

# Thinking differently about mental health

## Students discuss dealing with depression, importance of accessing help

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"Depression hits most in the morning as I struggle [to] fight the exhaustion to physically get myself out of bed," senior Paige Ogawa said. "Anxiety is most prevalent at night." Since she was nine years old, Ogawa has battled clinical depression and anxiety—mental illnesses she likens to a daily "fight against [her] own body." Junior Amanda Park (name has been changed) has had similar experiences with her own clinical depression and associated self-harm addiction. "I've become so fearful that I feel like I've become imprisoned in my fears," Park said.

According to school psychologist Samira Rastegar, common symptoms of depression include changes

in sleep patterns and appetite, difficulty focusing, crying spells and feelings of heaviness, hopelessness or emptiness. Ogawa

has additionally suffered from chronic fatigue and nausea, while Park has experienced anxious feelings of alienation. "I feel out of place, like I want to go home but I don't know where home is," Park said. For both

students, the anguish can be overwhelming. "The mental pain gradually fills the person until they feel completely consumed," Ogawa said. "Things feel so far out of your hands that you are frozen in fear and pain."

Both Ogawa and Park attribute the origins of their depression to genetics but believe life experiences have worsened its impacts. "My family has a history of mental illness and I believe that I was genetically predisposed," Ogawa said. "However, I believe that the desire to be a well-rounded individual creates a high-stress environment that contributes to the severity of my illness."

In like manner, many of Park's fears are trauma-based. "Sometime around elementary school, a huge wave of death surrounded me in my church, school and community," she said. Park found her 11-year-old self creating a paranoia-fueled list of ways she did and did not want to die. A natural sensitivity to failure also contributed to the beginnings of her self-harm. "Every time I messed up, I felt like I needed to punish myself because no one else was going to," she said. "I thought, 'I need to feel pain right now.' I [wanted to] feel forgiven."

According to Adolescent Counseling Services (ACS) Coordinator Pamela Garfield, students in Palo Alto often suffer from several common themes. Both the pursuit of perfectionism and the sacrifices of immigrant parents place unique pressure on students to succeed. "Parents in other areas [don't] spend millions of dollars on housing or make huge sacrifices so their kids could go specifically to this school, Garfield said. "We're often telling students, 'Even those people you think are doing well are often struggling underneath. Nobody is perfect.'" Yet stress regarding academics, like most reasons for depression, are rarely the sole cause for chronic mental illness. "It's not cause-and-effect," Garfield said. Another prominent issue is inadequate communication between students and their parents, sometimes worsened by a language barrier. Lately, the most urgent cause has understandably been the shock of recent suicides. "The amount of loss [students] have experienced doesn't happen everywhere," Garfield said.

Usually, the worst effects of depression are cyclic. "When it's good, I feel normal, like I'm not struggling with this [illness]," Park said. "I feel like I'm the happy person people expect me to be." Bad periods, however, can be triggered at random. Both Ogawa and Garfield cite triggers as mentions of death and suicide, or reminders of responsibilities or the individual's existing depression.

*"Those without [depression] don't quite understand the internal war that one undergoes and the strength it takes to fight each day."*

—senior Paige Ogawa

According to Rastegar, a primary objective of therapy is to become more mindful of one's illness and to develop personalized coping skills. ACS, a free student service, frequently involves multiple therapists in each student case. "We meet weekly to discuss the cases in depth, to make sure we're all doing the right things," Garfield said. Though Ogawa has found ACS invaluable in her mental self-care, Garfield consistently pushes students to also seek outside counseling. "The truth is, [ACS] is meant for the interim," she said. "We end up getting into a lot of deep stuff but the design of this is to help you get through a moment, get through a day or provide you with insight so it can go better in the future."

Park believes that empathy is key. "You need to get to know the therapist over time," she said. "Then the advice starts, after they know your story." For this reason, Park personally finds fault in the recently instated "Refer A Friend" box. "Referring me continuously is emotionally draining," she said. "I don't always know why I'm upset and sometimes, I don't feel ready to talk about it."

Garfield sees her point. The recent upsurge in mindfulness has led to "over-checking" students, disrupting their classes and days at school. Having to approach so many students with minimal information has placed a heavy responsibility on busy counselors and administrators. "My suggestion is to provide some training on when it's appropriate to use the box," Garfield said, "and when to skip and go straight to a human being."

The ACS office does frequently speak with students who are concerned not for themselves but for their friends. Both Rastegar and Garfield generally commend students for seeking professional advice, rather than attempting to cure their friends themselves. "In general, Gunn [students] are very smart, mature and caring, so you guys naturally take on those responsibilities," Garfield said. "But let the adults handle it, as much as you can." In the case that an adult responds incorrectly, students are advised to find another trusted staff member.

Rastegar also advises students to remember to care for their own needs. "It's a lot to handle, thinking that you need to save your friend," she said. "It's okay to say, 'Have you ever thought about talking to someone?' It doesn't mean you're abandoning them."

Often, the most helpful friends are simply the most mindful. "Sometimes, people don't really need you to go do something," Garfield said. "They aren't looking for a solution but just a little support." Park agrees, advising friends to converse about their normal, daily lives as opposed to constantly checking in. Becoming more knowledgeable about the nature of depression also helps—for example, by understanding that self-harm is more complex than deciding not to cut. "People think it's so easy to quit self-harm," Park said. "It's not. The feeling of pain is addictive."

Ogawa also feels that the physical toll of a mental illness is often underestimated. "Those without [depression] don't quite understand the internal war that one undergoes and the strength it takes to fight each day," she said. Rastegar agrees that much of the confusion and stigma regarding mental illness is due to its invisibility. "We don't overtly see it, like a broken leg," she said. "It's important to demystify the shame."

Finally, Ogawa and Park encourage students struggling with depression to actively seek recovery and to stay honest about their boundaries. "In terms of treatment, be constant; in terms of daily life, try new things," Park said. Ogawa finds that physical activity is a way to release tension. "During periods of high stress, anxiety or depression, I try to engage in lower-intensity activities purely for fun," she said. On the other hand, Park suggests placing all tools for self-harm into a box and entrusting the box to someone. Her religion has also helped her turn away from suicidal thoughts. "It's a place I feel at home, a feeling that has been lost for so long," she said.

Above all, both encourage students to take heart. "It can get better," Park said. "It might take a while, and it is hard work, but you can get better." Ogawa reassures strugglers in the meantime. "You are not alone and you are loved. You're a part of the bigger picture and you matter. You are a champion."

43.9% of students think there is a negative stigma around mental health at Gunn

23.6% of students say they are often worried about how depressed or sad one of their friends seems

123 students surveyed

24.4% of students say they feel unreasonably anxious once a day

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