

12 EMOTIONAL HEALTH HANDOUT #1



17-YEAR-OLD SUICIDE PREVENTION ADVOCATE SPEAKS OPENLY ABOUT DEPRESSION, MENTAL DISORDERS

By: Tricia Sloma, WNDU News

Teenage suicide is a difficult topic that has left many Michiana families confused and saddened in recent weeks.

Multiple local school systems have had to grapple with the devastating consequences of teenagers who have taken their own lives.

The numbers are staggering. According to the Indiana Youth Institute, the Hoosier State has the highest rate in the nation of teens who have considered suicide, and the second highest rate in the nation in terms of teens who have attempted suicide.

Tricia Sloma attended a statewide suicide conference in August and met a courageous young woman who has survived multiple suicide attempts.

"I just really have a passion for helping people who struggle with what I have," 17-year-old Kayla Hands explains.

The Evansville High School senior is very open about her struggles with depression and mental disorders.

This bright, beautiful teen is an athlete, musician, good friend, loving daughter and big sister. She was invited to join the experts as a panelist at a statewide suicide prevention conference in August.

"I think the reason that suicide prevention is so

important to me is because I've personally dealt with it," Kayla reveals. "I have attempted suicide five times."

That's five different times Kayla tried to take her own life.

"The darkness was really deep. It was kind of like being in a really deep hole. I felt like everything was collapsing around me. Even if something not that significant happened, it would feel like the end of the world," she explains. "The time I probably learned the most was the fifth time. I overdosed, ended up in the hospital. It was really hard to see all my family and friends go through almost losing me."

And it was hard for them too.

"She hid it very well," admits Kayla's mom, Angela Hands. "She looked like her old happy self."

Like so many parents, Angela didn't see the signs at first. She agonized over every suicide attempt, but she worked hard to get help. For Kayla, that included residential treatment at a facility two hours away.

"Gosh, it broke my heart," Angela admits. "You want to be able to fix your child, and you feel helpless at

times. You do everything you can do, but they have to want to do it too.”

Thanks to the right balance of counseling and medicine, Kayla is back and determined to help others. She produced a short film addressing the topic of teen suicide, called “Breaking the Silence.”

“It’s not talked about,” Kayla says. “There’s this huge stigma around it, and I just wish that stigma can be erased someday. It may not be completely erased, but maybe we can get the suicide rate to decrease.”

We asked Kayla what she would tell a teenager who is considering suicide.

“I would tell them, truthfully, it’s not worth it,”

she answers. “I’ve been in the hospital feeling completely hopeless like nothing was going to get better, and now I’m happy and I’m to the point where I can look at life and see a point in living.”

Kayla gives a lot of credit to her support system of family and friends. She continues to go to counseling and takes medicine. After graduation, Kayla wants to study psychology and looks forward to helping others who struggle with mental health disorders.

Teenagers, if you or someone you know is at risk for harming themselves, talk to a trusted adult. You can also call the Suicide Prevention Lifeline at 1-800-273-TALK or 1-800-273-8255. You can also text the word “Start” to 741741.

1. WHAT IS THE MAIN IDEA OF THIS ARTICLE?

2. RECORD TWO FACTS OR STATEMENTS FROM THIS ARTICLE THAT YOU FOUND IMPACTFUL.

3. WHAT ARE SOME RESOURCES (PLACES TO GET HELP, OR PEOPLE TO HELP) MENTIONED IN THIS ARTICLE?

SURPRISING BEHAVIORS THAT PUT TEENS AT SERIOUS RISK OF DEPRESSION

By: Randy Hoder, Time Magazine

A new study shows that an ‘invisible risk’ group of adolescents—who use tons of media and don’t get enough sleep or exercise—are in danger of serious mental health issues.

Teenagers at risk for depression, anxiety and suicide often wear their troubles like a neon sign. Their risky behaviors—drinking too much alcohol, using illegal drugs, smoking cigarettes and skipping school—can alert parents and teachers that serious problems are afoot.

But a new study, published this month in the journal *World Psychiatry*, finds that there’s another group of adolescents who are in nearly as much danger of experiencing the same psychiatric symptoms as their high-risk peers: teens who use tons of media, don’t get enough sleep and have a sedentary lifestyle.

Of course, that may sound like a description of every teenager on the planet.

I myself seem to have two mantras these days with my 16-year-old: “Get off your phone” and “It’s really late. Go to sleep.” But the study warns that it is teenagers who engage in all three of these practices in the extreme who are truly in jeopardy.

Because their behaviors are not usually seen as a red flag, these young people have been dubbed the “invisible risk” group by the study’s authors.

“In some ways they are at greater risk of falling through the cracks,” says Vladimir Carli, a researcher at the National Centre for Suicide Research and Prevention of Mental Ill-Health at the Karolinska Institute in Sweden. “While most parents, teachers and clinicians would react to an adolescent using drugs or getting drunk, they may easily overlook teenagers who are engaging in unobtrusive behaviors such as watching too much TV, not playing sports or sleeping too little.”

The study’s authors surveyed 12,395 students between the ages of 14 and 16 from 11 European countries and analyzed nine risk behaviors: excessive alcohol use, illegal drug use, heavy smoking, reduced sleep, being overweight, being underweight, having a sedentary routine, high media use and truancy. Their aim was to determine the relationship between these risk behaviors and mental health issues in adolescent boys and girls.

About 58% of the students demonstrated none or very few of the risk behaviors. Some 13% scored high on all nine of the risk behaviors. And 29%, the so-called “invisible risk” group, scored high on three in particular: They spent five hours a day or more watching TV, playing video games or surfing the Internet (unrelated to school or work). They slept six hours a night or less. And they neglected “other healthy activities, such as sports.”

The group that scored high on all nine of the risk behaviors was most likely to show symptoms of depression; in all, nearly 15% of this cohort reported being depressed, compared with just 4% of the low-risk group. But the invisible group wasn’t far behind the high-risk set, with more than 13% of them exhibiting depression.

The same pattern held true for anxiety, with 9% of the high-risk kids showing symptoms, compared with 2.5% of the low-risk group and 8% of the invisible group.

Meanwhile, 10% of the high-risk group reported that they’d attempted suicide, compared with less than 2% of the low-risk group. The invisible group came in at 6%—three times the rate of the low-risk kids.

The findings caught Carli and his colleagues off guard. “We were very surprised,” he says. “The high-risk group and low-risk group are obvious. But this third group was not only unexpected, it was so distinct

and so large—nearly one third of our sample—that it became a key finding of the study.”

Carli and his team aren’t the only ones to raise concerns about the confluence of too little sleep, too much media use and too little exercise. In a piece published last month on the New York Times Motherlode blog, writer and educator Jessica Lahey made the case that teens need at least nine hours of sleep a night, but often get only about seven.

To turn that around, she suggested, parents can take a number of steps, including making sure that their kids keep electronics out of the bedroom. “Laptops, smartphones and tablets emit approximately 30 to 50 lux, about half the illumination of a room light, more than enough light to affect circadian rhythms and delay the production and release of melatonin,” she noted. Lahey also encouraged exercise, explaining

that people who work out for three or four 30-minute sessions a week sleep 45 minutes to an hour longer on most nights.

Carli, whose work is part of the larger Saving and Empowering Young Lives in Europe research project, says that one of the most significant things about his study is that it provides new early-warning signs for parents, teachers and mental health-care providers. And early identification, support and treatment for mental health issues, he says, are the best ways to keep them from turning into full-blown disorders.

“It is likely that adults won’t see these behaviors as risky or as reason for alarm,” he says. “But the truth is, they are. It doesn’t mean that every teenager who doesn’t get enough sleep or plays too many video games is at risk. But it is something we need to pay close attention to.”

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12 EMOTIONAL HEALTH HANDOUT #2

DRUGS + DEPRESSED TEENS = A DANGEROUS COMBINATION

By Psych Central News Editor, Psych Central

U.S. teenagers who attempt to self-medicate through the use of marijuana or other drugs can end up worsening their depression, says a new report. The report suggests that such drug use could also lead a teen toward other serious mental disorders.

The report cites research which it says shows that some teens are using drugs to alleviate feelings of depression (“self-medicating”), when in fact, using marijuana can compound the problem. The report found, for instance, that teenagers who smoke marijuana at least once a month are three times more likely to have suicidal thoughts than non-users.

The report, from the White House Office of National Drug Control Policy (ONDCP), suggests that up to two million teens felt depressed at some point during the past year, and depressed teens are more than twice as likely as non-depressed teens to have used marijuana during that same period.

Depressed teens are also almost twice as likely to have used illicit drugs as non-depressed teens. They are also more than twice as likely as their peers to abuse or become dependent on marijuana. Marijuana use is associated with depression, suicidal thoughts, and suicide attempts.

“Marijuana is not the answer. Too many young people are making a bad situation worse by using marijuana in a misguided effort to relieve their symptoms of

depression,” said John P. Walters, Director, National Drug Control Policy.

“Parents must not dismiss teen moodiness as a passing phase. Look closely at your teen’s behavior because it could be a sign of something more serious.”

Although marijuana use among teens has dropped by 25 percent since 2001, more teens use marijuana than all other illicit drugs combined. The new report, *Teen Marijuana Use Worsens Depression: An Analysis of Recent Data Shows ‘Self-Medicating’ Could Actually Make Things Worse* (PDF), also found the following:

- ➊ Using marijuana can lead to depression and other mental illnesses;
- ➋ The percentage of depressed teens is equal to the percentage of depressed adults, but depressed teens are more likely than depressed adults to use marijuana and other illicit drugs;
- ➌ Teen girls who use marijuana daily are more likely to develop depression than girls who do not use marijuana;
- ➍ Depressed teens are also more likely than non-depressed teens to engage in other risky behaviors such as daily cigarette use and heavy alcohol use.

“Don’t be fooled into thinking that pot is harmless,” said Dr. Drew Pinsky, internist, addiction expert, and host of VH1’s Celebrity Rehab. “Marijuana is an addictive drug. Teens who are already depressed and use marijuana may increase their odds of suffering from even more serious mental health problems.”

In fact, the potency of smoked marijuana has risen consistently over the past decades and higher potency translates into serious health consequences for teens. Some studies show that higher potency marijuana may be contributing to an increase in the number of American teens seeking treatment for marijuana dependence.

The risks associated with recent and long-term marijuana use include schizophrenia, other forms of psychosis, and even suicide. “Not only are adolescents at greater risk for drug abuse, but they may suffer more consequences,” said Nora D. Volkow, M. D., Director of the National Institute on Drug Abuse. “There is also some evidence that in vulnerable teens—because of genetic factors—the abuse of marijuana can trigger a schizophreniform disorder.”

The report was released to coincide with May’s Mental Health Awareness Month.

Source: U.S. National Drug Control Policy

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12 EMOTIONAL HEALTH HANDOUT #3



SUICIDE ON CAMPUS AND THE PRESSURE OF PERFECTION

By: Julie Scelfo, New York Times

Kathryn DeWitt conquered high school like a gold-medal decathlete. She ran track, represented her school at a statewide girls' leadership program and took eight Advanced Placement tests, including one for which she independently prepared, forgoing the class.

Expectations were high. Every day at 5 p.m. test scores and updated grades were posted online. Her mother would be the first to comment should her grade go down. "I would get home from track and she would say, 'I see your grade dropped.' I would say, 'Mom, I think it's a mistake.' And she would say, 'That's what I thought.'" (The reason turned out to be typing errors. Ms. DeWitt graduated with straight A's.)

In her first two weeks on the University of Pennsylvania campus, she hustled. She joined a coed fraternity, signed up to tutor elementary school students and joined the same Christian group her parents had joined at their alma mater, Stanford.

But having gained admittance off the wait list and surrounded by people with seemingly greater drive and ability, she had her first taste of self-doubt. "One friend was a world-class figure skater. Another was a winner of the Intel science competition. Everyone around me was so spectacular and so amazing and I wanted to be just as amazing as they are."

Classmates seemed to have it all together. Every

morning, the administration sent out an email blast highlighting faculty and student accomplishments. Some women attended class wearing full makeup. Ms. DeWitt had acne. They talked about their fantastic internships. She was still focused on the week's homework. Friends' lives, as told through selfies, showed them having more fun, making more friends and going to better parties. Even the meals they posted to Instagram looked more delicious.

Her confidence took another hit when she glanced at the cellphone screen of a male student sitting next to her who was texting that he would "rather jump out of a plane" than talk to his seatmate.

When, on Jan. 17, 2014, Madison Holleran, another Penn freshman, jumped off the top of a parking garage and killed herself, Ms. DeWitt was stunned. She had never met Ms. Holleran, but she knew the student was popular, attractive and talented. In a blog post soon afterward, Ms. DeWitt would write: "What the hell, girl?! I was supposed to be the one who went first! You had so much to live for!"

Despite her cheery countenance and assiduous completion of assignments, Ms. DeWitt had already bought razor blades and written a stack of goodbye letters to loved ones.

Ms. Holleran was the third of six Penn students to commit suicide in a 13-month stretch, and the school

is far from the only one to experience a so-called suicide cluster. This school year, Tulane lost four students and Appalachian State at least three—the disappearance in September of a freshman, Anna M. Smith, led to an 11-day search before she was found in the North Carolina woods, hanging from a tree. Cornell faced six suicides in the 2009-10 academic year. In 2003-4, five New York University students leapt to their deaths.

Nationally, the suicide rate among 15- to 24-year-olds has increased modestly but steadily since 2007: from 9.6 deaths per 100,000 to 11.1, in 2013 (the latest year available from the Centers for Disease Control and Prevention). But a survey of college counseling centers has found that more than half their clients have severe psychological problems, an increase of 13 percent in just two years. Anxiety and depression, in that order, are now the most common mental health diagnoses among college students, according to the Center for Collegiate Mental Health at Penn State.

Soon after Ms. Holleran's death, Penn formed a task force to examine mental health on campus. Its final report, issued earlier this year, encouraged the school to step up outreach efforts, expand counseling center hours, and designate a phone line so that anyone with concerns could find resources more easily. It also recognized a potentially life-threatening aspect of campus culture: Penn Face. An apothegm long used by students to describe the practice of acting happy and self-assured even when sad or stressed, Penn Face is so widely employed that it has shown up in skits performed during freshman orientation.

While the appellation is unique to Penn, the behavior is not. In 2003, Duke jolted academe with a report describing how its female students felt pressure to be “effortlessly perfect”: smart, accomplished, fit, beautiful and popular, all without visible effort. At Stanford, it's called the Duck Syndrome. A duck appears to glide calmly across the water, while beneath the surface it frantically, relentlessly paddles.

“Nobody wants to be the one who is struggling while

everyone else is doing great,” said Kahaari Kenyatta, a Penn senior who once worked as an orientation counselor. “Despite whatever's going on—if you're stressed, a bit depressed, if you're overwhelmed—you want to put up this positive front.”

Citing a “perception that one has to be perfect in every academic, cocurricular and social endeavor,” the task force report described how students feel enormous pressure that “can manifest as demoralization, alienation or conditions like anxiety or depression.”

William Alexander, director of Penn's counseling and psychological services, has watched a shift in how some young adults cope with challenges. “A small setback used to mean disappointment, or having that feeling of needing to try harder next time,” he said. Now? “For some students, a mistake has incredible meaning.”

Meeta Kumar, who has been counseling at Penn for 16 years, has noticed the same change. Getting a B can cause some students to fall apart, she said. “What you and I would call disappointments in life, to them feel like big failures.”

As the elder child of a civil engineer and preschool teacher in San Mateo, Calif., Ms. DeWitt, now 20, has understood since kindergarten that she was expected to attend an elite college. While she says her parents are not overbearing, she relishes their praise for performing well. “Hearing my parents talk about me in a positive way, or hearing other parents talk about their kids doing well in academics or extracurriculars, that's where I got some of the expectations for myself,” she said. “It was like self-fulfillment: I'd feel fulfilled and happy when other people were happy with what I'm doing, or expectations they have are met.”

Penn had felt like a long shot but was her top choice. When she was admitted off the wait list in June 2013, she made a pact with herself not to squander the precious opportunity. Over that summer, she studied the course catalog, and decided that declaring a major early would help her plan more efficiently. She chose math, envisioning a teaching

career. "I'm a person who lives by a schedule," she said. "I have a plan for maybe the next two years, next three years, maybe five years."

And so she had made a plan for making her life turn out the way she thought it was supposed to. "I had the idea that I was going to find this nice Christian boyfriend at college and settle down and live the life my parents had led," she said.

But there was the issue of her sexuality. Several times in high school she had found herself attracted to other girls, but believing her parents and church did not fully accept homosexuality, she had pushed aside those feelings. Her resolve was strengthened when her father sat her down for a heartfelt speech about how proud he was of her getting into Penn and of the direction her life was going. "Tears rolling down his face, he said, 'Kathryn, the reason I'm living is to pass you off to your husband.'"

Now, upon noticing a cute girl in her dorm, she had a terrifying realization: "I couldn't deny it anymore."

Every day, she grew more despondent. She awoke daily at 7:30 a.m. and often attended club meetings until as late as 10 p.m. She worked 10 hours a week as part of her financial aid package, and studied furiously, especially for her multivariable calculus class. Would she never measure up? Was she doing enough? Was she taking full advantage of all the opportunities?

Then came a crushing blow: a score in the low 60s on her calculus midterm. The class was graded on a curve, but surely she would fail it, she thought, dooming her plan to major in math and to teach.

"I had a picture of my future, and as that future deteriorated," she said, "I stopped imagining another future." The pain of being less than what she thought she ought to be was unbearable. The only way out, she reasoned with the twisted logic of depression, was death.

She researched whether the university returned tuition to parents of students who die by suicide, and began cutting herself to "prepare" for the pain.

The existential question "Why am I here?" is usually followed by the equally confounding "How am I doing?" In 1954, the social psychologist Leon Festinger put forward the social comparison theory, which posits that we try to determine our worth based on how we stack up against others.

In the era of social media, such comparisons take place on a screen with carefully curated depictions that don't provide the full picture. Mobile devices escalate the comparisons from occasional to nearly constant.

Gregory T. Eells, director of counseling and psychological services at Cornell University, believes social media is a huge contributor to the misperception among students that peers aren't also struggling. When students remark during a counseling session that everyone else on campus looks happy, he tells them: "I walk around and think, 'That one's gone to the hospital. That person has an eating disorder. That student just went on antidepressants.' As a therapist, I know that nobody is as happy or as grown-up as they seem on the outside."

Madison Holleran's suicide provided what might be the ultimate contrast between a shiny Instagram feed and interior darkness. Ms. Holleran posted images that show her smiling, dappled in sunshine or kicking back at a party. But according to her older sister, Ashley, Madison judged her social life as inferior to what she saw in the online posts of her high school friends. An hour before she killed herself, she posted a dreamy final photo of white holiday lights twinkling in the trees of Rittenhouse Square.

Where the faulty comparisons become dangerous is when a student already carries feelings of shame, according to Dr. Anthony L. Rostain, a pediatric psychiatrist on Penn's faculty who was co-chairman of the task force on student psychological health and welfare. "Shame is the sense one has of being defective or, said another way, not good enough," Dr. Rostain said. "It isn't that one isn't doing well. It's that 'I am no good.'" Instead of thinking "I failed at

something, these students think, 'I am a failure.'"

America's culture of hyperachievement among the affluent has been under scrutiny for at least the last decade, but recent suicide clusters, including the deaths of three high school students and one recent graduate in Palo Alto, Calif., have renewed the debate. "In the Name of College! What Are We Doing to Our Children?" blared a Huffington Post headline in March. Around the same time, the New York Times columnist Frank Bruni published "Where You Go Is Not Who You'll Be: An Antidote to the College Admissions Mania," which he was inspired to write after years of observing the insanity surrounding the process—not only among students but also their parents. Numerous other alarms have been sounded over helicopter parenting, and how it robs children of opportunities to develop independence and resiliency, thereby crippling them emotionally later in life. These cultural dynamics of perfectionism and overindulgence have now combined to create adolescents who are ultra-focused on success but don't know how to fail.

Beginning in 2002, when she became dean of freshmen at Stanford, Julie Lythcott-Haims watched the collision of these two social forces up close. In meetings with students, she would ask what she considered simple questions and they would become paralyzed, unable to express their desires and often discovering mid-conversation that they were on a path that they didn't even like.

"They could say what they'd accomplished, but they couldn't necessarily say who they were," said Ms. Lythcott-Haims. She was also troubled by the growing number of parents who not only stayed in near-constant cellphone contact with their offspring but also showed up to help them enroll in classes, contacted professors and met with advisers (illustrating the progression from helicopter to lawn mower parents, who go beyond hovering to clear obstacles out of their child's way). But what she found most disconcerting was that students, instead of being embarrassed, felt grateful. Penn researchers studying friendship have found that students' best friends aren't classmates or romantic

partners, but parents.

Children "deserve to be strengthened, not strangled, by the fierceness of a parent's love," Ms. Lythcott-Haims wrote in a 2005 op-ed piece for The Chicago Tribune. If by adulthood they cannot fend for themselves, she asked, "shouldn't we worry?"

Eventually she came to view her students' lack of self-awareness, inability to make choices and difficulty coping with setbacks as a form of "existential impotence," a direct result of a well-meaning but misguided approach to parenting that focuses too heavily on external measures of character. In June, Ms. Lythcott-Haims, who left Stanford in 2012, published a book on the subject, "How to Raise an Adult: Break Free of the Overparenting Trap and Prepare Your Kid for Success."

These observations echo those made by the psychologist Alice Miller in her seminal book for therapists, "The Drama of the Gifted Child: The Search for the True Self." In the book, published in 1979 and translated into 30 languages, Ms. Miller documents how some especially intelligent and sensitive children can become so attuned to parents' expectations that they do whatever it takes to fulfill those expectations—at the expense of their own feelings and needs. This can lead to emotional emptiness and isolation. "In what is described as depression and experienced as emptiness, futility, fear of impoverishment, and loneliness," she wrote, "can usually be recognized as the tragic loss of the self in childhood."

Ms. DeWitt had said goodbye and provided explanations to close friends and relatives on pink rose-adorned paper, stacked up neatly on her desk. Her roommate noticed that she had stopped eating after Madison Holleran's suicide, expressed concern and invited conversation. During an hourlong discussion, Ms. DeWitt disclosed how she had been contemplating suicide, but she pretended those feelings had gone away. To make sure her denial was convincing, she tossed the letters in the recycling bin.

But when the roommate returned hours later, she

discovered that the letters had been taken out of the trash, and she told a resident adviser, who contacted the house dean. The dean insisted that Ms. DeWitt go for counseling. She did, and was immediately hospitalized.

After lots of counseling, a leave of absence and an internship at the headquarters of Active Minds, a nonprofit youth mental health advocacy group in Washington, D.C., Ms. DeWitt returned to campus in January.

Elite colleges often make it difficult for students to take time off, and readmission is not always guaranteed, something frequently cited as a deterrent to getting help (Yale eased its policy in April after a student's suicide note expressed anguish over readmission). Other elite schools are likewise examining the issue. When Ms. DeWitt's mother came to visit her in the hospital, one of the first things she brought up was the readmittance process.

Both of Ms. DeWitt's parents confirmed the contents of this article but declined to provide comments beyond expressing their love and support and saying, in a jointly written email, "Her courage and resilience have been a real blessing and example to us. We want to give Kathryn the opportunity to tell her own story."

Ms. DeWitt has tried to forge a new path for herself that is kinder and more forgiving. Rather than stay involved with the Christian group favored by her parents, she joined the progressive-minded Christian Association and the Queer Christian Fellowship, where she feels comfortable talking about her newly found identity as a lesbian. She was among the first students to write openly about her emotional state for Pennsive, a blog started to create "a safe space for Penn students to better understand and openly discuss issues regarding mental health."

Other efforts at Penn include the formation of a peer counseling program, to start in the fall, and the posting of "ugly selfies" to Instagram and Facebook, a perfectionism-backlash movement that took place for a few weeks earlier this year. Nationally,

researchers from 10 universities have joined forces to study resiliency, and the Jed and Clinton Health Matters Campus Program has enlisted 90 schools to help develop mental health and wellness programs. Active Minds, which was founded at Penn in 2001, now has more than 400 chapters, including ones at community colleges and high schools. Ms. DeWitt is the Penn chapter's webmaster.

These days, Ms. DeWitt's lime-green watch covers up a scar where she had cut herself. But she is less concerned about covering up her true self. She has confessed her sexual feelings to her parents. They are working on acceptance. "My mom is there," Ms. DeWitt said. "My dad is still working on it." Having made it through her first year—the 60-something on her calculus midterm, graded on a curve, ended up netting her an A minus—she has become a lot more relaxed about her grades, her life and her future. "I'm probably going to major in psychology," she said. Her career plans are up in the air, an uncertainty that would have been intolerable to her former self.

"I need some experience before I make the decision. It's nice to have the freedom not to know."

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