Dr. Seth M.: About 40% of those who suffer from major depression don't actually get any treatment at all. That means, let's say these are a hundred students at Mt. SAC, 40 of them will not get any help.

Liesel: Welcome to the Magic Mountie podcast. This is a podcast that's dedicated to helping faculty, and other college employees as they try and navigate the challenging fabric of serving students, especially at Mt. San Antonio College, but everyone's welcome.

Christina: Hi, it's Christina here and today we have part two in our One Book, One Campus mini series. In this episode we're focusing on the topic, the chosen book Hyperbole and a Half is built around depression. Doctor Seth Meyers, a licensed psychologist who's now employed at Mt. SAC as of 2018, was the keynote speaker on Spring Flex Day. And he offers us a great overview as well as signs to look for and some points of action faculty can take, when facing the issue of depression in our students. Let's get started.

Herschel G.: Good afternoon everybody. My name is Herschel Greenberg and I am the One Book One Campus coordinator. First I just want to talk a little bit about the program that we're starting on campus. A lot of you are going to start to see the One Book, One Campus name and the book title Hyperbole and a Half all over campus. The program started a little ... About a year ago and the idea is to ask this question, what would happen if everybody read the same book at the same time? And when I say everybody, I do mean faculty, staff and students. When an email was sent out asking for people to come together to talk about which book to use, I jumped at that chance.

Herschel G.: We discussed for about an hour and it ended up becoming the book that I had on top of my list, which is Hyperbole and a Half. And it came from something that I read in an article in Time magazine about three weeks earlier. The article stated that about 80% of college students suffer from some kind of depression, it is the number one key to success and failure in college. So I thought, what better book to start and kick off the One Book, One Campus program than a book about depression. The topic of depression affects everybody, it's not just for students.

Herschel G.: It's meant to be an entire campus dialogue and hopefully the dialogue that we start today, will continue through the rest of the semester and that's why today we have a fantastic keynote speaker. Doctor Seth Meyers is a licensed clinical psychologist, author and television contributor, he frequently appears on news programs including ABC News, NBC News, Good Morning America and others. Doctor Meyers earned his BA in psychology from Vassar College, and his doctorate from Yeshiva University in New York City, where he received the Jeffery Sage Award for overall excellence in clinical psychology.

Herschel G.: He received training in multiple hospitals including Saint Vincent Catholic Medical Center in New York, and Providence Hospital in Washington DC. He spent 10 years working for the Los Angeles County Department of Mental Health, including four years in the emergency outreach bureau where he focused on school threat assessment. Doctor Meyers has worked on cases with the FBI, Homeland Security, more than 25 police departments and 20 school districts in southern California. Doctor Meyers has been working with Mt. SAC students since his time with the LA County Department of Mental Health School threat assessment and response team.

Herschel G.: He has extensive training and expertise on responding to crisis, threat assessment, deescalation and case management, his kind and respectful approach while working with our students left an impression on Mt. SAC staff who shared students of concern cases. When the student health services needed to hire a new part-time therapist, Doctor Meyers professionalism and caring attitude easily came to mind. Doctor Meyers was hired as a staff psychologist in 2018 and now provides one on one counseling to our students, including assisting staff with day to day crisis management.

Herschel G.: Doctor Meyers is so dedicated to his students and our students, that the first time I met him he was actually late, because a student was having a crisis at that exact moment. This is the exact kind of person I think the One Book One Campus program wants help starting a dialogue about depression, a man dedicated to helping others. Everyone, please welcome Doctor Seth Meyers.

Dr. Seth M.: Hi everyone. Thanks for coming for this today. I'm going to be talking about depression, which is one of those things that's kind of strange because we all are human beings. Many of us have our own experience with it, whether not full blown serious clinical depression, but some depressed feelings. So odds are some of this will feel familiar, some of this may seem new. So what I'm going to do is hit the highlights, hit some of the points that I think are most important when we talk about depression, the impact of depression on college campus, the impact of depression among students and also of course faculty.

Dr. Seth M.: So first of all, a mental disorder like depression if it's an official disorder, if there is something that is a true disorder, it will exist in something we call shorthand, the DSN that is short for the diagnostic and statistical manual of mental disorders. We're now in the fifth edition. Here's the question, what makes somebody depressed? The answer is it's five or more of the symptoms lasting for two weeks or longer. So right there you get a very clear picture as to what's the difference between feeling a little depressed and what's the difference between having actual depression?

Dr. Seth M.: By the way depression, that word, that's sort of like the lay term for it. The actual term is major depressive disorder. Depression somehow sounds better. So take a look at these symptoms because these are the symptoms that you may see in your students, in particular the ones that I think are most relevant, of course, depressed mood most of the day, nearly every day. A couple of other ones people don't think so much about is appetite and sleep. If somebody is suffering from clinical depression, they are probably going to be impacted in either their sleep, so they sleep too much or they sleep too little or they eat too much or eat too little.

Dr. Seth M.: Feelings of worthlessness or excessive or inappropriate guilt, fatigue or loss of energy. That is a very, very big one. Number seven, you'll see diminished ability to think or concentrate, indecisiveness so it's not wishy washy, there's clouding in the mind and they're having a hard time staying mentally organized and focused. Then number eight, recurrent thoughts of death, recurrent suicidal ideation, that last one for example I don't think that most people who have depression feel, so that's why the person may have five or more of these symptoms to qualify as depression. A real quick word on where depression comes from, many or all of you may already know this, we refer to this as the etiology of depression and the research shows that it is probably a mix of nature and nurture.

Dr. Seth M.: So there are environmental factors at work that can cause a person to feel depressed. But there is undoubtedly something at work as well in the brain, there is a biological basis to depression. There is genetic loading for depression. So we know if somebody has a parent who suffers from severe depression that the child may be more likely to feel depressed too. But then again, when you think about that example, it's very unclear. Well if your mom or your dad is super depressed when you're zero to 18, is it the environment of being around that, that makes you more depressed? Or is it the brain, some of these things with the brain we're still learning so much about.

Dr. Seth M.: I think that we may never actually know, but the best explanation for why we know there is a brain, a biological component to depression, is because when we treat it with medication, the most common form of medication treatment works on serotonin. So you've probably heard people talk about depression or another disorder is a manifestation of what people call a chemical imbalance. What they are referring to is the chemicals or neurotransmitters and serotonin is one of the neurotransmitters that seems to be at work. Dopamine, for example is another neurotransmitter that works on some less prescribed antidepressants.

Dr. Seth M.: But we know there's something going on in the brain when we treat the brain to certain drugs, and the person feels less depressed. I want to take a minute now and talk about what a lot of people don't think about, which is what I call the multiple faces of depression. So if somebody asks you this question, what do you think of? What do you picture when you picture a depressed person? Odds are you're picturing somebody who is kind of sad and doesn't have energy and kind of like that. Having a hard time getting out of bed, not really wanting to do anything, not taking pleasure in things. That's true. That is a common manifestation of depression in boys and girls and men and women. However, a lot of times depression looks different.

Dr. Seth M.: It doesn't look passive, it doesn't look slowed down. There is something called an agitated depression, so I'm gonna read some other common examples of what depression, how depression can manifest that people do not tend to think about. Irritability, if you see a student who just has really quick irritable mood, it doesn't look like they're depressed, but irritability may indicate that they are depressed, easily agitated, brooding, obsessiveness or rumination. Somebody who lives in their head gets kind of stuck on thoughts. They obsess about things that don't really make sense. How do we know that relationship exists with depression? Because OCD, obsessive compulsive disorder is treated with the same medications that are used to treat depression.

Dr. Seth M.: Anxiety is also a common manifestation of depression. People a lot of times talk about them being different, anxiety and depression and certainly they look very different. And your students, picture a depressed student, picture a very anxious student, one seems high strung, worked up, the other one may seem slowed down kind of disengaged, detached. Well there is a theory that anxiety and depression in the brain chemically are actually the same thing, but they manifest differently in the personality, in the body of the individual. So let's say I'm anxious and the person to my left is depressed. Well we both take the same medication. So there is a relationship between anxiety and depression.

Dr. Seth M.: So if somebody is really anxious, they probably would much rather say, “I feel really anxious.” Than, “I feel really depressed.” A lot of people tend to think of depression not as weakness, but like, “Maybe I'll seem like I don't ... Like I'm not as in control or I'm not as strong.” A lot of people prefer to call themselves anxious instead, but what is probably going on chemically is the same thing. Phobias, claustrophobia, any of the phobias. A lot of times that is actually a function of a larger depression underneath. And then this is a big one and I'm sure you see this in some of your students. Excessive worry over physical health, complaints of pain.

Dr. Seth M.: So in student health services here on campus, we may have somebody who is presenting often at the health center with somatic. Som of course means body, with somatic complaints, but actually underneath it all this person is depressed, needs to feel more connected, needs to feel nurtured. Okay, so just remember that overall point that there are multiple faces of depression. They don't always look sad and passive and dejected. Sometimes they can look irritable, they can look angry and they can look very, very active. I just want to make one more comment about depression. When we talk about what makes it rise to the cause of a serious clinical disorder, I mentioned earlier, you need to have it for two or more weeks.

Dr. Seth M.: That's a factor. But what we also look at is what we call functional impairment. So if a person has a mental disorder, whether depression or any other type of major mental disorder, there will be functional impairment, which means their daily functioning will be impaired, somehow on a daily basis something that they need to do that they want to do, they are having a problem doing, so we've got somebody who's depressed, whether it's a faculty member or a student, we will see impairment in their job, their ability to fulfill their job duties, at school their ability to complete their work, in their social life.

Dr. Seth M.: One of the most common things that I hear as a psychologist is people stop hanging out with their friends, they stop calling their family so much, so you see it impacted in their social life, you see it impacted in their relationships. Boy, if you are in a romantic relationship, especially if you happen to live with that person and one person becomes clinically depressed, trust that that depression will affect the other person. And then hygiene, a lot of people and you may see this as well, and your students, a lot of people don't feel this same drive or motivation. They just don't care. They stop showering as much, maybe their hair looks a little off.

Dr. Seth M.: So hygiene is another place where you can see the manifestation of the depression. I'm just gonna refer quickly to a couple of statistics about depression that I think are important. One is, and this could not impact us more here at Mt. SAC, is the prevalence of depression. Guess who it's highest among? Yes, 18 to 25 year old individuals. That is the group, 18 to 25 that have the highest prevalence of depression and about 36% of college students have reported struggling with depression. Now, when we think about the life stage of that, think back to your own experiences in college, it's probably not surprising at all.

Dr. Seth M.: A lot of people during college, every area of their life is sort of up in the air. There's just at this stage, 18 to 25 it is fraught with uncertainty. All of these unknowns, people are maybe struggling in their romantic relationships, trying to find a partner. People may be struggling with their sexuality. People are not yet financially established. They may be working while they're attending college, people are sort of experiencing some independence from their parents for the first time. As much as they may not have liked their parents, it's kind of a rude awakening once you start to connect with, “Wow, I guess I really am on my own.” So while the whole future being ahead of you can sound very bright, very positive, very optimistic.

Dr. Seth M.: The actual phenomenology, what it actually feels like for those individuals, 18 to 25 if you can remember back again, it's a rough, rough, rough period in many ways. Some people experience really, really intense depression during those years. Some people experience really intense anxiety and they may never again in their life have such lows. So this is a stage of life issue that we all need to be aware of. One of the reasons of course that we want to talk about depression, why depression is so relevant on a college campus to talk about and have ongoing conversations about, is that the severity of depression is linked to suicide attempts or actual completed suicides.

Dr. Seth M.: And I'll just share briefly, not long ago we had a student, a Mt. SAC student who did complete a suicide and someone came to see me for example in student health services for counseling, because they were friends with that individual. It really affects others around a person at school when they hear about that. The individual I saw I think struggled with, “Gosh, like could it be me? We both talked about having a really hard time. Is that what is supposed to be my future?” So suicide is related to depression and it is something that we do have on campus, and that we do have to talk about.

Dr. Seth M.: So quick word on the correct term, the way we want to talk about suicide, people often use the term commit suicide, that is no longer considered language that we should be using. The reason is commit has two associations, one, commit a crime or two, be committed like on an involuntary hold. So when I refer to suicide, I talk about whether somebody completed a suicide. Not long ago in giving a talk I made the mistake of saying completed a successful suicide. And somebody said to me, “You have to be careful with that language because then it makes it seem like some suicides are failures, but try to avoid the term committed suicide and use the term complete a suicide.”

Dr. Seth M.: And I know the next thing I'm going to mention, you probably already know just a few warning signs for suicide. One of the main ones of course is writing something, writing a suicide letter. Many individuals who do complete a suicide and will have written something, but also social media. So if somebody is going to complete a suicide, odds are they may post something about it in advance online. It's also the same with homicide. We are now looking into homicides and looking back at what the warning signs were, and we are finding in so many of those cases there was a posting.

Dr. Seth M.: So if there's anybody you're really worried about, check their social media because odds are something may appear there. Another one of the warning signs is really detaching from most or close relationships, isolating at home and not talking about the future anymore. Discontinuing the making of plans, a sense of there's really nothing left to lose. Most people who complete a suicide they usually feel like there was no real true reason for them to stick around. I'm going to share a couple of suicide statistics that I think are really important. One is the suicide rate increased between 1999 and 2014, it increased to 25%. 25% in 15 years it increased.

Dr. Seth M.: About a thousand college students a year complete a suicide, 24,000 attempt. One of the things you may have heard is that people on college campuses are getting sicker. Has anybody heard this? That students today are more mentally ill, are struggling with more mental illness than they ever have in the past. That may be true. Some of these things research-wise are very difficult to truly study and get facts about. But I will say that the proliferation of technology, the amount of time that young students and then older students and then young adults are spending on screens, this one-on-one existence with the screen. It cannot be good for your mental health. Period.

Dr. Seth M.: So I think that technology has a part to do with why we are seeing more depression on campus today. Why we are seeing more mental disorders, at the same time I also believe that there's just simply more reporting of it. I think with talk show culture and Oprah. One of the positive things that has happened with that is people aren't so uncomfortable saying they're depressed, saying that they're talking to a therapist. More people today than ever before in history go to see a therapist to receive mental health services. In the 50s they were not doing that.

Dr. Seth M.: I think it's great. We have more mental health staff on college campuses today than ever before. Now that means more people are coming in and using the services than ever before. I talked a little bit earlier about what is the treatment for depression, so the best treatment for depression involves two things, talk therapy and medication. A lot of times what would help the individual the most, the student the most would be to go to therapy and take medication. Well you probably know that a lot of 20 year olds aren't so down with the idea of taking a psychiatric medication.

Dr. Seth M.: They'll say, “Well, I'm not crazy.” People have extreme resistance to the idea of psychiatric medication, so we cannot push psychiatric medication even though it may help. It's one of those things. It would be like telling somebody who's very overweight and likes fatty foods, “You know what? You should really eat healthier and lose some weight.” The person needs to be ready and open to make that kind of life change. One other statistic that I think is really important is that about 40% of those who suffer from major depression don't actually get any treatment at all. 40%. 40% of people, that means, let's say these are a hundred students at Mt. SAC 40, 40 of them will not get any help, will not get therapy, will not get medication.

Dr. Seth M.: They will just wait it out and their grades will suffer and their relationships will suffer. They may have a suicide attempt. 40% will not get help, so we're going to talk in a second about what we can do to try to increase that number so that more people do get help. When you see students who are depressed, some of the things that you may see in your classroom, some ways that you can tell this person might be depressed is you could see procrastination, procrastinating on work and projects. A general lack of engagement, especially if this was a person who was engaged at one point, but then like the last month, you don't know what it is about them.

Dr. Seth M.: They seem like they've checked out. Is it possible that that person has gone into a depression? Sleeping in class can indicate depression, combativeness or difficult social interactions, having a lot of conflicts or weird tensions with people. Remember earlier I said depression isn't always passive. It has multiple faces. Sometimes the person is just irritable, combative, difficult. They may be depressed. Another indication sometimes is a person seeming just overly fragile or defensive, them sort of misperceiving what you're saying. You feel like, “Wait, how did you just twist what I said, I was saying something nice or helpful.”

Dr. Seth M.: There is a lot of misperception going on when the person is depressed. The most important way that you can see depression is through attendance in your classes, so the individual stops showing up for class or comes half an hour late or leaves early. Depression is a major issue for college campuses because depression if untreated leads to drop out, and I know Mt. SAC recently has been talking more and more and more about actually graduating students, so we have every reason in the world to try to respond to a student who's depressed, because we know about the relationship between depression and dropping out of school.

Dr. Seth M.: I just want to give you kind of a sense from my perspective as a psychologist, about how to approach students who are depressed or going through other emotional traumas, or kind of significant emotional issues. How do we approach them overall? So we want to think about them from two perspectives. One, of course the academic perspective, but the academic perspective is all about performance, it's all about how are they performing? To what extent has this person mastered the material? That's great. We need to think about them from a performance, academic perspective, but we also have to think about them from an emotional perspective.

Dr. Seth M.: So every student in your classroom think about questions like this. Does this person seem okay to me? What do I imagine this person like in their life? Does this person seem well adjusted enough? Does this person seem happy enough? Does this person seem okay? Think about their emotional life, and that will help. As faculty a lot of times, a lot of the outcomes are so focused on performance that it's easy to forget the degree to which faculty's responsibility's also to nurture. We have these students at a time in their lives when like I said earlier, their whole future is ahead of them and they're learning, they're sort of becoming experts in certain subjects.

Dr. Seth M.: We are catching them at a very, very impressionable time in their careers and in their lives, and these individuals, these students, they can use your nurturing guidance. One of the things that I think as a professional gives you the greatest sense of purpose is at the end of the day feeling like I actually did ... I could see a click in that student that I talked to, in that student that I helped, the performance, the academic performance is important, but what really I think makes us all feel better at the end of the day is knowing that we nurtured, that we thought about the emotional life of this human being at this impressionable point in their career.

Dr. Seth M.: Now, one of the points that I want to make about depression in particular is when we help, when we nurture, when we nurture depressed individuals, it doesn't mean we solve their problems and the book Hyperbole and a Half talks about that. When you tell a lot of people that you're depressed, the first way people try to show that they care is it to try to help you fix it, and actually depressed people have a hard enough time just trying to explain to others, what it actually feels like being depressed. So I'll give you an example. One time somebody explained to me the heaviness that came with depression.

Dr. Seth M.: He felt like his body was full of lead. People talk about difficulty getting out of bed in the morning. It was because it's like the body felt like it was filled with lead, physically this person felt heavy. I can relate to a lot of things myself as a person. I cannot relate to that feeling. Everybody deals with different things. So that was very helpful when that person explained that to me and hopefully it's helpful to you. We have to remember to sort of screw on a different head when we're talking to people that are experiencing life in a way that we just simply cannot relate to.

Dr. Seth M.: We listen and we learn and we comfort and we nurture. Just remember a depressed person is not always looking for a solution. We want to manage our expectations with depressed students. So think about this question, what are you doing differently in terms of what you expect from a student who is depressed, versus a student who is not depressed? It's not realistic to expect exactly the same things from somebody who has a serious mental disorder. That's temporary, it will lift, but from somebody who doesn't. So what are you expecting and how are you showing some understanding and explaining that you are allowing some leeway there.

Dr. Seth M.: Just reflect on your own judgments that you have about depression because we all do have judgements. A lot of people will say, “My God, you've got it made, you've got so many things going for you. You shouldn't feel depressed.” But think about your own personal history with depression. Think about any family history that you may have with depression. The point is we all have personal feelings about something like depression, so that's okay, that's expected. Just be mindful of it and make sure that we are not transmitting unhealthy messages to somebody when they are really in a time of need. If you see somebody that you think may be depressed, show empathy and when you're talking with them, a couple of things really help.

Dr. Seth M.: One is, slow down the rate of your speech and change the tone of your voice to be softer. So my director in the health center, Marty, when I talked to her about this, she said, “Soften your edges. That's what you want to do with a student like this. Soften your edges.” And I really liked the way she said that. So instead of saying, “Are you okay? You seem different lately." Something like this, “Are you okay? You seem different lately.” I mean, when I said those two things, it has a completely different feeling to it, right? One of those ways feels sterile and clinical, maybe even authoritative or authoritarian.

Dr. Seth M.: The other way feels nurturing and comforting and understanding. So slow down your rate of speech and use the softest tone of your voice. Soften your edges, give the student a few extra minutes of your time. I know how busy faculty are and how they're pulled in so many directions. I know you don't have time to spend an hour worth thinking about the emotional life of each of the students that you touch. But we all can give a few more minutes. We all can. And selfishly practicing that behavior in the end actually it makes us feel better too, makes us feel happier. It makes us feel more useful, it makes us feel like we have a greater purpose here on earth. So in addition to those things, those sort of providing a nurturing kind of holding environment to make them feel listened to and noticed.

Dr. Seth M.: Then we want to do the concrete, which is to either call student health services or walk them to student health services. We have faculty do that all the time and that is a great way to show that you care, that you are going to inconvenience yourself and take the time out and walk across campus to of course one of our two buildings, 67 or 90 but walking them ... Again, maybe it's just the few extra minutes of time that you would spend with them that makes the difference. Just telling, giving them a phone number or a crisis text line and saying, “Here you do it.” It doesn't make them feel really tended to, so call student health services or walk them over.

Dr. Seth M.: What do you guys do as faculty if you feel depressed? Everybody, we're human beings, feels again some level of depression at some point. If yours lasts for a few more days and you feel like you might be approaching that two week period where you know maybe this is kind of like a clinical depression, you can get help because we have to think about if we as faculty for example, are among the 40% of people that don't get help that don't get the treatment for depression, 40% you guys know how high that is, it's insane and very sad. So we in this room cannot be a part of that 40% because people look to you guys as guides. People look to you to be strong. How does depression impact someone's ability to teach?

Dr. Seth M.: How does it impact a person's ability to nurture? If your own emotional needs are not met, you simply will not have the ability to nurture, to be there for somebody else. So the good news is there are options for faculty who feel depressed. This one I really like a lot. So some of you may know the term EAP, like employee assistance program, but here for faculty at Mt. SAC, the program is called EASE. So EASE stands for employee assistance service for education. I called them and spoke with them for 15 minutes in advance at this talk to make sure I understood what they do. I highly recommend you guys give them a call.

Dr. Seth M.: They offer assessment, brief counseling and they also offer consultation to managers and supervisors, on dealing with emotional issues in the workplace. So let's say you have a really depressed student or a student who is concerning you, you can call EASE and it doesn't have to be about your own depression. It can be about how do I support or what do I do in terms of this student's depression. So this, by the way EASE is totally confidential. Even human resources can not learn. They have private practice practitioners who are like out in the real world and there are different offices that you could go to, to receive that service.

Dr. Seth M.: So it's not even on campus. No one would really have any idea. Of course you can contact your insurance provider for mental health services, they have in network and out of network providers. Let's say you found a great therapist that you want to go see, that person may be an out of network therapist and your insurance will reimburse a portion of that fee. And then of course, private practice therapists. So just remember that you have options. And even though as faculty, you sort of end up having to assume the burden of being strong, and being in charge and always being on, we are all human too and we all have our own struggles. And the most courageous thing you can do when you feel like you might be a little off is to ask for help from a professional, because that in turn is the best way to help our students.

Dr. Seth M.: Hope that was helpful. So thank you.

Christina: Hey, thanks so much for joining us for the Magic Mountie podcast. We love your likes, we love your shares, and we love your comments. So please engage with our community, download from wherever you love to get your podcasts, iTunes, Google. Rate my professor, we're there and we want you to be back with us next week. Remember any opinions that are expressed in this podcast do not necessarily represent Mt. San Antonio College or any of its agents. We'll see you next time.