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Depression and Anxiety – Why America is Suffering

America's status as a high-income nation is a golden gilded, double-edged sword. Although America has some of the best health care in the world, it also comes at some of the highest prices in the world. Even with the high healthcare standards, there are still health disparities that need to be addressed, especially within the mental health sphere. The depression and anxiety taboo still plagues the USA leaving those at risk defenseless. Many people I know and have close relationships with suffer or have suffered from anxiety and depression in their teen years and continue to suffer. Lack of mental health treatment options, stigma, and misinformation block the road to treatment. Exercise, social support, stress management, and meditation need to be promoted for a holistic, Bio-Phyco-Social-Spiritual approach to anxiety and depression treatments on College Campuses to reduce the suffering of America.

Depression and anxiety affect nearly 20 percent of Americans (Strine et al.) That is 1 in every 5 people. So why is it still taboo? Being a friend, a sister, a daughter, a person living in society, this epidemic is of importance to me as I am surrounded by people who feel alone, depressed, and anxious. My sister, who is now 23 and a mother of my two beautiful nieces, suffered throughout her entire life and continues to suffer with depression and ADD. She went to college excited for a change, and after a semester left feeling deflated and defeated because of anxiety and depression. Being an undergraduate student, I cannot ignore the fact that anxiety and depression are the two most common conditions that plague college campuses and lead to

students dropping out. The rest of the world cannot ignore how this affects society's functions long term.

Equally, with my friend who attended The University of Alabama recently committing suicide after suffering with depression for 3 plus years; there seems to be some disconnect between preventative measures taken and treatment of these diseases because of a stigma and lack of accessibility. In fact, in a study done by Steven Garlow and an interdisciplinary team at Emory University, they found that 85 percent of the most at risk group for suicide was not getting any help. The article, "Depression, desperation, and suicidal ideation in college students: results from the American Foundation for Suicide Prevention College Screening Project at Emory University," found that 11.1% had current suicidal ideation and 16.5% had experienced suicidal ideation or self-harm at some point in their lives (Garlow et al.). These numbers may seem relatively low, but just one suicide is one too many.

Before looking at the problems and possible solutions to high rates of anxiety and depression, there needs to be some consensus on what exactly anxiety and depression are. So, what exactly is depression? Who has depression? Is anxiety really a disease? To quote Dr. Amen, a revolutionary psychiatrist, "Depression is the most expensive medical illness on the planet and is one of the greatest killers of our time, affecting fifty million Americans at some point in their life" (345). Depression is not just a single disorder, each person who is suffering requires individualized treatment based on their physiological and mental needs. Yet some subgroups of government conspiracy strong holders such as, *The Citizens Commission on Human Rights: The Mental Health Watchdog* (CCHR), argue that mental illness does not exist because there are not medical tests to prove a chemical imbalance, even though this is proven false by hundreds of studies. Chemical imbalances *are* the cause of depression and anxiety as

low serotonin and other neurotransmitter imbalances along with high cortisol levels wreak havoc on millions, especially in college. Besides a proven existence of chemical imbalances, helping people live their lives feeling happy and healthy should never be put to shame.

This discussion about mental health is especially pressing for people in the Millennial generation between the ages of 18 and 24, as this is the most at risk group for anxiety and depression. Learning positive ways to deal with depression and anxiety at this age could lead to increased college retention rates and ultimately a more productive society. If my sister, Casandra, had realized that missing one English assignment was not the end of the world, she could have continued with schooling. Her depression however did not allow for this. Her perception of the world because of depression and her symptoms of lethargy, fatigue, withdrawal and disinterest were too much and she decided she just was not cut out for college.

Many college students fall victim to the stresses that loom within each textbook, behind each closed door, and even hundreds or thousands of miles away. Pamela Aselton's study, "Sources of Stress and Coping in American College Students Who Have Been Diagnosed With Depression," found that students suffering from anxiety and depression stress about financial, family, roommate problems, and academic success. College boils down to a transition period from adolescence to adulthood that is expensive and overwhelming. With the current American ideology of individualism, too many students who suffer with anxiety and depression fear the social shaming or marginalization they predict will follow if they seek treatment.

Stress is a major cause of anxiety and depression – this is not merely an observation made by Pamela Aselton, it also is a fact backed by scientific evidence. High amounts of cortisol, a steroid hormone created by cholesterol, is found in the blood of people with depression. In the brain, it damages cells of the hippocampus (important in memory, therefore important in

succeeding in school) and chronic stress leads to premature brain ageing. This aging leads to a lack of “brain reserve” which makes dealing with stressful and traumatic incidences more detrimental to overall mental and physical health (Amen 35).

Millennials face a unique challenge when overcoming stress due to the pervasive nature of cell phones. It can be hard to manage free time in college, especially now that one can easily be distracted by technology that is consuming the world. It is easy to scroll through one’s Facebook or Instagram newsfeeds for hours, but this may do more harm than good. My 21-year-old sister, Karina, who attends The University of Wisconsin – Lacrosse who suffers with anxiety and, “often see[s] posts of people [she] do[es] not even talk to and it just causes [her] anxiety.” Although being connected to thousands of people through social media and cell phones allows college students to keep in contact with family and friends, as my sister further explains, “It is unnecessary to be looking at a bunch of people who often like your posts, but do not genuinely care about you, or do not even say hi to you in person.” For my sister, staying off her phone, especially social media, helps to reduce her stress.

Technology is a great tool when used wisely, but it enforces America’s fast pace, Type-A way of life and is linked to a lower quality of life overall. The article, “The relationship between cell phone use, academic performance, anxiety, and Satisfaction with Life in college students,” describes a quantitative and statistical analysis of surveys given to college students within New England universities on the effect cell phone use has on overall anxiety and Satisfaction with Life (SWL). It found a relationship among increased cell phone use, increased anxiety and lower SWL (Lepp). For example, increased cell phone use was tied to lower grades which caused anxiety and lowered satisfaction with life of students (whose purpose of attending college was to

achieve). Another reason increased cell phone use lead to more anxiety was its correlation to a decrease in physical activity (Lepp).

The association between stress, physical health and mental health are more important than ever. When it comes down to logistical data, out of Americans surveyed from 38 states across the US, 22.7 million had been diagnosed with depression at some point in their life (Strine et al.). Most of these people were also high risk in areas such as obesity, heavy alcohol consumption, and heart disease. Unsurprisingly, stress is closely linked to obesity, alcoholism, and heart disease. Thus, a vicious cycle is started in which people with common physical health problems are more likely to be diagnosed with depression and anxiety and vice versa. Ideally, Americans would eat a balanced diet low in processed food and refined sugars. Dr. Amen and Karina (who is an exercise science major and former college athlete) attest to this reducing anxiety and improving overall mental health. Unfortunately, this is hard to do on a college budget, thus exercise becomes even more important in dealing with stress to reduce anxiety.

Exercise's physical and psychological benefits and inexpensive cost make it ideal for anxiety and depression treatment of college students. The news article, "Can exercise cure depression and anxiety?" by author, Amanda Loudin, a mom and running coach who writes for *Runners World* magazine and blogs looks at how exercise may be a possible "cure" or treatment option for anxiety and depression. The article looks at new research that shows increased levels of Gamma-Amino Butyric acid (GABA), a neurotransmitter that acts as a natural tranquilizer, and glutamate, which is an excitatory neurotransmitter associated with exercise. Although those may seem contradictory, without getting into the nitty gritty science, they work together in such a way that glutamate is needed for GABA production and vice versa. After spending 8 years on

antidepressants, Heather Troupe was 20 pounds heavier and still struggling. After she decided to try exercise instead of medication, she had finally “fixed-herself” (Loudin).

In college, finding time to exercise can sometimes be difficult, however making time can be more beneficial than one may think. From personal experience as a college student, there are weeks when it is hard to make time to eat, much less exercise. However, when I do make time to exercise, whether it be in a group exercise class such as Zumba or going for run outside, I feel significantly more focused and energized than when I do not make time. The article, “Vigorous Physical Activity, Mental Health, Perceived Stress, and Socializing Among College Students,” determined through statistical analysis and research that physical activity (PA) and socialization should be promoted amongst college students to improve mental health (VanKim).

The Citizens Commission on Human Rights: The Mental Health Watchdog’s extremist mentality towards mental health comes from the hatred of Pharmacology corporations whose drug prices, especially in America, are overpriced and over prescribed. However, this should not lead to the innate disbelief of all mental ailments. There are treatments for depression and anxiety available that do not involve drugs and are even more effective and cost efficient such as meditation, exercise and therapy.

Even if one emphasizes nonmedical primary and secondary prevention, it is still important to consider improvements that can be made to the American mental healthcare system. University public health promotion is important in unmuting the conversation about anxiety and depression. Now students need to start participating. At University of South Carolina, the student health center now uses a patient health questionnaire to help assess mental health at each visit. Coloring book pamphlets are placed on waiting room tables with facts about mental health and every USC student can receive 10 free therapy sessions. These measures are a good first step in

the direction of unmuting the conversations about mental health and openly discussing stress, anxiety and depression. Dr. Insel, former director of the National Institute of Mental Health and current member of Google's life sciences research team, started this conversation in a unique way. He presented the topic of mental health in a Ted Talk that discusses, at first, the recent decrease in mortality and morbidity rates due to diseases like cancer due to advances in modern medicine. Later, he compares these statistics to mental illness morbidity and suicide rates that have persisted throughout the same period at alarmingly high rates.

These public health measures (taking place on college campuses and beyond) are a step forward and should be combined with primary care physician training on how to deal with, identify, and treat depression. As Loudin's article mentions, it was suggested that doctors incorporate exercise into treatment after a review of many surveys that found exercise to "be a significant help to those with depression" (Loudin). To yield the best result this needs to be done with multi-component interventions and training based on local needs (Vöhringer). If college campuses across the United States follow South Carolina's example and mix between logical, scientific and emotional appeals to the student body to start conversations, we may be able to turn around the trend lines that Dr. Insel showed.

Stigma, to some such as the radical CCHR group, is caused not by others looking down on people with mental illness, but rather the stigma that surrounds all maladies in the world. The group argues that stigma comes from the medicalization of behavior, stating, "if you are rebellious, you are 'stigmatized' with the label 'oppositional defiant disorder.' If your kid acts like a kid he is 'stigmatized' with the label 'ADHD.' If you are sad or unhappy (even temporarily) you are 'stigmatized' with the label 'depressive' or 'bi-polar disorder'" (2016). No matter what "stigma" is out there, it is impeding people from getting the help they need.

American individualism keeps anxiety and depression hidden in the shadows. These common disorders are labeled as a weakness. This is supported by an article from Psychiatric Services called, “Perceived Stigma and Mental Health Care Seeking” that shows how college students, both undergraduate and graduate levels, perceived mental health in 2008. 61.1% of the 2,782 students surveyed chose “agree” or “strongly agree” with the statement that, “Receiving treatment for emotional or mental problems carries social stigma” (Golberstein). This is followed by 79.9% of the same 2,782 students answering “strongly disagree” or “disagree” to the statement that, “it is a sign of personal weakness or inadequacy to receive treatment for emotional or mental problems” (Golberstein). This is then followed by a majority of people (57.1%) answering “agree” or “strongly agree” to the statement that people are seen as less favorable if they share that they have received treatment for emotional or mental problems. These statistics suggest that there are extreme perceived stigmas surrounding seeking help from medical professionals. They also show that perceived stigma is greater than the actual negative social consequences. Even still, the perception of stigma discourages people who should be seeking treatment away from it.

Stigma causes stress (furthering anxiety and depression symptoms) to those seeking help or mental health treatment. Shifting from an understanding of anxiety and depression as behavioral troubles (or a moral issue - being a troubled or bad person) to brain physiology deficiencies can help eliminate stigma. As Dr. Amen states in his book “Change Your Brain, Change Your Life,” “...few people want to see a psychiatrist, but almost everyone wants a better brain!” (33). Dr. Insel seconds this in his Ted Talk arguing for a lens change from “behavioral” problems to “brain diseases.”

Pop-culture publicity of “stars” with anxiety and depression opens another outlet for discussion. Actress Kristen Bell recently spoke publicly about her struggle with depression on multiple news outlets. The article, “Kristen Bell: I’m over Staying Silent About Depression,” written by the actress herself, sheds light on the celebrity perspective of stigma which is intensified by the limelight. Bell explains that the openness her mother had with her as a teenager about the serotonin imbalance that ran in her family helped her know what to do when she began to feel isolated and lonely. Bell thinks that the stigma that surrounds seeking help for mental health needs to end. If a famous actress can admit this to her entire fan base and social network, why is it so hard for everyone else? Maybe Americans need to stop pulling themselves up by their own boot straps when it comes to mental health and seek help the way Bell did.

Besides formal therapy and medication, having a strong supportive social group is an inexpensive (free) treatment that aids in maintaining a healthy mind and low levels of stress. In fact, the number one stress reliever is laughter. Its mental health benefits (along with physical health benefits) are vast. After a good hearty laugh your body and mind are relaxed for 45 minutes. Overall it relieves stress and anxiety, it improves self-esteem, improves mood and mental functioning, and best of all, it is free! For a broke college kid, a good laugh can go a long way. Karina supports this statement, “Maintaining meaningful relationships with genuine human beings helps reduce my anxiety. Hanging out with my close friends, and talking to them when I am feeling down because of anxiety helps me feel better.” Finding friends who provide laughs along with emotional support can help improve mental health and decrease depression and anxiety. Thus, a major, cost effective resource to treat anxiety and depression on college campuses are student’s peers.

Talking it out or writing it out is another effective way to overcome the despair caused by anxiety and depression. In Aselton's study, the students responding to the surveys and describing what was causing them stress found this process therapeutic. Identifying the problem and pondering possible solutions is important in dealing with depression and anxiety effectively.

Along with metacognition and self-discovery, finding purpose in life and focusing on that through meditation has been found to be a great way to relieve stress. Whether this be peaceful prayer, yoga, taking a hike in nature (as my sister, Karina, does), finding one's center is a key to unlocking a healthy brain. The article, "Effects of mindfulness-based stress reduction on depression, anxiety, stress and mindfulness in Korean nursing students," expressed that meditation or mindfulness-based stress reduction (MBSR) helped nursing students in Korea overcome depression, anxiety, and stress. Since MBSR can be practiced anywhere, it is very helpful to college students whose lives are inundated with schoolwork, community engagement, jobs, and social life.

Overall a Bio-Phyco-Social-Spiritual approach to treating mental health on college campuses will help to keep the cost of treatment down and quality of life high and ultimately lead to a more productive society. As Americans, we need to build each other up and care about each other's well-being. There are simple steps we can take to make America and the mental health of its college population great again: make someone laugh, be a good friend, refer someone in need to professional resources, and terminate the stigma around depression and anxiety on college campuses. Let us take strides towards improving mental health one laugh, one workout, and one counseling appointment at a time.

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