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Trapped in the Bell Jar: Mental Illness in College Students

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“Trapped in the Bell Jar: Mental Illness in College Students”

Aristotle Theophanis had gotten into a top technical school. He was doing what he was “supposed to” at Renssalaer Polytechnic Institute – studying to become a mechanical engineer, just like his folks wanted. But Theophanis soon figured out that it wasn’t where he really wanted to be.

“It’s a very rigorous school and not what I wanted to be doing. I’d sleep all day and stay up all night because I didn’t want to talk to anyone or do anything,” he says. “I had a lot of stress sickness, always vomiting. It was a terrible time.”

Theophanis is, unfortunately, not unique. College is often celebrated as the best four years of any student’s life. Parties, new friends, living away from home – the list of positives goes on. More and more, however, these drastic life changes and the stresses they place on students trigger depression, anxiety and other mental illnesses. A national survey by the American College Health Association reports that 17.1 percent of college students say they have been diagnosed with depression. Ten years ago, only 10.1 percent of students said they had been diagnosed. This doesn’t scrape the surface of the number of students who have depression but have not sought treatment.

With many students going off to college for the first time this fall, families worry about many things. Will they make the right friends? Go to their classes? Remember to eat healthfully and do laundry? Parents and students may not think about the emotional toll going to school can take, but they should. Suicide is the second leading cause of death among college students, and according to the 2009 National Survey of

Counseling Center Directors, 93.4% of the 302 directors surveyed say the recent national trend of an increased number of students with severe psychological problems applies to their campuses. Mental health problems are different for everyone, but it is important to know what to look out for and what to do about the symptoms.

Kimberley Hansen is a pretty redheaded senior at the University of Connecticut. The quiet but friendly 22-year-old from Minnesota seems to be a far cry from the hopeless soul she was just a couple of years ago. Her dorm room, where she lives alone, is decorated with Minnesota Twins posters, pictures of her friends and postcards from Greece. She loves going dancing at the bars on campus, and is heavily involved with her co-ed honor fraternity. What many of her friends don't know is that what they view as Hansen "coming out of her shell" this year is largely due to her getting her depression under control.

Hansen says she thinks her depression was set in motion just before she started her freshman year at Macalester College, a private school with fewer than 2,000 undergraduates in St. Paul, Minnesota. Her high school boyfriend was suicidal and her best friend was grappling with depression. "I took it upon myself to make them feel better more than I should have," she says.

Once Hansen started college, just 20 minutes from her hometown, she found it hard to make friends. Her boyfriend, a high school senior, came to visit "all the time," and those she tried to befriend were threatened by it.

"I get along better with guys. All the guys on the floor and in my classes were athletes, and they wouldn't even give me a chance as a friend because of Kevin," she says. "It was like, 'If we can't date you, we're not going to bother'."

It was all Hansen could do to make it to her tennis team practices. "I went home all the time, but I still did well in school," she says. She started talking to a therapist and was diagnosed with depression in the winter of her freshman year.

Not only did going to college affect her mental state, "college was the reason" for her falling into depression, she says.

The next year, she followed her boyfriend to UConn. "It was partly because of Kevin, and partly because I knew I wouldn't be happy if I didn't force myself to go (further from home)," she says.

The move to Connecticut wasn't a quick fix. Her grades slipped; she couldn't get herself to go to classes.

"I had trouble getting up every day, was always crying for no reason, had no energy, no motivation to do anything and I was always in my room," Hansen says.

Hansen was basically a textbook case at that point. Depression is marked by what those in the mental health field call "melancholic symptoms." A persistent sad mood, change in appetite or eating behavior, change in typical sleep patterns, low energy, fatigue, low self-esteem, and feelings of hopelessness or helplessness are characteristic indicators of depression, according to Barry Schreier, director of Mental Health Services at the University of Connecticut.

She was, in her words, “really depressed.” She was still dependent on Kevin and had a hard time making other friends. Because of it, they fought a lot, adding to the pressure.

She began taking medication for depression in the spring of her sophomore year, and found one that helped in the fall of her junior year. She joined a co-ed fraternity – with her boyfriend – and began to meet more people.

It was a trip to Greece the summer after junior year that really changed things, she says. “When I was in Greece, I regained my confidence, relearned who I was,” Hansen says. “I went back to how I was in high school. I was forced to be away from (Kevin), and I realized I was happier on my own.”

She broke up with Kevin that summer. She still takes medication to keep her condition in check, and she says she feels like herself again. She graduated in May and is moving to Boston to start work at a technology firm.

In addition to therapy and medication, there are things that students can do to help themselves. “Taking oneself out of one’s situation can be helpful ... getting a good night’s rest can be helpful. Sleep deprivation is high, especially on college campuses. (Also), not eating well exacerbates everything,” Schreier says.

For Hansen, the social changes associated with going to college triggered a latent mental health issue. Some students have already faced mental health issues in high school. For them, college can make the situation worse

“There are people coming to college with a history of having sought help for mental health concerns. You’re at home and somebody’s watching you. When you get to college, nobody’s watching you,” Schreier says. “There is a lot more self-monitoring. You have to eat, get your laundry done ... there is a lot more autonomy.”

This, plus the pressure of doing well in classes and building a social network, can take a toll on those with a history of depression.

Michelle Smith (who asked that her name be changed), has struggled with mental illness her whole life. It’s a “runs in the family kind of thing,” Smith, a 23-year-old with a nose ring and a penchant for red lipstick, says. She started family therapy before she was old enough to understand why she was there. In middle school, she was diagnosed with bipolar disorder. “The manic was never as bad,” she says. “I thought that it was just depression, and maybe it actually was, but they slapped me with bipolar because I was still a functioning, successful kind of teenager.”

She struggled with her illness throughout high school, but the transition to college “opened it up into a weird kind of place.”

As a freshman at Columbia College, an art school in Chicago, Smith found herself immersed in the constant partying of her peers. “While I love the people I met out there, they partied like absolute crazies. Therefore, all the depression, homesickness and a breakup with my high school boyfriend all translated into getting really, really (messed) up all the time,” she says. The drinking drowned the depression, temporarily, but because the school was too expensive, Smith decided to transfer to Western Connecticut State University and live at home for her second semester.

The move home made everything worse. Smith is a free spirit, more interested in music and friends and good times than living in a small Connecticut town.

“I had to move back home, go to WestConn, work retail – basically trade in this kick-ass life in Chicago for a townie one. And that really screwed with me,” she says. “This is where it started.”

That semester, Smith ended up on a pro-anorexia Web site that she saw on a Lifetime movie (“No joke,” she says). “I was in such a bad place, I got totally caught up,” she says. “Now I look back, and it hurts me, but that’s what I did ... and for the next three years, I was out-of-my-mind crazy about it.”

Depression often goes hand-in-hand with eating disorders and addictions, according to Schreier. When this happens, they are called co-occurring disorders. It’s hard to know if one stems from the other, he says, but when an addiction or eating disorder presents itself, there is often depression or anxiety behind it. Addictions are called “compensatory behaviors,” and usually worsen the original concern that the addiction was used to take care of.

Instances of eating disorders, like depression, have recently been increasing on college campuses. Of the 302 directors surveyed in the 2009 National Survey of Counseling Center Directors, 80 said eating disorders have increased in the past five years.

When Smith transferred to UConn the following year, she hated it. She had a few friends, but the huge state school was nothing like art school in Chicago. To top it off, Smith hated her roommate and had a less-than-supportive boyfriend (“I’m pretty sure it was just him playing into my sadness and having power over someone,” she says).

“I was trapped in my own head so much of the time,” she recalls. “It got to a sick point where there was nothing running through my head except what I ate that day, why it made me fail, and how many times I could get to a spinning class or the gym.”

Soon, she was bingeing and purging more than four times a day. Just the mere fact that she had eaten would make her more depressed.

When she studied in Paris, she hit rock bottom. “The first semester I was there was pure hell. I was so depressed; the metro and my university were on strike; I was basically trapped in an American dorm building for a semester with a bunch of kids, just getting hammered every night in our rooms,” Smith says.

“This was the first time since high school, I can remember a night where, thank God, my roommate found me, because I was blacked out with a bottle of pills in my hand, and I was ready to go.”

With the support of her new friends and perhaps the beautiful weather that spring in Paris brought, things began to turn around for Smith in her second semester in France. Although she says she’s not sure what spurred the change, “life turned into a beautiful thing.”

"I think it just came from me being sick and tired of being sick and tired all the time," she says. "Just from truly hoping that mind over matter would solve things. And I think it was really just a growing up kind of experience."

"I was still sad all the time, but it wasn't quite as hollow and gnawing as the pain used to be. I was still neurotic about food, but the grip of my eating disorder had loosened. For the first time, I had thoughts other than how fat, useless, and sad I was," she says.

She partially credits the support of her two best friends with the more positive outlook she maintained upon her return to UConn.

"Both of these women have such strong, free perspectives on life, and I think in combination with me just growing up a little, something huge changed in me," she says.

Smith still struggles with her depression, but she believes that her shift in perspective has made it easier to deal with. She's taking each day as it comes. After she graduated in 2009, she spent a few months enjoying life in Paris with one of her best friends, but came back when she couldn't find a job there. These days, she's waitressing back at home and finding time to cherish the little things.

"Somehow, my life flipped around, and I believe that everything is going to be okay," she says. "I find time to be thankful for something every day, and I have to believe that while I realize depression is something I'm going to be dealing with for the rest of my life, I also totally and truly believe that every minute I have is beautiful."

Although Smith was lucky, suicides are shockingly frequent among college-age students. And it can happen to anyone.

"You're kidding yourself if you think it can't be your kid," says Linda Keenan of Coventry, Connecticut. Keenan and her husband, Dr. Michael Keenan, faced the unimaginable when their eldest son, Michael, took his life in July 2004. "I would've said he would've been the last person to kill himself," Mrs. Keenan says.

"Everybody liked Mike, and Mike liked everybody," she says.

He was a 20-year-old student at the New England School of Culinary Arts in Cromwell, Connecticut, when he died. Six months earlier, while she was making Christmas dinner, his mother went to his room to borrow one of his chef knives. A pamphlet from a methadone clinic was on top of the knife box. After their guests left, she confronted him. He had a history of substance abuse, from marijuana to prescription pills. Now she feared he was using heroin.

He told her he didn't want to talk about it because, "It'll break your heart." She learned that he had tried heroin because he "thought it was the cool thing to do." He didn't know he was addicted until he tried to stop.

The Keenans struggled to get him the help that he needed, but they found that staff members at clinics were not very interested in talking to them because Mike was legally an adult. "They said, 'This is about him, not about you,'" his mother says.

When he took a large dose of heroin, they took him to an emergency room, but brought him home when they were told the hospital had no room for him. They found a clinic that would admit him, but only for five days. They begged for more. The clinic agreed to 11 days. They learned too late that “people who are court-ordered get 30 to 60 days,” Mrs. Keenan says. “Both of us are in health care, but not the mental health arena, so we didn’t know.” She was a director at the Connecticut Children’s Medical Center in Hartford. Dr. Keenan is an internist in Coventry.

When she picked him up after 11 days in treatment, “he just came down with a bag of his stuff,” she says. “No one wanted to talk to me . . . I had no idea how high risk (for suicide), how psychologically tenuous he was.”

The Keenans arranged for him to live in a sober house and get out-patient treatment at a medical center. He went to Narcotics Anonymous meetings. He passed random drug tests. He even spoke at a high school. “The kids related to him because he told them he was once in their shoes,” his mother says.

In April he moved back home. In May, his mother caught him smoking pot. By June, she suspected he was using heroin again. He went back to the hospital.

“They were trying to throw him out every day,” Dr Keenan says, even though he wrote a suicide note that his family and the hospital staff took seriously. This time there was a long exit interview – one-and-a-half hours – but no one told his father that an evaluation showed that he was at high risk of suicide. With daily staff changes, somehow the message had not been relayed. Mike was good at hiding his symptoms. By the time his father drove him home, he was convinced that Mike was doing okay.

Within five minutes of being home, he shot himself to death.

“For an hour, I just screamed,” Dr. Keenan says. Then he had to call his wife, who was on Block Island with their three younger children, and tell her their son was dead.

“There’s such a stereotype,” Mrs. Keenan says. “If they do drugs, they must be bad kids. But it’s everywhere.”

The Keenans have tried to make sure that other families don’t go through what they did. They have reached out to the police and schools in Coventry to try to curb the drug use that led to their son’s suicide. They filed formal complaints against the hospital that released him the day he died.

“We got some gratification,” Mrs. Keenan says. “The director there said, ‘We don’t want there to ever be another case like your son.’ At least they got it. But it doesn’t bring him back.”

Timothy Marchell, the mental health initiatives director at Cornell University, declared a “public health crisis” in March after six students committed suicide at the school in just six months. Cornell is among the most challenging schools and the gorges on and near campus seem to invite jumpers. Before this year, though, there hadn’t been a student suicide there since 2005. School officials said that an increased focus on students’ mental health helped prevent suicides, but this year’s sudden rash of deaths has shaken the Cornell community.

Marchell said the school would again boost suicide prevention education for students, faculty and staff in response to the deaths.

Of every 100,000 students, 7.29 commit suicide each year, Paula Clayton, medical director of the American Foundation for Suicide Prevention, told CNN. Connecticut schools are doing what they can to prevent these tragedies on their campuses. Connecticut College in New London was one of 53 colleges across the country to receive a 2006 Campus Suicide Prevention Grant from the Substance Abuse and Mental Health Services Administration. The school used the three-year, \$225,000 grant for workshops that educate its students, faculty and staff on mental health issues and how to recognize and deal with signs of suicide in others.

“We really wanted to do a number of pieces,” says Dr. Janet Spoltore, director of counseling services at Connecticut College. “We wanted to enhance the services of students – we (established) an array of services using a kind of public health approach – and we wanted to identify students who would be at risk for mental illness or suicide.”

The school introduced what it calls “Gatekeeper Training” using the QPR method: Question, Persuade and Refer. The program teaches trainees how to recognize signs of mental illness, how to talk to the person and how to then refer them to counseling services.

“We’re training various constituents of the college. We taught faculty how to identify high risk students, the staff and very large numbers of the students, because they’re the ones who typically have the most contact with other students,” Spoltore says.

The primary goal was to identify those struggling with mental health problems and get them help, she says. “We focus on mental health, which ultimately helps with the suicide part.”

The grant allowed mental health awareness and suicide prevention to become a huge part of the infrastructure on campus. In addition to the training programs, Connecticut College ramped up their counseling services, added a suicide hotline and changed campus-wide policies to include procedures related to suicide.

“We really tried to destigmatize this process and let students know (getting help is) not something to be ashamed of,” Spoltore says. “We tried to make it a little easier for students to understand.”

Although the grant funding ended in September 2009, Spoltore says the effort is ongoing.

“We increased our numbers of students seeking out care, increased the knowledge base. Everyone is more aware of the resources available,” she says. “We’ve incorporated QPR into training (for faculty, staff and students). It’s just incorporated into everyday trainings and education.”

It is crucial for students to reach out if they experience thoughts of suicide. Every major school in Connecticut offers free counseling, and counselors are on-call at all hours in case of mental health emergencies.

Schreier says that reaching out is a key first step to recovery for any kind of mental disturbance. “Let someone know and (do) not keep it a secret; we always

encourage that," he says. "Sometimes it can be alleviated just by sharing it with somebody."

In more serious cases, such as experiencing suicidal thoughts, seeking professional assistance, through a family doctor or college mental health services, is a crucial step. Doctors can recommend treatment, including psychotherapy and possibly medication.

No matter what steps need to be taken, support is the foundation of recovery.

Everyone experiences a case of the blues once in a while, and it's important to know that this does not always mean one is suffering clinical depression. But what does one do when life turns from sad to scary?

When Aristotle Theophanis returned home for winter break after his first semester at RPI, he visited a therapist and was diagnosed with depression. He was put on medication and continued to see the doctor once a week. He decided not to return to RPI in the spring.

"I didn't think the therapy was going anywhere, because I wasn't dealing with the stress from school," Theophanis says. "Without the stress from school, (the depression) didn't seem like anything out of the ordinary."

When he was 21, he returned to school. After spending a year couch surfing with friends in Amherst, Massachusetts, he enrolled in classes at UConn. He hadn't been in school for a few years, and UConn presented its own set of challenges.

"Coming (to UConn) ... it seems like people don't want everyone to have a good time, people want *them* to have a good time. (At UConn) I would walk down the street and I wasn't popping my collar and I didn't have a crew cut so people would dismiss me out of hand and call me whatever they felt like," Theophanis says.

Theophanis is a lanky 6-foot-3, with straight, light brown hair that's almost always in a low looped ponytail. He often wears an army-green pea coat, not the typical gear on a North Face-entrenched campus.

The new environment seemed to intensify his symptoms.

In addition to his depression, he was plagued by an unusual paranoia.

"The term that was used was 'hypervigilance,'" he says. "I was constantly assuming that strangers were out to hurt me, so I felt really uncomfortable around people I didn't know and about being in situations where I could not get out or being in situations where I had to deal with a lot of ... aggressive drunk people because I assumed they had malicious intent." He started carrying a screwdriver in his pocket for protection, because he didn't have a knife. "I was convinced I was going to have to defend my life," he says.

Soon, he began experiencing dreams in which he felt as though he were awake. The scariest part of his illness, however, was when he began to hallucinate. "I had a couple of conversations with myself across the room," he says. "I'd see myself on my roommate's bed. It was like a waking dream. Or I'd lie in bed and look at my wall and I would see things."

After these episodes, in the middle of his sophomore year at UConn, Theophanis was diagnosed. He went to the mental health center on campus because he was feeling upset, and he recognized his symptoms from his time at RPI. As the more severe symptoms appeared, he was diagnosed with what he calls "not full-out" bipolar disorder, as the shift between his manic state and his depressed state was very gradual. He says his manic episodes were "not irresponsible mania, but I felt really good, like I could do things, stay up for days at a time." He was put on medication, again.

Since then, Theophanis has bounced back and forth between going to therapy and taking medication and not. He graduated in 2008, and lately, he takes life as it comes. "(The disorder)'s always present, it always happens. Especially in the winter, every month for a good week or so, everything is miserable," he says. "I've never been suicidal, but I've always dealt with a – I don't want to say a voice, because I'm not hearing voices, but there's always a part of me that says 'maybe this is the time.' It's not a persuasive voice, but it's always there. Sometimes it's louder than others.

"I haven't gone back to therapy, and I haven't gone back on medication, and I also haven't felt as bad," he says.

He also says his outlook on life has changed for the better. "I think that things have sort of mellowed out because (I realized) it's more important to do what you can and it isn't always what you want to do, and it isn't always what you hoped you'd be doing, but it's a hell of a lot better than not doing anything," he says. "I have that feeling of perseverance, because I know that if I hadn't tried my best, I may not be alive now. That is a heavy thing to understand.

“Everything is changeable, everything is fleeting, so you’ve got to enjoy it while it’s there, because you can’t hold onto it,” Theophanis says.