.
- Assume that the depressive symptoms are just normal homesickness or regular adjustment problems that every student goes through.

# Frequently Asked Questions (FAQ)

## ***What causes depression?***

Depression can affect anyone at anytime, but several factors can play a role including:

**Life Changes.** It is normal to feel depressed after a distressing event, such as bereavement, a divorce or losing a job. We may spend time over the following weeks or months thinking and talking about it. After a while we seem to come to terms with what's happened; but some of us get stuck in a depressed mood, which doesn't seem to lift.

**Circumstances.** If we are alone, have no friends around, are stressed, have other worries or are physically run-down, we are more likely to become depressed.

**Biochemistry.** Abnormalities in two chemicals in the brain, serotonin and nor-epinephrine, might contribute to symptoms of depression, including anxiety, irritability and fatigue.

**Genes.** Depression can run in families. If you have one parent who has become severely depressed, then you are about eight times more likely to become depressed yourself.

**Personality.** People with low self-esteem, who are easily overwhelmed by stress, or who are generally pessimistic appear to be more vulnerable to depression.

**Alcohol.** Many people who drink too much alcohol become depressed. It often isn't clear as to which came first - the drinking or the depression. We know that people who drink too much are more likely to kill themselves than other people.

## ***What are some of the treatments for depression?***

Depression is among the most treatable disorders, with between 80% and 90% of people with depression eventually responding well to treatment; almost all people will gain some relief. It is important to get evaluated by a professional in order to determine the best possible treatment. This treatment may consist of a combination of:

**Psychotherapy.** Simply talking about your feelings can be helpful, however depressed you are. Counseling can help you to be clearer about how you feel about your life and other people.

**Medication.** Antidepressants may be prescribed to correct imbalances in the levels of chemicals in the brain. These medications are not sedatives, "uppers" or tranquilizers. Neither are they habit-forming.

## ***Isn't depression just a form of weakness?***

It can seem to other people that a person with depression has just "given in," as if they have a choice in the matter. The fact is, there comes a point at which depression is much more like an illness than anything else. It can happen to the most determined of people, and calls for help, not criticism. It is not a sign of weakness - even powerful personalities can experience deep depression. Winston Churchill called it his "black dog."

## ***How can I get some help?***

Students should seek help for their depression from a qualified mental health provider. This may be a licensed professional counselor, a psychologist, social worker or pastoral counselor. It is also advisable to have the student meet with a doctor to be evaluated for medication. While anti-depressant medication is not a cure-all, it has been helpful with some students in their battle with depression.

## Thoughts from Dr. Van Brunt

Depression can be an overwhelming burden for a student leaving for college. Those with depression can experience a lack of energy, sleep and appetite disturbances and difficulty mustering the energy to complete everyday tasks. Depression is often hereditary and runs in the family.

Stress and pressure are two factors that make depression symptoms worse. As you can imagine, going away to college, leaving your family and living with new people and balancing the responsibilities of classes are just the kind of stress and pressure that make a situation worse. A student who has low-grade, manageable depression that became worse when under the added stress of being away from their support system while adjusting to the challenges of college.

Depression doesn't simply "go away." Students with depression will not spontaneously get better. They will need to talk to a professional counselor and, in some cases, be referred on for medication. One of the most common mistakes in trying to help someone with depression is to assume that simply keeping them busy or getting them doing things will significantly impact their illness.

While this approach may work for a little while with those who have a lesser form of depression (called dysthymia), these efforts will fall short with those who have a more serious depression. They may also keep the student from talking since they don't think it will help fix their problems. Severe depression is a medical condition that needs a clinical and medical intervention. One of the best things an RA can do in this situation is to refer the student to professional help and ensure that they are keeping their appointments.

As the saying goes, "it takes a village." This applies to assisting those with depression. Helping someone means getting them connected to a counselor or psychologist. It may be helping them gain access to a medical doctor or nurse practitioner for medication. It will also mean making sure the student is connected to a support network such as their family or friends for additional help.

Those students who experience depression may also lack the ability or energy to follow through with their treatment. Something as simple as getting a prescription filled may be as overwhelming to a person with depression as climbing Mt. Everest may seem to you. An RA is in an excellent position to assist the student in keeping their appointments, staying on track with their coursework and following through with their therapy appointments. While this extra work at the beginning of treatment can feel overwhelming to a staff member, the extra support is often only needed for a short time.

## More Information and Resources

### [The Jed Foundation](#)

The Jed Foundation provides support, research and information for college students and those who work with college students around the issues of depression and suicide. Their website provides downloadable fact sheets and statistics and information about suicide and depression.

### National Suicide Prevention Lifeline (800) 273-TALK (8255)

This is a 24-hour, toll-free suicide prevention service available to anyone in crisis.

### [American Foundation for Suicide Prevention](#)

The American Foundation for Suicide Prevention provides facts and figures related to depression and suicide. They share information about how to help those impacted by depression that may be suicidal.

### [Depression Tribe](#)

Depression Tribe is a social media site dedicated to helping those with depression and suicide. It is a peer-to-peer help site, so make sure to use some caution when sharing personal information and taking advice from others.

### [Epocrates](#)

This site provides some useful information about common medications that are used for depression. This site isn't designed to give medical advice, but it is a professional site used by physicians and doctors, so the information is of a high quality.

### [Go Ask Alice!](#)

Go Ask Alice is a questions-and-answers website maintained by a division of Health Services at Columbia University. Questions can be asked on a variety of topics, including depression and suicide.

### [The Suicide Prevention Resource Center](#)

The suicide prevention Resource Center (SPRC) provides prevention, support, training, and resources to assist organizations and individuals to develop suicide prevention programs, interventions and policies, and to advance the National Strategy for Suicide Prevention.

### [The QPR Institute](#)

The QPR institute provides training, support and information for those who are facing suicidal thoughts or those trying to prevent suicide.

### [Living Works](#)

Living Works offers training for those interested in addressing suicide. They offer programs such as Safe Talk, ASIST, Suicide Talk and Suicide Care.