



Mental Health Matters

Counseling and Psychological Services (CAPS)

Volume II, Issue III

Women & Depression: Understanding the Gender Gap

Source: Mayo Clinic

Family-Career-Caring for elderly parents- Coping with menstruation, pregnancy and menopause. As a woman, you certainly have plenty of issues to handle. But there's one more you might someday face: DEPRESSION.

Depression affects about 12.4 million women in the United States each year. One in five women will develop depression at some point in her life (double the number of men who will) and the gender gap goes beyond numbers. Some signs and symptoms of depression are different in women, too. Women, for instance, tend to have an increased appetite, weight gain and carbohydrate cravings when they develop depression. Men tend to lose appetite and weight. Women are also more likely than men to develop another mental illness along with depression, such as an anxiety or eating disorder.

What's behind the gender gap in depression? Chalk it up to an interaction of biological, psychological and cultural factors unique to women.

BIOLOGICAL FACTORS

Pre-menstruation. 20-40 percent of women experience anxiety, irritability and sadness during this period. Many women also experience physical symptoms just before menstruation, such as bloating, breast pain, fatigue, muscle aches or headache. A small percentage of women (3-5%) have such severe premenstrual symptoms that their lives, jobs, and relationships are disrupted. This condition is called premenstrual dysphoric disorder (PMDD).

Pregnancy. Many women feel especially healthy and positive during pregnancy. Increased production of certain hormones appears to give them a mental boost. Others don't share that experience. About 10 % of women develop depression during pregnancy. Women who have a prior history of depression or PMDD are more likely to experience depression during pregnancy. Limited support, marital problems and ambivalence about being pregnant also play a significant role.

Postpartum. Although having a baby is generally exciting, about half of women find themselves sad, angry, irritable and prone to tears soon after giving birth. These feelings (known as the baby blues) are normal and generally subside within a week or two. However, 10 % to 25 % of new mothers continue to experience these symptoms beyond such time period. In addition to the typical symptoms of depression, women may also experience high expectations of self, feeling trapped, feeling inadequate and/or question their own ability to be a parent.

Menopause. The risk of depression continues as menopause begins. Signs and symptoms of menopause generally start while women still menstruate and may persist for up to a year after menstruation has stopped. This transitional time, when hormone levels often fluctuate, is called perimenopause. During perimenopause, many women experience a variety of changes in body function and emotions, including hot flashes, sleep difficulties and mood swings.

Menopause and perimenopause themselves do not cause depression, but women who are in this phase of life, may be at increased risk of depression because of other biological or life issues i.e. health problems, divorce, caring for elderly parents.

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The Gender Gap at a Glance

- 20% of women experience depression at some point in their life, compared with 10% of men.
- Women with depression are more likely to experience increased appetite, weight gain and carbohydrate cravings.
- Women are more likely to develop seasonal depression.
- Women are more likely to develop another mental disorder, such as an anxiety or eating disorder, along with depression.
- Women are three times more likely to attempt suicide, but men are more likely to die by suicide

Beyond the Blues

Some people say they are depressed when they are feeling sad, lonely, down or dejected. But depression as a medical condition is more than a passing case of the blues. Depression can be debilitating, affecting all aspects of people's lives including relationships, jobs, productivities, finances, and even physical health. Depression has the following features:

- Depressed mood lasts at least 2 weeks and often much longer

- Specific symptoms related to mood, behavior, thinking, and outlook include feelings of sadness, hopelessness, difficulty concentrating or making decisions, loss of sex drive, lack of energy, social withdrawal, and loss of motivation.

- Thoughts of death or suicide may be present

- Ability to function on a daily basis is impaired

- Requires medical and /or psychological treatment

Social and Cultural Factors:

Unequal power and status.

In general, U.S. women earn less income than men do. Single women with children have one of the highest poverty rates in the United States. Low socioeconomic status brings with it many concerns and stresses include uncertainty about the future and less access to community and medical resources. Minority women might also face added stress from racial discrimination. These concerns often lead to the feeling of lack of control over one's life and can contribute to feelings of hopelessness and helplessness, negativism and lack of self-esteem which, in turn, place one at risk for depression.

Some Helpful Links:

www.mentalhealthscreening.org/depression.htm

<http://health.hih.gov>

www.psychiatrymatters.md

www.ivillage.com

www.jmir.org/2003/3/e23

www.mayoclinic.com

www.depressionscreening.org

www.dballiance.org

FACTS

About 18.8 million Americans age 18 and older have a depressive disorder.

More than 90% of people who kill themselves have a diagnosable mental health disorder, commonly a depressive disorder or a substance abuse disorder.

Despite the good efforts of many, campus alcohol abuse has not substantially declined in the past decade.

Source: *Screening for Mental Health*

Psychological Factors:

In relation to social and cultural factors, women and men may learn to handle emotions in different ways and to cope differently with stress. Women may be less inclined than men to act on their problems and more inclined to dwell on them. Men are more likely to respond to stress with anger or substance use, while women are more likely to develop the clinical symptoms of depression.

With Help Comes Hope

Although it might seem as if these biological, social, cultural and psychological factors all weigh against women, women generally respond well to treatment for depression. With the right treatment, depression improves in about eight out of 10 women.

**National Depression
Screening Day is
October 7, 2004**

Student Mental Health Screening: A Risk Management Perspective

By: Ann H. Franke, esq., Vice President for Education and Risk Management
United Educators Insurance

The hardest task a college president faces is calling parents to break the tragic news that their son or daughter has died. If alcohol poisoning, a drug overdose, or suicide was the cause of death, family members may be plagued with thoughts of how they may have been able to prevent the tragedy. They may also turn their criticism against the college administration and bring a lawsuit seeking to hold the institution responsible.

Most institutions have policies addressing the consumption of alcohol and illegal drugs. They restrict access to means of suicide such as firearms, high roofs, legal and illegal drugs. Their disciplinary processes mete out punishment to students who endanger themselves and others. Good policies and good enforcement can help an institution defend itself when a family sues over a student's death.

Another element of the defense can be a record of prevention programs. Screening efforts and counseling services help show that the institution took student mental health issues seriously. Effective screening and treatment can save lives, prevent problems, and reduce the number of times the president will have to make that most difficult phone call.

IUPUI Retention Issues

IUPUI's Vision of being "recognized as one of the best urban universities" implies excellence in the education and preparation of students to pursue their future aspirations. IUPUI is becoming a destination for education in the state, drawing a student body diverse in region, race, ethnicity, economic status, age, and background. While enrollment figures have steadily increased over the past few years and are approaching 30,000, issues of

retention and graduation rates remain. During the years 1997-2000, only 60% of first-time full-time freshman returned to IUPUI the following year (IUPUI Portfolio-Statistical Portrait). That number increased to 65% in 2001. However, the six-year graduation rate of that same population at IUPUI is the lowest among its urban peers, at ~22%. In addition, this graduation rate is below that of the 5 four-year public institutions in the state, as well as at or below the level at 3 of the 9 regional campuses of the IU-PU systems. Many efforts have been implemented to address these concerns, but significant improvements have yet to be realized.

Literature on Retention

Many efforts to increase retention and graduation on the IUPUI campus have focused on academic concerns, such as advising, orientation, and tutoring. The Division of Student Life and Diversity has also pursued the building of community in order to nurture a connection of students with the campus environment. These efforts have included the construction of residence halls, expansion of programming through Campus and Community Life, support of diversity initiatives, and planning of a new Student Center.

Such efforts are clearly justified by research that indicates that a large percentage of students that leave the university are academically successful and leave for more personal reasons. For example, Rummell et al (1999) found that 20% of students leaving a small private university in upstate New York did so for "personal" reasons which were not financial or academic in nature. These authors recommended that retention efforts be expanded to include a focus on social adjustment. Similarly, in a longitudinal study, Gerdes & Mallinckrodt (1994) found that "emotional and social adjustment items predicted attrition as well or better than academic adjustment issues."

CAPS Upcoming Events:

Alcohol Awareness Day
Tuesday, September 7, 2004
10am-4pm
UC Lobby

Depression Screening Day
Thursday, October 7, 2004
10am-4pm
UC Lobby

Counseling and Student Retention

Several studies have found a significant impact of participation in personal counseling on academic retention. Wilson et al (1997) found that students who had attended counseling had a 14% advantage over the general student body in two-year retention. Turner & Berry (2000) reported that 70% of clients seeking services at their counseling center reported that their personal problems were significantly impeding academic progress, and 60.7% indicated that counseling had helped them maintain or improve their academic performance. Further, 50% of the clients indicated that counseling had helped them to stay enrolled in the university. Turner & Berry validated these self-reports by investigating actual retention and graduation rates of clients. Students participating in counseling had significantly higher rates of one-year retention (71 vs. 59%), return enrollment (77 vs. 68%), total retention (88 vs. 81%), and combined retention and graduation rates (88 vs. 81%) than their peers. These results clearly indicate that psychological counseling is associated with higher rates of retention, persistence, and graduation among college students.

CAPS

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*The Division of
Student Life and
Diversity*

Highlights

- Most students that leave university life are academically successful.
- Social and emotional difficulties predict attrition as well as or better than academic issues.
- College Students who engage in personal counseling have significantly higher retention, persistence, and graduation rates than their peers.
- The two-year graduation rate for CAPS clients is 41%.

IUPUI CAPS and Student Success

It could be argued that the data on counseling and retention/graduation rates obtained from more traditional residential campuses are not generalizable to the IUPUI population. However, in February 2001, IUPUI CAPS explored the academic status of past clients. The inquiry found that 47% of students accessing CAPS' services in 1994 had graduated by the end of 2000, and an additional 8% remained enrolled. For client's seen in 1998, 41% had graduated by the end of 2000 and an additional 9% remained enrolled. While these numbers cannot be directly compared to the one or six year retention data reported by the University because CAPS did not differentiate between education levels, the 50+% retention and graduation rate of former CAPS' clients is certainly impressive compared to the campus average.

Year as Client	Graduation by 12/2000	Persistence in 12/2000	Total Retention
1994	47%	8%	55%
1998	41%	9%	50%

How CAPS Can Help

The stresses of college life are many and varied. The non-traditional nature of many IUPUI students only compounds those stresses. As a high percentage of our students work, support families, and are first in their family to attend college, the demands can easily become overwhelming. CAPS can assist in student adjustment, coping, and academic progress by providing:

- Treatment for clinical symptoms of depression, anxiety, etc
- Education and training in stress and time management techniques
- Opportunities for exploration of individual identity and clarification of values
- Couples counseling to assist management of relationship issues
- Evaluation for learning disorders and ADHD
- Assessment and treatment or referral for substance use issues
- Training in study skills, test-taking strategies, and management of test anxiety
- Referrals for psychotropic medications as indicated

If you believe a student might benefit from our services, consider suggesting they contact us. Additional information regarding making a referral can be found on our web site.

Also, to alert all students to the fact that CAPS is here to help, consider placing the following few sentences in your course syllabus:

During the semester, if you find that life stressors are interfering with your academic or personal success, consider contacting Counseling and Psychological Services (CAPS). All IUPUI students are eligible for counseling services at minimal fees. CAPS also performs evaluations for learning disorders and ADHD; fees are charged for testing. CAPS is located in UN418 and can be contacted by phone (317-274-2548). For more information, see the CAPS web-site at:

<http://www.life.iupui.edu/Who/Counseling>

Additional Help from the Office of the Dean of Students!

Need Help and Don't Know Where to turn..... Contact the Student Advocate Office!

The Student Advocate provides impartial, objective and confidential assistance to students and faculty.

Services provided to students include, but are not limited to:

- Assisting in clarifying University Policies and Procedures.
- Assist students regarding problems or disputes which seem irresolvable.
- Connect Students with On-Campus and Off-Campus Resources.
- Serve as an information resource, advisor and/or mediator

Services provided to faculty include, but are not limited to:

- Assisting in clarifying University Policies and Procedures.
- Assist faculty with questions or concerns regarding a student.
- Need assistance in resolving a conflict involving a student.
- Serve as an information resource, advisor and/or mediator.

Office: UC 002

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