COMMON MENTAL HEALTH ISSUES EXPERIENCED DURING THE COLLEGE YEARS

For Parents of UO Students
Sometimes the transition to college can be more than just stressful; it can trigger serious mental health issues. Below, please read about some of the mental health issues that can be common during the college years. Remember, the University of Oregon has many resources available to students; we are here to help.

**ANXIETY**

What is Anxiety?
Anxiety affects our whole being. It affects how we feel, how we behave and has very real physical symptoms. It feels a bit like fear but whereas we know what we are frightened of, we often don’t know what we are anxious about. Mild anxiety is vague and unsettling - severe anxiety can be extremely debilitating.

What Causes Anxiety?
Anxiety is often triggered by stress in our lives. Some of us are more vulnerable to anxiety than others, but even those who become anxious easily can learn to manage it well. We can also make ourselves anxious with “negative self-talk” – a habit of always telling ourselves the worst will happen.

How Will I Recognize If My Student Is Anxious?
As well as feeling apprehensive and worried (possibly without knowing why), your student may experience some of the following physical symptoms:

- Tense Muscles
- Trembling
- Churning stomach
- Nausea
- Diarrhea
- Numbness or “pins & needles” in arms, hands or legs
- Headache
- Backache
- Heart palpitations
- Sweating-flushing

It is easy to mistake symptoms of anxiety for physical illness and for the person to become worried that they might be suffering a heart attack or stroke. This, of course, increases anxiety.

When is Anxiety a Problem?
We all become anxious from time to time. It becomes a problem when it interferes with life in the absence of real threat, or goes on too long after the danger has past. Have your student contact the Counseling & Testing Center if you suspect that anxiety is interfering with their academic success.
What Is Depression?
Everyone feels down at times. The breakup of a relationship or a poor evaluation in class can lead to low spirits. Sometimes sadness comes on for no apparent reason. Is there any difference between these shifting moods and what is called depression? Anyone who has experienced an episode of depression would probably answer yes. The duration and depth of despondency, and the presence of characteristic symptoms, help distinguish depression from ordinary unhappiness. This is important because in severe cases depression can be life threatening. Suicide is a possible outcome. Depressed individuals may also fail to live up to their potential; doing poorly in school and staying on the social margin. Depression is frequently ignored or untreated; the condition often prevents people from taking steps to help themselves. This is unfortunate as effective help is available.

Signs of Depression
Anyone who feels down nearly every day for weeks or months may be clinically depressed.

**SIGNS OF DEPRESSION**

- Loss of pleasure in virtually all activities
- Feelings of fatigue or lack of energy
- Frequent tearfulness
- Difficulty with concentration or memory
- A change in sleep pattern, with either too much sleep or too little. Some depressed people wake up often in the night and do not feel rested the next day
- An increase or decrease in appetite, with a corresponding change in weight.
- Markedly diminished interest in sex.
- Feelings of worthlessness and self blame.
- Exaggerated feelings of guilt.
- In some cases, very unrealistic ideas and worries, for instance, the belief that one has a terminal illness or is being pursued for a past crime.
- Hopelessness about the future.
- Thoughts of suicide.
What Treatments Are Available?
Friends and family may provide all the support that is needed in mild cases of depression. Someone who is willing to listen and ask concerned questions can make all the difference. However, even the most caring and patient companions can find themselves frustrated when depression is more severe. It is important to seek professional help before the symptoms worsen or the behavior leads to serious consequences.

Mental health professionals who may be consulted include psychiatrists, clinical psychologists, and other psychotherapists. Some turn first to general physicians or religious counselors. While each specialty has its own perspective and expertise, it should be remembered that practitioners of all kinds have experience in dealing with depression, and can refer to others when necessary.

Some moderate and most severe depressions respond to anti-depressant medications. These are prescribed by a physician, generally a psychiatrist, after a thorough evaluation. There is usually a positive effect in a few weeks. Some types of depression require special medication: for instance, individuals with manic-depressive illness often do well on lithium. Taking medicine does not preclude other forms of treatment. Individual psychotherapy, alone or in combination with medicine, is often beneficial. Insight-oriented psychotherapy aims to bring underlying conflicts, drives, and identifications into awareness, in the hope that increased understanding will lead to more options and a better sense of self. Other therapies have the goals of changing negative ways of thinking, or overcoming isolation by developing interpersonal skills. Group therapy has been shown to be effective in helping those who have difficulty forming relationships.

Suicide

Suicide is the second leading cause of death in young people. Each year in the U.S., approximately five thousand individuals between the ages of 15 and 24 take their own life. A major cause of suicide is mental illness, very commonly depression. Others who are not suffering from depression are overwhelmed by painful emotions and see death as the only way out. Most of those who die could have been helped. An individual considering suicide frequently confides in a friend, who may be able to convince the person to seek treatment. When the risk is high, concerned friends and relatives should seek professional guidance.
How Can You Tell if Suicide is a Possibility?
While suicide is very hard to predict, there are some reliable indicators of risk:

**SUICIDE RISK INDICATORS**

- Those who are seriously depressed are quite likely to have thoughts of suicide.
- Other emotional illnesses such as severe anxiety or confusion can lead to the idea that "life is not worth living."
- Anyone who has previously attempted suicide is at increased risk.
- Recent losses, particularly deaths of close relatives or friends, heighten vulnerability.
- Alcohol and drugs can dissolve inhibitions against suicide.
- Preparations for death, such as giving away possessions or acquiring a gun, are cause for great concern.
- A sudden lift in spirits in a depressed person can mean a decision has been reached that will "end the misery."
Some Misconceptions About Suicide

People who talk about it seldom do it.

The truth is that few individuals are single-minded in their decision for death; many are asking for help even as they approach the final act. Suicide threats should always be taken seriously.

People who really want to kill themselves are beyond help.

Fortunately, this is not the case. Suicidal impulses may be intense but short-lived. The majority of individuals who are suicidal, even for extended periods, recover. All can benefit from treatment.

Suicide is a purely personal decision.

This argument is sometimes used to justify a "hands-off" attitude. It is a misconception because suicide always affects others. The dismissal is unfair to those who are struggling with suicidal impulses and need help in choosing to live.

Asking about suicide can put the idea in someone's mind.

The idea of suicide does not originate this way. Suicidal individuals are engaged in a private struggle with thoughts of death. Talking about the possibility of suicide can alleviate the loneliness of the struggle, and can be a first step in obtaining help.
How Can You Help A Depressed or Suicidal Person?

It is useful to listen in a manner that shows appreciation of the person's difficulties. This does not mean entering into the despair; an attitude of careful optimism is appropriate. Depressed individuals are very often wrapped up in their own concerns; advice should be simple and practical, and may have to be repeated. When there is a threat or real possibility of suicide, it is important to stay close to the individual until professional help is obtained.

Change can be slow. Putting out energy and getting no response can be frustrating. People in a helping role should try to make sure their own needs are being met. Too high a level of frustration can lead to anger and a sudden decision to withdraw. It is a good idea to seek assistance well before this point is reached.

Suicidal individuals often try to convince others that the "worst" thing would be to let anyone know of their plight. Friends or family put in this position should consider the possible consequences of failing to obtain professional help. It is a sign of caring to bring a person to treatment that may alleviate suffering and save a life.

As a parent, you can strongly suggest that your student seek help at the Counseling & Testing Center or you can contact the Dean of Students Office directly, with your concerns.
EATING DISORDERS

Eating patterns of people with eating problems can cause serious medical complications. Anorexia nervosa and bulimia are two serious eating disorders which frequently affect college students. Early recognition and referral for treatment will improve chances for full recovery. Anorexia nervosa is a pattern of self-imposed starvation. Eating disorders can be recognized by the following behavioral, emotional and physical symptoms:

Behavioral
- Unusual eating habits -- preoccupation with food and dieting
- Excessive physical activity -- with the goal of burning calories
- Withdrawal from friends and family because of focus on weight loss
- Overuse of laxatives to lose weight

Emotional
- Lack of self esteem, depression, thoughts about suicide
- Denial of an underweight condition and the desire to still lose more weight

Physical
- Extreme weight loss
- Absence of menstruation
- Cavities and gum disease
- Extreme sensitivity to cold
- Hair, nail and skin problems

What causes anorexia nervosa? The causes may be psychological, biological or social. One thing that all experts agree on is that food itself is not the cause. Early detection and treatment are necessary to prevent permanent damage to the heart, reproductive organs, and other internal organs.

Bulimia is an eating disorder characterized by binge eating and self-induced vomiting. Some of the same symptoms are present as with anorexia. Some people with anorexia later add symptoms of bulimia as an alternative way of controlling weight. If you suspect your student has an eating disorder, you may contact the Counseling & Testing Center to discuss options.
Alcohol and other substance abuse is the leading cause of death in college-aged students, with 1,400 college student dying from alcohol related circumstances each year. Many students experiment with their newfound freedom by using alcohol and other chemicals, but many find it difficult to control their use. Just at the time that students are endeavoring to improve their lives by gaining an education, many are beginning or exaggerating a severe alcohol or substance abuse problem that may ruin their chances of an education and/or career of their choice. A recent study found that 12% of all college students meet the criteria for alcohol dependence, yet only 1.2% receive counseling or treatment for an alcohol problem while in college.

You may want to give the following list to your student so they are aware of some of the signs that they may be abusing substances. This list is also a good guide for you in noticing changes in behavior.

**Abuse of substance may include:**
- increased frequency of use
- loss of control over frequency, duration and/or amount of use
- drinking or using when you don’t intend to
- substance use interferes with life activities (i.e. school, relationships with family and friends)
- increased spending money on substance of choice
- personality changes noted by self and others
- getting into risky/dangerous behaviors
- other people express concern about your use/ your behavior
- grades dropping
- missing classes and appointments
- legal trouble (i.e., DUI)

If you feel your son or daughter is experiencing any of the above problems, we urge you to encourage them to visit the Counseling and Testing Center, the University Health Center, or the Dean of Students Office right away.


COUNSELING SERVICES

What Happens When A Student Visits the First Time?
The Counseling & Testing Center operates drop-in/scheduled intake hours throughout the week and is available to respond to psychological emergencies from 8:00 a.m. to 5:00 p.m. Monday through Friday. There are two ways for students to initiate counseling services:

1. Students may come in during daily drop in sessions which are available between 1:00—4:00 p.m.. It is highly advisable for student to come in no later than 3:00 p.m. as students meet with a counselor on a first come first served basis.

2. Students may choose to schedule an initial sessions with a counselor. Students will be scheduled for either an appointment later that same day or an appointment during the next business day.

The counselor will evaluate the nature and severity of the problem, and together with the student, determine a course of action such as a few problem solving sessions, individual or couples counseling, group therapy, or referral to another university or community resource. Individual and couples counseling generally is offered on a short-term basis (i.e., one to ten sessions).

How Long Must Students Wait to Receive Therapy?
Because of the high demand for our services and the economic realities of this state, the Counseling & Testing Center frequently operates with a waiting list. This list tends to be shortest at the beginning of Fall term, then climbs as more students seek our services. Although students with an emergency are seen immediately, the wait for ongoing therapy can range from as brief as a few days to as long as two months. Students on the waiting list are assigned to a counselor in the order of their initial visit, with some exceptions depending upon the seriousness of the problem.

What Resources and Services can be found at the Counseling & Testing Center?
Each term the Counseling & Testing Center offers a range of therapy groups which focus on such topics as anxiety, depression, test anxiety, homesickness, eating disorders, alcohol/drug recovery, relationship issues, the struggles of older students, graduate students, and international students, as well as sexual abuse and assault. A full listing of our services can be found at: http://counseling.uoregon.edu. Please consult our latest group brochure for a listing of current group therapy offerings. We also provide workshops and presentations for various campus organizations, and consult with family, administrators, faculty, and staff who are dealing with student issues and behaviors.
Department of Public Safety  24 Hours
Emergency  541-346-6666
Transportation  541-346-5444

Protection and transportation of enrolled students. This office is also the first contact if a student is suicidal or threatening.

Dean of Students Office
Mon-Fri 8:00 a.m.-5:00 p.m.
Pager via DPS evenings & week-ends
This office is the first contact for parents who have concerns about their student. Staff are available to respond to emergencies 24 hours/day, seven days/week. The Office of Student Life Staff are experienced student affairs professionals and are available and willing to help you and your student. The Dean’s Consultation Committee and Conduct Office are housed in this office. Both intervene with conduct issues. Other programs include the Lesbian, Gay, Bisexual, Transgendered Education and Support Services, Diversity Education and Support, Family Programs, Non-traditional Student Programs, Substance Abuse Prevention & Education and Sexual Violence Prevention & Education Program.

Crisis Line  541-346-3227
Available when UCTC is closed
The Crisis Line is a telephone counseling service staffed by crisis line professionals who are available during the hours the UCTC is closed. The UCTC staff work closely with these professionals to give the best care during a students time of need.

Counseling & Testing Center  541-346-3227
Monday-Friday 8:00 a.m.-5:00 p.m.
See the previous pages for a more extensive listing of services available at the Counseling & Testing Center. Individual and group therapy is seen as a private confidential service we provide for enrolled students. Unless your student is in danger or is putting someone else in danger, their therapy is a confidential contract between them and their therapist. Consequently we are not able to give out information that you, as parents, may wish to receive. Our staff is made up of licensed psychologist and counselors, and has an extensive training program for interns and practicum students, who are in a doctoral program.

University Health Center  541-346-4441
Monday-Friday 9:00 a.m.-5:00 p.m.
Urgent Care: Saturday & Sunday 10:00 a.m.-2:00 a.m.
The Health Center provides medical and psychiatric evaluation and treatment for currently enrolled students. There are a number of doctors, psychiatrists, nurse and nurse practitioners who provide excellent health services to your student. The Dental Clinic is staffed by a dentist and dental hygienists who provides basic preventative dental services. A Physical Therapy and Sports Medicine department is staffed by physical therapists and athletic trainers. The UHC has a full service retail pharmacy that offers both over-the-counter and prescription items. A Medical Laboratory and X-ray Services are also available. Health Education Services provides health promotion and education services to students.
SERVICE FOR UNIVERSITY OF OREGON STUDENTS

HELPING TO BALANCE THE WHOLE STUDENT EXPERIENCE

by partnering to facilitate students’ academic & personal success

UNIVERSITY OF OREGON
COUNSELING & TESTING CENTER
541-346-3227
http://counseling.uoregon.edu