



Mental Health Matters

Counseling and Psychological Services (CAPS)

Volume II, Issue IV

Men and Depression

Source: National Institute of Mental Health

Depression can strike anyone regardless of age, ethnic background, socioeconomic status, or gender; however, large-scale research studies have found that depression is about twice as common in women as in men. In the United States, researchers estimate that in any given one-year period, depressive illnesses affect 12 percent of women (more than 12 million women) and nearly seven percent of men (more than six million men). But important questions remain to be answered about the causes underlying this gender difference. For example, is depression truly less common among men, or are men just less likely than women to recognize, acknowledge, and seek help for depression?

Depression Awareness Assessment

In focus groups conducted by the National Institute of Mental Health (NIMH) to assess depression awareness, men described their own symptoms of depression without realizing that they were depressed. Notably, many were unaware that "physical" symptoms, such as headaches, digestive disorders, and chronic pain, can be associated with depression.

In addition, they expressed concern about seeing a mental health professional or going to a mental health clinic, thinking that people would find out and that this might have a negative impact on their job security, promotion potential, or health insurance benefits. They feared that being labeled with a diagnosis of mental illness would cost them the respect of their family and friends, or their standing in the community.

** 55 Schools (20.3%) reported a total of 116 student suicides. Only 20 of these students had been seen in counseling centers. (National Survey of Counseling Centers, 2002)

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"You don't have any interest in thinking about the future, because you don't feel that there is going to be any future."

-Shawn Colten,
National Diving
Champion

-Brain imaging technologies are now allowing scientists to see how effective treatment with medication or psychotherapy is reflected in changes in brain activity.

- Depressive disorders are real and treatable, and are no more a sign of weakness than cancer or any other serious illness.

Symptoms of Depression and Mania

Causes of Depression

Substantial evidence from neuroscience, genetics, and clinical investigation shows that depressive illnesses are disorders of the brain. However, the precise causes of these illnesses continue to be a matter of intense research. Modern brain-imaging technologies are revealing that in depression, neural circuits responsible for the regulation of moods, thinking, sleep, appetite, and behavior fail to function properly, and that critical neurotransmitters-chemicals used by nerve cells to communicate are out of balance.

Trauma, loss of a loved one, a difficult relationship, a financial problem, or any stressful change in life patterns, whether the change is unwelcome or desired, can trigger a depressive episode in vulnerable individuals. Later episodes of depression may occur without an obvious cause.

Some Helpful Links:

www.mayoclinic.com
www.depressionscreening.org
www.dballiance.org
<http://www.nimh.nih.gov>
www.jmir.org/2003/3/e23
www.ivillage.com
www.psychiatrymatters.md
www.mentalhealthscreening.org/depression.htm
<http://www.mentalhealth.samhsa.gov/databases/>

Not everyone who is depressed or manic experiences every symptom. Some people experience a few symptoms; some people suffer many. The severity of symptoms varies among individuals and also over time.

Depression

- Persistent sad, anxious, or "empty" mood
- Feelings of hopelessness, pessimism
- Feelings of guilt, worthlessness, helplessness
- Loss of interest or pleasure in hobbies and activities that were once enjoyed, including sex
- Decreased energy, fatigue, being "slowed down"
- Difficulty concentrating, remembering, making decisions
- Trouble sleeping, early-morning awakening, or oversleeping
- Appetite and/or weight changes
- Thoughts of death or suicide, or suicide attempts
- Restlessness, irritability
- Persistent physical symptoms, such as headaches, digestive disorders, and chronic pain, which do not respond to routine treatment

Mania

- Abnormal or excessive elation
- Unusual irritability
- Decreased need for sleep
- Grandiose notions
- Increased talking
- Racing thoughts
- Increased sexual desire
- Markedly increased energy
- Poor judgment
- Inappropriate social behavior

FACTS

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.

Counseling Centers are about twice as likely to report success with students if they are self-referred as opposed to mandated.

Source: Screening for Mental Health



Differing Coping Strategies

While both women and men can develop the standard symptoms of depression, they often experience depression differently and may have different ways of coping with the symptoms. Men may be more willing to acknowledge fatigue, irritability, loss of interest in work or hobbies, and sleep disturbances rather than feelings of sadness, worthlessness, and excessive guilt.

Men are more likely than women to report alcohol and drug abuse or dependence in their lifetime; however, there is debate among researchers as to whether substance use is a "symptom" of underlying depression in men, or a co-occurring condition that more commonly develops in men.

Nevertheless, substance use can mask depression, making it harder to recognize depression as a separate illness that needs treatment. Instead of acknowledging their feelings, asking for help, or seeking appropriate treatment, men may turn to alcohol or drugs when they are depressed, or become frustrated, discouraged, angry, irritable and, sometimes, violently abusive. Some men deal with depression by throwing themselves compulsively into their work, attempting to hide their depression from themselves, family, and friends; other men may respond to depression by engaging in reckless behavior, taking risks, and putting themselves in harm's way.

How to Help Yourself if You Are Depressed

Depressive disorders make one feel exhausted, worthless, helpless, and hopeless. Such negative thoughts and feelings make some people feel like giving up. It is important to realize that these negative views are part of the depression and typically do not accurately reflect the actual circumstances. Negative thinking fades as treatment begins to take effect.

In the meantime:

- Mild exercise, going to a movie, a ballgame, or participating in religious, social, or other activities may help
- Set realistic goals in light of the depression and assume a reasonable amount of responsibility
- Break large tasks into small ones, set some priorities, and do what you can as you can
- Try to be with other people and to confide in someone; it is usually better than being alone and secretive
- Expect your mood to improve gradually
- It is advisable to postpone important decisions until the depression has lifted
- Let family and friends help you

Suicide

Four times as many men as women die by suicide in the United States.

Methods men use to attempt suicide are generally more lethal than those methods used by women.

Women are three times more likely to attempt suicide, but men are more likely to die by suicide

Men are less likely to seek treatment for depression.

"You are pushed to the point of considering suicide, because living becomes very painful. You are looking for a way out, you're looking for a way to eliminate this terrible psychic pain. And I remember, I never really tried to commit suicide, but I came awful close, because I used to play matador with buses. You know, I would walk out into the traffic of New York City, with no reference to traffic lights, red or green, almost hoping that I would get knocked down."

- Paul Gottlieb, Publisher

What Experts are Saying about Mental Health Issues and College Selection

Excerpts from: **The Dorms May Be Great, but How's the Counseling?** By Mary Duenwald, NY Times on-line edition 10/26/04

Surveys show that the number of college students with mental health issues is steadily rising. Consequently, experts are advocating that students examine the mental health resources provided on campus before making their college choice.

"There's this illusion that the university is a safe haven in a stable setting," said Dr. Dennis Heitzmann, Director of Psychological Services for Penn State. "But for many students, it's not a carefree environment at all." The seven apparent suicides last year by students at New York University illustrated what a grave threat psychological difficulties can present. Dr. Mark M. Harris, Assistant Director of Counseling Services at the University of Iowa reported experiencing a 20 percent increase in the number of students currently seeking services compared to September 2003. He noted that his colleagues at other university counseling centers are revealing similar increases. "What I'm picking up on the national list serve is that this has been the worst fall for emergencies in two decades," said Dr. Harris. "We're seeing a lot more anxiety disorders and panic attacks. With the global war on terrorism and terror alert codes, the world has become a pervasively more frightening place to live in." Dr. Harris also noted, "late adolescence and early 20's is the time when you'll see the onset of various mental health difficulties. We'll see a lot of first-episode schizophrenia. And that's often in the emergency-room category because thought disorders can make people vulnerable to self-harm."

"Since each student has roughly a 50-50 chance of having some symptoms of depression or other problems, I think it has to be part of the consideration in choosing a college."

(College of the Overwhelmed: The Campus Mental Health Crisis and What to Do About It. R. Kadison, MD, Harvard University Mental Health Services, 2004)

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Nearly half of all students at some point feel so depressed that they have trouble functioning, with 15 percent meeting the criteria for clinical depression (American College Health Association, 2004).

Among students treated at campus counseling centers, the number taking psychiatric medications rose to 24.5 percent in 2003-2004, from 17 percent in 2000, and just 9 percent in 1994.

There has been a sharp rise in the number of students with severe crises like major depression, bipolar disorder, eating disorders, and substance abuse problems critical enough to require hospitalization (Gallagher Survey: The National Survey of Counseling Center Directors, 2002).