The Journal for Mental Health

VOLUME 01 | SUPPLEMENT 1

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SUPPLEMENT 1

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The Mind Care

May—**2017**

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"Put your heart, mind and soul into even your smallest acts. This is the secret of success." – Swami Sivananda

The Mind Care

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MCJMH
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The mission of the The Mind Care *is to prevent and cure* Mental illness *and to improve the lives of* effected *people.*

Mental Health Care and Treatment

Introduction

In the context of national efforts to develop and implement mental health policy, it is vital to not only protect and promote the mental well-being of its citizens, but also address the needs of persons with defined mental disorders.

Knowledge of what to do about the escalating burden of mental disorders has improved substantially over the past decade. There is a growing body of evidence demonstrating both the efficacy and cost-effectiveness of key interventions for priority mental disorders in countries at different levels of economic development. Examples of interventions that are cost-effective, feasible, and affordable include:

Treatment of epilepsy with antiepileptic medicines;

Treatment of depression with psychological treatment and, for moderate to severe cases, (generically produced) antidepressant medicines;

Treatment of psychosis with older antipsychotic medicines and psychosocial support;

Taxation of alcoholic beverages and restriction of their availability and marketing.

A range of effective measures also exists for the prevention of suicide, prevention and treatment of mental disorders in children, prevention and treatment of dementia, and treatment of substance-use disorders. The Mental Health Gap Action Programme (mhGAP) has produced evidence based guidance for non-specialists to enable them to better identify and manage a range of priority mental health conditions.

WHO response

WHO supports governments in the goal of strengthening and promoting mental health. WHO has evaluated evidence for promoting mental health and is working with governments to disseminate this information and to integrate effective strategies into policies and plans.

In 2013, the World Health Assembly approved a "Comprehensive Mental Health Action Plan for 2013-2020". The Plan is a commitment by all WHO's Member States to take specific actions to improve mental health and to contribute to the attainment of a set of global targets.

The Action Plan's overall goal is to promote mental well-being, prevent mental disorders, provide care, enhance recovery, promote human rights and reduce the mortality, morbidity and disability for persons with mental disorders. It focuses on 4 key objectives to:

Strengthen effective leadership and governance for mental health;

Provide comprehensive, integrated and responsive mental health and social care services in community-based settings;

Implement strategies for promotion and prevention in mental health; and

Strengthen information systems, evidence and research for mental health.

Particular emphasis is given in the Action Plan to the protection and promotion of human rights, the strengthening and empowering of civil society and to the central place of community-based care.

In order to achieve its objectives, the Action Plan proposes and requires clear actions for governments, international partners and for WHO. Ministries of health will need to take a leadership role and WHO will work with them and with international and national partners, including civil society, to implement the plan. As there is no action that fits all countries, each government will need to adapt the Action Plan to its specific national circumstances.

Implementation of the Action Plan will enable persons with mental disorders to:

Find it easier to access mental health and social care services;

Be offered treatment by appropriately skilled health workers in general health care settings; WHO's Mental Health Gap Action Programme (mhGAP) and its evidence-based tools can facilitate this process;

Participate in the reorganization, delivery and evaluation of services so that care and treatment becomes more responsive to their needs;

Gain greater access to government disability benefits, housing and livelihood programmes, and better participate in work and community life and civic affairs. To gether we make the difference. Join Hands with Mind Care.

Dr. Lakshni T Rajan
Chief Editor
Mind Care Journal for Mental Health

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DEPRESSION IN WOMEN

INTRODUCTION

Being sad is a normal reaction to difficult times in life. But usually, the sadness goes away with a little time. Depression is different—it is a medical condition that may cause severe symptoms that can affect how you feel, think, and handle daily activities like sleeping, eating, or working. Depression is more common among women than men, likely due to certain biological, hormonal, and social factors that are unique to women.

This brochure contains an overview of five things that everyone should know about depression in women. It is intended for informational purposes only and should not be considered as a guide for making medical decisions. Please review this information and discuss it with your doctor or health care provider.

1. DEPRESSION IS A REAL MEDICAL CONDITION.

Depression is a common but serious mood disorder. Depression symptoms can interfere with your ability to work, sleep, study, eat, and enjoy your life. Although the causes of depression are still being studied, current research suggests that depression is caused by a combination of genetic, biological, environmental, and psychological factors. Most people with depression need treatment to feel better.

YOU CAN'T JUST 'SNAP OUT' OF DEPRESSION.

Well-meaning friends or family members may try to tell someone with depression to "snap out of it," "just be positive," or "you can be happier if you just try harder." But depression is not a sign of a person's weakness or a character flaw. The truth is that most people who experience depression need treatment to get better.

If you are a friend or family member of a woman with depression, you can offer emotional support, understanding, patience, and encouragement. But never dismiss her feelings. Encourage her to talk to her doctor and remind her that with time and treatment, she can feel better.

MOST PEOPLE WITH DEPRESSION NEED TREATMENT TO FEEL BETTER.

If you think you may have depression, start by making an appointment to see your doctor or health care provider. This could be your primary doctor or a health provider who specializes in diagnosing and treating mental health conditions (for example, a psychologist or psychiatrist). Certain medications, and some medical conditions, such as viruses or a thyroid disorder, can cause the same symptoms as depression. A doctor can rule out these possibilities by doing a physical exam, interview, and lab tests. Your doctor or health care provider will examine you and talk to you about treatment options and next steps.

2. DEPRESSION CAN HURT—LITERALLY.

Sadness is only a small part of depression. In fact, some people with depression do not feel sadness at all. A person with depression may also experience many physical symptoms, such as aches or pains, headaches, cramps, or digestive problems. Someone with depression may also have trouble with sleeping, waking up in the morning, and feeling tired.

If you have been experiencing any of the following signs and symptoms for at least two weeks, you may be suffering from depression:

Persistent sad, anxious, or "empty" mood Feelings of hopelessness or pessimism Irritability Feelings of guilt, worthlessness, or helplessness

Dhanya Helena Honeid

Decreased energy or fatigue
Difficulty sleeping, early-morning awakening, or oversleeping
Loss of interest or pleasure in hobbies and activities
Moving or talking more slowly
Feeling restless or having trouble sitting still Difficulty concentrating, remembering, or making decisions
Appetite and/or weight changes
Thoughts of death or suicide, or suicide attempts
Aches or pains, headaches, cramps, or digestive problems without a clear physical cause and/or that do not ease even with treatment

Talk to your doctor about these symptoms. Be honest, clear, and concise—the doctor needs to know how you feel. Your doctor may ask when your symptoms started, what time of day they happen, how long they last, how often they occur, if they seem to be getting worse or better, and if they keep you from going out or doing your usual activities. It may help to take the time to make some notes about your symptoms before your doctor's visit.

3. CERTAIN TYPES OF DEPRESSION ARE UNIQUE TO WOMEN.

Pregnancy, the postpartum period, perimenopause, and the menstrual cycle are all associated with dramatic physical and hormonal changes. Certain types of depression that occur at different stages of a woman's life include:

PREMENSTRUAL DYSPHORIC DISORDER (PMDD)

Most people are familiar with the term "PMS" or premenstrual syndrome. Moodiness and irritability in the weeks before menstruation are quite common and the symptoms are usually mild. But there is a less common, more severe form of PMS called premenstrual dysphoric disorder (PMDD). PMDD is a serious condition with disabling symptoms such as irritability, anger, depressed mood, sadness, suicidal thoughts, appetite changes, bloating, breast tenderness, and joint or muscle pain.

PARENTAL DEPRESSION

Being pregnant isn't easy. Pregnant women commonly deal with morning sickness, weight gain, and mood swings. Caring for a newborn is challenging too. Many new moms experience the "baby blues"—a term used to describe feelings of worry, unhappiness, mood swings, and fatigue. These feelings are usually somewhat mild, last a week or two, and then go away as a new mom adjusts to having a newborn. Perinatal depression is depression during or after (postpartum) pregnancy. Perinatal depression is much more serious than the "baby blues." The feelings of extreme sadness, anxiety, and exhaustion that accompany perinatal depression may make it difficult to complete daily care activities for a new mom and/or her baby. If you think you have perinatal depression, you should talk to your doctor or a trained mental health care professional. If you see any signs of depression in a loved one during her pregnancy or after the child is born, encourage her to see a health care provider or visit a clinic

PERIMENOPAUSAL DEPRESSION

Perimenopause (the transition into menopause) is a normal phase in a woman's life that can sometimes be challenging. If you are going through perimenopause, you might be experiencing abnormal periods, problems sleeping, mood swings, and hot flashes. But it is a myth that it is "normal" to feel depressed. If you are struggling with irritability, anxiety, sadness, or loss of enjoyment at the time of the menopause transition, you may be experiencing perimenopausal depression.

DEPRESSION AFFECTS EACH WOMAN DIFFERENTLY.

Not every woman who is depressed experiences every symptom. Some women experience only a few symptoms. Others have many. The severity and frequency of symptoms, and how long they last, will vary depending on the individual and her particular illness. Symptoms may also vary depending on the stage of the illness.

4. DEPRESSION CAN BE TREATED.

Even the most severe cases of depression can be treated. Depression is commonly treated with medication, psychotherapy (where a person talks with a trained professional about his or her thoughts and feelings; sometimes called "talk therapy"), or a combination of the two. If these treatments do not reduce symptoms, electroconvulsive therapy (ECT) and other brain stimulation therapies may be options to explore.

Remember: Depression affects each individual differently. There is no "one-size-fits-all" for treatment. It may take some trial and error to find the treatment that works best.

5. WOMEN'S MENTAL HEALTH RESEARCH.

Scientists continue to study depression to improve the way this medical condition is diagnosed and treated. For example, NIMH scientists are currently working to understand how changes in reproductive hormones trigger mood disorders, why some women are at greater risk than others, and how they can translate these findings into new treatments or new uses of existing treatments.

Resources and references

General information about depression in women

Depression in women: Understanding the gender gap – Explore the unique biological, psychosocial, and cultural factors that may increase a woman's risk for depression. (Mayo Clinic)

Mood Disorders and the Reproductive Cycle – Review how changing levels of female reproductive hormones over the life cycle can impact depression. Includes information about estrogen, thyroid impairment, and the effect of oral contraceptives. (HealthyPlace) More Women Suffer Depression – Article looks into some of the reasons why women around the world are more susceptible to depression than men. (Psychology Today)

Premenstrual dysphoric disorder and perimenopausal depression PMS & PMDD – Learn about premenstrual mood changes, including the symptoms and treatment of premenstrual dysphoric disorder. (Massachusetts General Hospital, Center for Women's Health)

Menstrually Related Mood Disorders – A guide to the mood disorders and depression-related symptoms associated with the menstrual cycle. (UNC School of Medicine, Center for Women's Mood Disorders)

MEN AND DEPRESSION

IINTRODUCTION

Are you tired and irritable all the time? Have you lost interest in your work, family, or hobbies? Are you having trouble sleeping and feeling angry or aggressive, sad, or worthless? Have you been feeling like this for weeks or months?
If so, you may have depression.

WHAT IS DEPRESSION?

Everyone feels sad or irritable sometimes, or has trouble sleeping occasionally. But these feelings and troubles usually pass after a couple of days. When a man has depression, he has trouble with daily life and loses interest in anything for weeks at a time.

Both men and women get depression. But men can experience it differently than women. Men may be more likely to feel very tired and irritable, and lose interest in their work, family, or hobbies. They may be more likely to have difficulty sleeping than women who have depression. And although women with depression are more likely to attempt suicide, men are more likely to die by suicide.

Many men do not recognize, acknowledge, or seek help for their depression. They may be reluctant to talk about how they are feeling. But depression is a

real and treatable illness. It can affect any man at any age. With the right treatment, most men with depression can get better and gain back their interest in work, family, and hobbies.

"My daily routine was shot. I didn't have the energy to do anything. I got up because the dog had to be walked and my wife needed to go to work. The day would go by and I didn't know where it went. I wanted to get back to normal. I just wanted to be myself again."

WHAT ARE THE DIFFERENT FORMS OF DEPRESSION?

The most common types of depression are:

Major depression—severe symptoms that interfere with a man's ability to work, sleep, study, eat, and enjoy most aspects of life. An episode of major depression may occur only once in a person's lifetime. But more often, a person can have several episodes.

Dysthymic disorder, or dysthymia—depressive symptoms that last a long time (2 years or longer) but are less severe than those of major depression.

Minor depression—similar to major depression and dysthymia, but symptoms are less severe and may not last as long.

WHAT ARE THE SIGNS AND SYMPTOMS OF DEPRESSION IN MEN?

Different people have different symptoms. Some symptoms of depression include:

Feeling sad or "empty"
Feeling hopeless, irritable, anxious, or angry Loss of interest in work, family, or once-pleasurable activities, including sex
Feeling very tired

Dhanya Helena Honeid

Not being able to concentrate or remember details
Not being able to sleep, or sleeping too much
Overeating, or not wanting to eat at all Thoughts of suicide, suicide attempts
Aches or pains, headaches, cramps, or digestive problems
Inability to meet the responsibilities of work, caring for family, or other important activities.

WHAT CAUSES DEPRESSION IN MEN?

Several factors may contribute to depression in men.

Genes—men with a family history of depression may be more likely to develop it than those whose family members do not have the illness.

Brain chemistry and hormones—the brains of people with depression look different on scans than those of people without the illness. Also, the hormones that control emotions and mood can affect brain chemistry.

Stress—loss of a loved one, a difficult relationship or any stressful situation may trigger depression in some men.

Most of the time, it is likely a combination of these factors.

HOW IS DEPRESSION TREATED?

The first step to getting the right treatment is to visit a doctor or mental health professional. He or she can do an exam or lab tests to rule out other conditions that may have the same symptoms as depression. He or she can also tell if certain medications you are taking may be affecting your mood.

The doctor needs to get a complete history of symptoms. Tell the doctor when the symptoms started, how long they have lasted, how bad they are, whether they have occurred before, and if so, how they were treated. Tell the doctor if there is a history of depression in your family

MEDICATION

Medications called antidepressants can work well to treat depression. But they can take several weeks to work. Antidepressants can have side effects including:
Headache
Nausea, feeling sick to your stomach
Difficulty sleeping and nervousness
Agitation or restlessness
Sexual problems.

Most side effects lessen over time. Talk to your doctor about any side effects you may have.

It's important to know that although antidepressants can be safe and effective for many people, they may present serious risks to some, especially children, teens, and young adults. A "black box"—the most serious type of warning that a prescription drug can have—has been added to the labels of antidepressant medications. These labels warn people that antidepressants may cause some people to have suicidal thoughts or make suicide attempts, especially those who become agitated when they first start taking the medication and before it begins to work. Anyone taking antidepressants should be monitored closely, especially when they first start taking them.For most people, though, the risks of untreated depression far outweigh those of antidepressant medications when they are used under a doctor's supervision. Careful monitoring by a professional will also minimize any potential risks.

THERAPY

Several types of therapy can help treat depression. Some therapies are just as effective as medications for certain types of depression. Therapy helps by teaching new ways of thinking and behaving, and changing habits that may be contributing to the depression. Therapy can also help men understand and work through difficult situations or relationships that may be causing their depression or making it worse.

"I lost interest with the kids and doing things that we used to do... they'd ask their mother, 'Why is Daddy not getting up and not wanting to do anything with us?' 'Did we do anything?' They didn't do anything to me. I just didn't want to do anything."

—Rene Ruballo, Police Officer

HOW CAN I HELP A LOVED ONE WHO IS DEPRESSED?

If you know someone who has depression, first help him find a doctor or mental health professional and make an appointment.

Offer him support, understanding, patience, and encouragement.

Talk to him, and listen carefully.

Never ignore comments about suicide, and report them to his therapist or doctor.

Invite him out for walks, outings and other activities. If he says no, keep trying, but don't push him to take on too much too soon.

Encourage him to report any concerns about medications to his health care provider.

Ensure that he gets to his doctor's appointments.

Remind him that with time and treatment, the depression will lift.

HOW CAN I HELP MYSELF IF I AM DEPRESSED?As you continue treatment, gradually you will start to feel better. Remember that if you are taking an antidepressant, it may take several weeks for it to start working. Try to do things that you used to enjoy before you had depression. Go easy on yourself. Other things that may help include See a professional as soon as possible. Research shows that getting treatment sooner rather than later can relieve symptoms quicker and reduce the length of time treatment is needed.

Break up large tasks into small ones, and do what you can as you can. Don't try to do too many things at once.

Spend time with other people and talk to a friend or relative about your feelings.

Do not make important decisions until you feel better. Discuss decisions with others who know you well.

WHERE CAN I GO FOR HELP?

If you are unsure where to go for help, Call 9445670257.

Resources and References

Signs, symptoms, and help for depression in men

National Institute of Mental Health, U.S. Support Group Locator Mastermind Foundation and Mayo Clinic

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DEPRESSION AND COLLEGE STUDENTS

INTRODUCTION

Feeling moody, sad, or grouchy? Who doesn't once in a while? College is an exciting time, but it can also be very challenging. As a college student, you might be leaving home for the first time, learning to live independently, taking tough classes, meeting new people, and getting a lot less sleep. Small or large setbacks can seem like the end of the world, but these feelings usually pass with a little time.But if you have been feeling sad, hopeless, or irritable for at least 2 weeks, you might have depression. You're not alone. Depression is the most common health problem for college students.1 You should know:

Depression is a medical illness.

Depression can be treated.

Early treatment is best.

Most colleges offer free or low-cost mental health services to students.

Q: WHAT IS DEPRESSION?

A: Depression is a medical illness with many symptoms, including physical ones. Sadness is only a small part of depression. Some people with depression may not feel sadness at all, but be more irritable, or just lose interest in things they usually like to do. Depression interferes with your daily life and normal function. Don't ignore or try to hide the symptoms. It is not a character flaw, and you can't will it away.

Q:ARE THERE DIFFERENT TYPES OF DEPRESSION?

A: Yes. The most common depressive disorders include major depression (a discrete episode, clearly different from a person's usual feeling and functioning), persistent depressive disorder (a chronic, low-grade depression that can get better or worse over time), and psychotic depression (the most severe, with delusions or hallucinations). Some people are vulnerable to depression in the winter ("seasonal affective disorder"), and some women report depression in the week or two prior to their menstrual period ("premenstrual dysphoric disorder"). You can learn about these and other types of depression at www.mcjmh.org

Q: WHAT ARE THE SIGNS AND SYMPTOMS OF DEPRESSION

A: If you have been experiencing any of the following signs and symptoms nearly every day for at least 2 weeks, you may have major (sometimes called "clinical") depression:

Persistent sad, anxious, or "empty" mood

Feelings of hopelessness, pessimism

Feelings of guilt, worthlessness, helplessness

Loss of interest or pleasure in hobbies and activities

Decreased energy, fatigue, being "slowed down"

Difficulty concentrating, remembering, making decisions

Difficulty sleeping, early-morning awakening, or oversleeping

Appetite and/or unwanted weight changes

Thoughts of death or suicide; suicide attempts

Restlessness, irritability.

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Persistent physical symptoms, such as muscle pain or headaches

Not everyone who is depressed experiences every symptom. Some people experience only a few symptoms. Some people have many. If any of these symptoms is interfering with your functioning—or if you are having thoughts that life is not worth living or ideas of harming yourself—you should seek help immediately; it is not necessary to wait 2 weeks

Q: WHAT ARE "CO-OCCURRING" DISORDERS?A: Depression can occur at the same time as other health problems, such as anxiety, an eating disorder, or substance abuse. It can also co-occur with other medical conditions, such as diabetes or thyroid imbalance. Certain medications—for example, those for the treatment of severe acne—may cause side effects that contribute to depression; although some women are very sensitive to hormonal changes, modern birth control pills are not associated with depression for most users.

Q: IF I THINK I MAY HAVE DEPRESSION, WHERE CAN I GET HELP?

A: If you have symptoms of depression that are getting in the way of your ability to function with your studies and your social life, ask for help. Depression can get better with care and treatment. Don't wait for depression to go away by itself or think you can manage it all on your own, and don't ignore how you're feeling just because you think you can "explain" it. As a college student, you're busy—but you need to make time to get help. If you don't ask for help, depression may get worse and contribute to other health problems, while robbing you of the academic and social enjoyment and success that brought you to college in the first place. It can also lead to "self-medication" with high-risk behaviors with their own serious consequences, such as binge drinking and other substance abuse and having unsafe sex.

Most colleges provide mental health services through counseling centers, student health centers, or both. Check out your college website for information. If you think you might have depression, start by making an appointment with a doctor or health care provider for a checkup. This can be a doctor or health care provider at your college's student health services center, a doctor who is off-campus in your college town, or a doctor in your hometown. Your doctor can make sure that you do not have another health problem that is causing your depression.

If your doctor finds that you do not have another health problem, he or she can discuss treatment options or refer you to a mental health professional, such as a psychiatrist, counselor, or psychologist. A mental health professional can give you a thorough evaluation and also treat your depression.

If you have thoughts of wishing you were dead or of suicide, call a helpline, such as +91 9962826333, for free 24-hour help.

Q: HOW IS DEPRESSION TREATED?

A: Effective treatments for depression include talk therapy (also called psychotherapy), personalized for your situation, or a combination of talk therapy and medication. Early treatment is best.

Q: WHAT IS TALK THERAPY?

A: A therapist, such as a psychiatrist, a psychologist, a social worker, or counselor, can help you understand and manage your moods and feelings. You can talk out your emotions to someone who understands and supports you. You can also learn how to stop thinking negatively and start to look at the positives in life. This will help you build confidence and feel better about yourself as you begin to work with your therapist to find solutions to problems that may have seemed

insurmountable when you were feeling depressed and maybe even hopeless. Research has shown that certain types of talk therapy or psychotherapy can help young adults deal with depression.

These include:

Cognitive behavioral therapy, or CBT, which focuses on thoughts, behaviors, and feelings related to depression

Interpersonal psychotherapy, or IPT, which focuses on working on relationships

Dialectical behavior therapy, or DBT, which is especially useful when depression is accompanied by self-destructive or self-harming behavior

All therapies can be adapted to each person's issues, for example, if depression is associated with an anxiety or eating disorder. Your college counseling center may offer both individual and group counseling. Many also offer workshops and outreach programs to support you.

Read more about talk therapies at http://www.mindcareindia.com

Q: WHAT MEDICATIONS TREAT DEPRESSION?

A: If your doctor thinks you need medication to help your depression, he or she may prescribe an antidepressant. There are a number of antidepressants that have been widely studied and proven to help. If your doctor recommends medication, it is important to see your doctor regularly and tell him or her about any side effects and how you are feeling, especially if you start feeling worse or have thoughts of hurting yourself. Although the doctor will attempt to "match" the best medication for your depression, sometimes it takes a little "trial and error" to find the best choice. If you or a close family member has done well on a particular medication in the past, that can be a good predictor of success again.

Always follow the directions of the doctor or health care provider when taking medication. You will need to take one or more regular doses of an antidepressant every day, and it may not take full effect for a few weeks. To avoid having depression return, most people continue taking medication for some months after they are feeling better. If your depression is long-lasting or comes back repeatedly, you may need to take antidepressants longer.

Although all antidepressants can cause side effects, some are more likely to cause certain side effects than others. Tell your doctor if you are often "sensitive" to medication; starting with a low dose and increasing it slowly to a full therapeutic level is the best way to minimize adverse effects. You may need to try more than one antidepressant medicine before finding the one that improves your symptoms without causing side effects that are difficult to live with.

Q: WHAT ELSE CAN I DO?

A: Besides seeing a doctor and a counselor, you can also help your depression by being patient with yourself and good to yourself. Don't expect to get better immediately, but you will feel yourself improving gradually over timeDaily exercise, spending time outside in nature and in the sun, and eating healthy foods can also help you feel better.

Get enough sleep. Try to have consistent sleep habits and avoid all-night study sessions.

Your counselor may teach you how to be aware of your feelings and teach you relaxation techniques. Use these when you start feeling down or upset.

Avoid using drugs and at least minimize, if not totally avoid, alcohol.

Break up large tasks into small ones, and do what you can as you can; try not to do too many things at once. Try to spend time with supportive family members or friends, and take advantage of campus resources, such as student support groups. Talking with your parents, guardian, or other students who listen and care about

you gives you support.

Try to get out with friends and try fun things that help you express yourself. As you recover from depression, you may find that even if you don't feel like going out with friends, if you push yourself to do so, you'll be able to enjoy yourself more than you thought.

Remember that, by treating your depression, you are helping yourself succeed in college and after graduation.

Q: WHAT ARE THE WARNING SIGNS FOR SUICIDE?

A: Depression is also a major risk factor for suicide. The following are some of the signs you might notice in yourself or a friend that may be reason for concern.

Talking about wanting to die or to kill oneself

Looking for a way to kill oneself, such as searching online or buying a gun

Talking about feeling hopeless or having no reason to live

Talking about feeling trapped or in unbearable pain

Talking about being a burden to others and that others would be better off if one was gone

Increasing the use of alcohol or drugs

Acting anxious or agitated; behaving recklessly

Giving away prized possessions

Sleeping too little or too much

Withdrawing or feeling isolated

Showing rage or talking about seeking revenge

Displaying extreme mood swings

Q: WHAT SHOULD I DO IF I AM CONSIDERING SUICIDE?

A: If you are in crisis and need help please Contact The Mind Care India http://www.mindcareindia.com. You will reach the National Suicide Prevention Lifeline, a service available to anyone. You may call for yourself or for someone you care about, and all calls are confidential. You can also visit the Lifeline's website at http://www.mindcareindia.com.

Q: WHAT SHOULD I DO IF SOMEONE I KNOW IS CONSIDERING SUICIDE?

A: If you know someone who is considering suicide, do not leave him or her alone. Try to get your friend or loved one to seek immediate help from his or her doctor, campus security, the student health service, or the nearest hospital emergency room, or call 911. Remove any access he or she may have to firearms or other potential tools for suicide, including medications. You can also call to seek help as soon as possible by calling the Lifeline at +91 9445670257.

Q: WHERE CAN I LEARN MORE ABOUT DEPRESSION AND OTHER MENTAL HEALTH ISSUES?

A: The Mind Care India

http://www.mindcareindia.com provides information about various mental health disorders and mental health issues. On the website, you can also learn about the latest mental health research and news. The website is mobile-friendly. This means you can access the NIMH website anywhere, anytime, and on any device—from desktop computers to tablets and mobile phones.

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RELATIONSHIP COUNSELING

Introduction

A romantic relationship is one of the closest and intimate relationship that we have as humans. Choosing a partner and staying together through all the odds of life and through all the life's twists and turns is rarely simple. When we choose to get married and raise a family together, there comes many surprising things that adds to the complexity.

When this intimacy and relationship begins to falter, our health and happiness often suffers. While for many of us our first instinct is to try and work through problems alone.

When it does not work out, one route you may choose to go down is couples counselling – a form of talk therapy designed for those in a relationship.

What is Relationship counseling?

Relationship counseling also termed as marriage counseling or couple counseling aims at improving communication and resolve issues in intimate relationships. One has to remember that in such couples counseling you will not be told what to do. A relationship counselor does not offer their personal opinion to your problems. The role of the relationship counselor is to facilitate change by helping both the partner to communicate more effectively and reach your own conclusions.

If you are nervous about discussing private matters with a stranger, keep in mind that your counsellor is not there to criticise you; your counselling sessions should be a space free of judgement where you can explore your actions openly.

Common relationship problems

There are many different concerns that may bring one to couples counselling, ranging from a lack of communication right through to a betrayal or affair. Some common issues that can be explored through couples counselling include:

lack of trust

betrayal or affair

jealousy

lack of communication

financial issues

work-related stress

different sexual needs or other sexual issues

family conflicts

different goals and values

different parenting styles

This list is not exhaustive and every situation is unique. Whatever the concern is however, getting professional help is always a helpful step forward.

When is the right time to get help?

Every couple is different and hence it depends on the nature of the issue they are facing. If you are concerned about your relationship (for whatever reason) and feel you are unable to reach a conclusion on your own, you will benefit from couples counselling.

Instead of seeing couples counseling as the 'last resort' to save a marriage, you can choose couples counseling before things get worse. Many couples use the therapy sessions as a way to keep their relationships healthy and to address any underlying issues that might cause conflict in the future.

Dr. Lakshmi T Rajan

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INTERNET ADDICTION DISORDER

Introduction

Addiction to the internet is the most threatening issue in India. 53% of total population of India is addicted to the Internet as per a research survey. This is higher than the global addiction population which is only 51%. Continuous advancement in technology has made internet accessible to people of all classes. The most common websites accessed among the internet users are the social networking sites, blogs, chat sites, online shopping sites etc.

Internet Addiction Disorder (IAD) is a term that is commonly used to describe people with excessive use of the internet when it hinders the daily activities of life. IAD is officially recognized as a clinical disorder.

TYPES OF ADDICTION

IAD covers a variety of compulsive activities that uses the internet.

1. GAMING ADDICTION

Many school and college students are addicted to this type of IAD. Individuals getting addicted to this type have a compulsive thought to play online games and it becomes uncontrollable that their real life gets neglected.

2. SPENDING ADDICTION

Online shopping is a habit that gets out of control. Shopping addicts tend to buy things that are of no use to them. In order to experience a feeling of owning something new or winning a high placing bid these people get addicted to online shopping. Such people actually do not know how much they spend online.

4. CYBERSEX AND PORNOGRAPHY

Since the internet is a great way of escaping reality, people spending more time in the internet engage in cybersex, view pornography, spend time in adult chat rooms etc Such indulgence will put an end to their real life relationships, as well as it affects their career and emotional well being.

SYMPTOMS OF IAD

Internet usage becomes a problem only when it hinders the daily activities of life. It becomes a serious problem only when the individual is out of real life.

There are various symptoms of IAD. Below are given some general symptoms or indicators which can people can be aware of –

Losing track of time – Most people addicted to internet feel that they are unable to keep a track of time when they are online and spend more time compared to actually what they intended.

Social isolation – Many people with IAD feel that people in virtual life understand them more than any real life person can. Therefore they face a stained real life relationship which ultimately isolates them.

Stress relief – If people use the internet for stress relief purposes or for sexual gratification then there might be a serious underlying issue.

Guilt feeling – If any person addicted to the internet feels guilty about the amount of spent over the internet, it is time to get professional help

Physical symptoms – Apart from all the emotional and mental aspects of IAD discussed above, there are physical symptoms also like poor eye sight, back ache, neck pain, head aches, sleep disorders, weight gain or weight loss etc.,

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IAD can cause affect the individual in physical, mental and emotional planes as well.

CAUSES OF IAD

Escapism is the most important cause of IAD. People who do not want to face their real life problems try to get some pleasure from virtual life. They use the internet as an outlet for their negative feelings as it can provide temporary comfort, company as well as relationship.

IAD HELP

Counseling and psychotherapy is a safe and confidential way of exploring the addiction and the effects it has on the physical and mental health. Yoga therapy added with counseling can help patients with IAD to a greater extent.

WHERE CAN I GO FOR HELP?

No 3/216 Balaraman Garden Road
Near to Ramapuram Signal
Opp to Miot Hospital
Manapakkam, Chennai.
+91 9445670257
+91 8072469596
talk2mmf@gmail.com
visit www.mindcareindia.com

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SCHIZOPHRENIA

Introduction

Schizophrenia is a chronic and severe disorder that affects how a person thinks, feels, and acts. Although schizophrenia is not as common as other mental disorders, it can be very disabling. Approximately 7 or 8 individuals out of 1,000 will have schizophrenia in their lifetime.

People with the disorder may hear voices or see things that aren't there. They may believe other people are reading their minds, controlling their thoughts, or plotting to harm them. This can be scary and upsetting to people with the illness and make them withdrawn or extremely agitated. It can also be scary and upsetting to the people around them.

People with schizophrenia may sometimes talk about strange or unusual ideas, which can make it difficult to carry on a conversation. They may sit for hours without moving or talking. Sometimes people with schizophrenia seem perfectly fine until they talk about what they are really thinking.

Families and society are impacted by schizophrenia too. Many people with schizophrenia have difficulty holding a job or caring for themselves, so they may rely on others for help. Stigmatizing attitudes and beliefs about schizophrenia are common and sometimes interfere with people's willingness to talk about and get treatment for the disorder

People with schizophrenia may cope with symptoms throughout their lives, but treatment helps many to recover and pursue their life goals. Researchers are developing more effective treatments and using new research tools to understand the causes of schizophrenia. In the years to come, this work may help prevent and better treat the illness.

WHAT ARE THE SYMPTOMS OF SCHIZOPHRENIA?

The symptoms of schizophrenia fall into three broad categories: positive, negative, and cognitive symptoms.

POSITIVE SYMPTOMS

Positive symptoms are psychotic behaviors not generally seen in healthy people. People with positive symptoms may "lose touch" with some aspects of reality. For some people, these symptoms come and go. For others, they stay stable over time. Sometimes they are severe, and at other times hardly noticeable. The severity of positive symptoms may depend on whether the individual is receiving treatment. Positive symptoms include the following:

Hallucinations are sensory experiences that occur in the absence of a stimulus. These can occur in any of the five senses (vision, hearing, smell, taste, or touch). "Voices" (auditory hallucinations) are the most common type of hallucination in schizophrenia. Many people with the disorder hear voices. The voices can either be internal, seeming to come from within one's own mind, or they can be external, in which case they can seem to be as real as another person speaking. The voices may talk to the person about his or her behavior, command the person to do things, or warn the person of danger. Sometimes the voices talk to each other, and sometimes people with schizophrenia talk to the voices that they hear. People with schizophrenia may hear voices for a long time before family and friends notice the problem.

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Other types of hallucinations include seeing people or objects that are not there, smelling odors that no one else detects, and feeling things like invisible fingers touching their bodies when no one is near.

Delusions are strongly held false beliefs that are not consistent with the person's culture. Delusions persist even when there is evidence that the beliefs are not true or logical. People with schizophrenia can have delusions that seem bizarre, such as believing that neighbors can control their behavior with magnetic waves. They may also believe that people on television are directing special messages to them, or that radio stations are broadcasting their thoughts aloud to others. These are called "delusions of reference."

Sometimes they believe they are someone else, such as a famous historical figure. They may have paranoid delusions and believe that others are trying to harm them, such as by cheating, harassing, poisoning, spying on, or plotting against them or the people they care about. These beliefs are called "persecutory delusions."
Thought disorders are unusual or dysfunctional ways of thinking. One form is called "disorganized thinking." This is when a person has trouble organizing his or her thoughts or connecting them logically. He or she may talk in a garbled way that is hard to understand. This is often called "word salad."
Another form is called "thought blocking." This is when a person stops speaking abruptly in the middle of a thought. When asked why he or she stopped talking, the person may say that it felt as if the thought had been taken out of his or her head. Finally, a person with a thought disorder might make up meaningless words, or "neologisms."

Movement disorders may appear as agitated body movements. A person with a movement disorder may repeat certain motions over and over. In the other extreme, a person may become catatonic. Catatonia is a state in which a person does not move and does not respond to others. Catatonia is rare today, but it was more common when treatment for schizophrenia was not available.

NEGATIVE SYMPTOMS

Negative symptoms are associated with disruptions to normal emotions and behaviors. These symptoms are harder to recognize as part of the disorder and can be mistaken for depression or other conditions. These symptoms include the following:

"Flat affect" (reduced expression of emotions via facial expression or voice tone)

Reduced feelings of pleasure in everyday life

Difficulty beginning and sustaining activities

Reduced speaking

People with negative symptoms may need help with everyday tasks. They may neglect basic personal hygiene.

This may make them seem lazy or unwilling to help themselves, but the problems are symptoms caused by schizophrenia.

COGNITIVE SYMPTOMS

For some people, the cognitive symptoms of schizophrenia are subtle, but for others, they are more severe and patients may notice changes in their memory or other aspects of thinking. Similar to negative symptoms, cognitive symptoms may be difficult to recognize as part of the disorder. Often, they are detected only when specific tests are performed. Cognitive symptoms include the following:

Poor "executive functioning" (the ability to understand information and use it to make decisions)
Trouble focusing or paying attention
Problems with "working memory" (the ability to use information immediately after learning it)
Poor cognition is related to worse employment and social outcomes and can be distressing to individuals with schizophrenia.

WHEN DOES SCHIZOPHRENIA START, AND WHO GETS IT?

Schizophrenia affects slightly more males than females. It occurs in all ethnic groups around the world. Symptoms such as hallucinations and delusions usually start between ages 16 and 30. Males tend to experience symptoms a little earlier than females. Most commonly, schizophrenia occurs in late adolescence and early adulthood. It is uncommon to be diagnosed with schizophrenia after age 45. Schizophrenia rarely occurs in children, but awareness of childhood-onset schizophrenia is increasing.

It can be difficult to diagnose schizophrenia in teens. This is because the first signs can include a change of friends, a drop in grades, sleep problems, and irritability—behaviors that are common among teens. A combination of factors can predict schizophrenia in up to 80 percent of youth who are at high risk of developing the illness. These factors include isolating oneself and withdrawing from others, an increase in unusual thoughts and suspicions, and a family history of psychosis. This pre-psychotic stage of the disorder is called the "prodromal" period.

ARE PEOPLE WITH SCHIZOPHRENIA VIOLENT?

Most people with schizophrenia are not violent. In fact, most violent crimes are not committed by people with schizophrenia. People with schizophrenia are much more likely to harm themselves than others. Substance abuse may increase the chance a person will become violent. The risk of violence is greatest when psychosis is untreated and decreases substantially when treatment is in place.

SCHIZOPHRENIA AND SUICIDE

Suicidal thoughts and behaviors are very common among people with schizophrenia. People with schizophrenia die earlier than people without a mental illness, partly because of the increased suicide risk. It is hard to predict which people with schizophrenia are more likely to die by suicide, but actively treating any co-existing depressive symptoms and substance abuse may reduce suicide risk. People who take their antipsychotic medications as prescribed are less likely to attempt suicide than those who do not. If someone you know is talking about or has attempted suicide, help him or her find professional help right away

SCHIZOPHRENIA AND SUBSTANCE USE DISORDERS

Substance use disorders occur when frequent use of alcohol and/or drugs interferes with a person's health, family, work, school, and social life. Substance use is the most common co-occurring disorder in people with schizophrenia, and the complex relationships between substance use disorders and schizophrenia have been extensively studied. Substance use disorders can make treatment for schizophrenia less effective, and individuals are also less likely to engage in treatment for their mental illness if they are abusing substances. It is commonly believed that people with schizophrenia who also abuse substances are trying to "self-medicate" their symptoms, but there is little

evidence that people begin to abuse substances in response to symptoms or that abusing substances reduces symptoms.

Nicotine is the most common drug abused by people with schizophrenia. People with schizophrenia are much more likely to smoke than people without a mental illness, and researchers are exploring whether there is a biological basis for this. There is some evidence that nicotine may temporarily alleviate a subset of the cognitive deficits commonly observed in schizophrenia, but these benefits are outweighed by the detrimental effects of smoking on other aspects of cognition and general health. Bupropion has been found to be effective for smoking cessation in people with schizophrenia. Most studies find that reducing or stopping smoking does not make schizophrenia symptoms worse.

Cannabis (marijuana) is also frequently abused by people with schizophrenia, which can worsen health outcomes. Heavy cannabis use is associated with more severe and earlier onset of schizophrenia symptoms, but research has not yet definitively determined whether cannabis directly causes schizophrenia.

Drug abuse can increase rates of other medical illnesses (such as hepatitis, heart disease, and infectious disease) as well as suicide, trauma, and homelessness in people with schizophrenia.

It is generally understood that schizophrenia and substance use disorders have strong genetic risk factors. While substance use disorder and a family history of psychosis have individually been identified as risk factors for schizophrenia, it is less well understood if and how these factors are related.

When people have both schizophrenia and a substance abuse disorder, their best chance for recovery is a treatment program that integrates the schizophrenia and substance abuse treatment.

WHAT CAUSES SCHIZOPHRENIA?

Research has identified several factors that contribute to the risk of developing schizophrenia.

GENES AND ENVIRONMENT

Scientists have long known that schizophrenia sometimes runs in families. The illness occurs in less than 1 percent of the general population, but it occurs in 10 percent of people who have a first-degree relative with the disorder, such as a parent, brother, or sister. People who have second-degree relatives (aunts, uncles, grandparents, or cousins) with the disease also develop schizophrenia more often than the general population. The risk is highest for an identical twin of a person with schizophrenia. He or she has a 40 to 65 percent chance of developing the disorder. Although these genetic relationships are strong, there are many people who have schizophrenia who don't have a family member with the disorder and, conversely, many people with one or more family members with the disorder who do not develop it themselves.

Scientists believe that many different genes contribute to an increased risk of schizophrenia, but that no single gene causes the disorder by itself. In fact, recent research has found that people with schizophrenia tend to have higher rates of rare genetic mutations. These genetic differences involve hundreds of different genes and probably disrupt brain development in diverse and subtle ways.

Research into various genes that are related to schizophrenia is ongoing, so it is not yet possible to use genetic information to predict who will develop the disease. Despite this, tests that scan a person's genes can be bought without a prescription or a health professional's advice. Ads for the tests suggest that with a saliva sample, a company can determine if a client is at risk for developing specific diseases, including schizophrenia. However, scientists don't yet know all of the gene variations that contribute to schizophrenia and those that are known raise the risk only by very small amounts. Therefore, these "genome scans" are unlikely to provide a complete picture of a person's risk for developing a mental disorder like schizophrenia.

In addition, it certainly takes more than genes to cause the disorder. Scientists think that interactions between genes and aspects of the individual's environment are necessary for schizophrenia to develop. Many environmental factors may be involved, such as exposure to viruses or malnutrition before birth, problems during birth, and other, not yet known, psychosocial factors.

DIFFERENT BRAIN CHEMISTRY AND STRUCTURE

Scientists think that an imbalance in the complex, interrelated chemical reactions of the brain involving the neurotransmitters dopamine and glutamate, and possibly others, plays a role in schizophrenia. Neurotransmitters are substances that brain cells use to communicate with each other. Scientists are learning more about how brain chemistry is related to schizophrenia.

The brains of people with the illness also tend to have less gray matter, and some areas of the brain may have less or more activity.

These differences are observed when brain scans from a group of people with schizophrenia are compared with those from a group of people without schizophrenia. However, the differences are not large enough to identify individuals with the disorder and are not currently used to diagnose schizophrenia.

Studies of brain tissue after death also have revealed differences in the brains of people with schizophrenia. Scientists have found small changes in the location or structure of brain cells that are formed before birth. Some experts think problems during brain development before birth may lead to faulty connections. The problem may not show up in a person until puberty. The brain undergoes major changes during puberty, and these changes could trigger psychotic symptoms in people who are vulnerable due to genetics or brain differences.

Scientists have learned a lot about schizophrenia, but more research is needed to help explain how it develops.

HOW IS SCHIZOPHRENIA TREATED?

Because the causes of schizophrenia are still unknown, treatments focus on eliminating the symptoms of the disease. Treatments include antipsychotic medications and various psychosocial treatments. Research on "coordinated specialty care," where a case manager, the patient, and a medication and psychosocial treatment team work together, has shown promising results for recovery.

ANTIPSYCHOTIC MEDICATIONS

Antipsychotic medications have been available since the mid-1950s. The older types are called conventional or typical antipsychotics.

In the 1990s, new antipsychotic medications were developed. These new medications are called second-generation or atypical antipsychotics.

WHAT ARE THE SIDE EFFECTS?

Some people have side effects when they start taking medications. Most side effects go away after a few days. Others are persistent but can often be managed successfully. People who are taking antipsychotic medications should not drive until they adjust to their new medication. Side effects of many antipsychotics include:

Drowsiness
Dizziness when changing positions
Blurred vision
Rapid heartbeat
Sensitivity to the sun
Skin rashes
Menstrual problems for women

Atypical antipsychotic medications can cause major weight gain and changes in a person's metabolism. This may increase a person's risk of getting diabetes and high cholesterol. A doctor should monitor a person's weight, glucose levels, and lipid levels regularly while the individual is taking an atypical antipsychotic medication.

Typical antipsychotic medications can cause side effects related to physical movement, such as:

Rigidity
Persistent muscle spasms
Tremors
Restlessness

Doctors and individuals should work together to choose the right medication, medication dose, and treatment plan, which should be based on a person's individual needs and medical situation.

Long-term use of typical antipsychotic medications may lead to a condition called tardive dyskinesia (TD). TD causes muscle movements a person can't control. The movements commonly happen around the mouth. TD can range from mild to severe, and in some people the problem cannot be cured. Sometimes people with TD recover partially or fully after they stop taking the medication.

TD happens to fewer people who take the atypical antipsychotics, but some people may still get TD. People who think that they might have TD should check with their doctor before stopping their medication.

HOW ARE ANTIPSYCHOTIC MEDICATIONS TAKEN, AND HOW DO PEOPLE RESPOND TO THEM?

Antipsychotic medications are usually taken daily in pill or liquid form. Some antipsychotics are injections that are given once or twice a month.

Symptoms of schizophrenia, such as feeling agitated and having hallucinations, usually improve within days after starting antipsychotic treatment. Symptoms like delusions usually improve within a few weeks. After about 6 weeks, many people will experience

improvement in their symptoms. Some people will continue to have some symptoms, but usually medication helps to keep the symptoms from getting very intense.

However, people respond in different ways to antipsychotic medications, and no one can tell beforehand how a person will respond. Sometimes a person needs to try several medications before finding the right one. Doctors and patients can work together to find the best medication or medication combination, as well as the right dose.

Most people will have one or more periods of relapse —their symptoms come back or get worse. Usually, relapses happen when people stop taking their medication or when they take it less often than prescribed.

Some people stop taking the medication because they feel better or they may feel they don't need it anymore. But no one should stop taking an antipsychotic medication without first talking to his or her doctor. Medication should be gradually tapered off, never stopped suddenly.

HOW DO ANTIPSYCHOTIC MEDICATIONS INTERACT WITH OTHER MEDICATIONS?

Antipsychotic medications can produce unpleasant or dangerous side effects when taken with certain other medications. For this reason, all doctors treating a patient need to be aware of all the medications that person is taking. Doctors need to know about prescription and over-the-counter medicine, vitamins, minerals, and herbal supplements. People also need to discuss any alcohol or street drug use with their doctor.

PSYCHOSOCIAL TREATMENTS

Psychosocial treatments can help people with schizophrenia who are already stabilized. Psychosocial treatments help individuals deal with the everyday challenges of their illness, such as difficulty with communication, work, and forming and keeping relationships. Learning and using coping skills to address these problems helps people with schizophrenia to pursue their life goals, such as attending school or work. Individuals who participate in regular psychosocial treatment are less likely to have relapses or be hospitalized.

ILLNESS MANAGEMENT SKILLS

People with schizophrenia can take an active role in managing their own illness. Once they learn basic facts about schizophrenia and its treatment, they can make informed decisions about their care. If they know how to watch for the early warning signs of relapse and make a plan to respond, patients can learn to prevent relapses. Patients can also use coping skills to deal with persistent symptoms.

REHABILITATION

Rehabilitation emphasizes social and vocational training to help people with schizophrenia participate fully in their communities. Because schizophrenia usually develops during the critical career-development years (ages 18 to 35), the career and life trajectories for individuals with schizophrenia are usually interrupted and they need to learn new skills to get their work life back on track. Rehabilitation programs can include employment services, money management counseling, and skills training to maintain positive relationships.

FAMILY EDUCATION AND SUPPORT

Family education and support teaches relatives or interested individuals about schizophrenia and its treatment and strengthens their capacity to aid in their loved one's recovery.

COGNITIVE BEHAVIORAL THERAPY

Cognitive behavioral therapy (CBT) is a type of psychotherapy that focuses on changing unhelpful patterns of thinking and behavior. The CBT therapist teaches people with schizophrenia how to test the reality of their thoughts and perceptions, how to "not listen" to their voices, and how to manage their symptoms overall. CBT can help reduce the severity of symptoms and reduce the risk of relapse. CBT can be delivered individually or in groups.

HOW CAN YOU HELP A PERSON WITH SCHIZOPHRENIA?

Family and friends can help their loved one with schizophrenia by supporting their engagement in treatment and pursuit of their recovery goals. Positive communication approaches will be most helpful. It can be difficult to know how to respond to someone with schizophrenia who makes strange or clearly false statements. Remember that these beliefs or hallucinations seem very real to the person. It is not helpful to say they are wrong or imaginary. But going along with the delusions is not helpful, either. Instead, calmly say that you see things differently. Tell them that you acknowledge that everyone has the right to see things his or her own way. In addition, it is important to understand that schizophrenia is a biological illness. Being respectful, supportive, and kind without tolerating dangerous or inappropriate behavior is the best way to approach people with this disorder.

WHERE DO I GO FOR HELP?

If you're not sure where to get help, Please Call +91 9445670257

FOR MORE INFORMATION

Mind Care India

No 3/216 Balaraman Garden Road

Near to Ramapuram Signal,

Opp to Miot Hospital,

Manapakkam,

Chennai.

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Referance

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Persistent physical symptoms, such as muscle pain or headaches

Not everyone who is depressed experiences every symptom. Some people experience only a few symptoms. Some people have many. If any of these symptoms is interfering with your functioning—or if you are having thoughts that life is not worth living or ideas of harming yourself—you should seek help immediately; it is not necessary to wait 2 weeks

Q: WHAT ARE "CO-OCCURRING" DISORDERS?A: Depression can occur at the same time as other health problems, such as anxiety, an eating disorder, or substance abuse. It can also co-occur with other medical conditions, such as diabetes or thyroid imbalance. Certain medications—for example, those for the treatment of severe acne—may cause side effects that contribute to depression; although some women are very sensitive to hormonal changes, modern birth control pills are not associated with depression for most users.

Q: IF I THINK I MAY HAVE DEPRESSION, WHERE CAN I GET HELP?

A: If you have symptoms of depression that are getting in the way of your ability to function with your studies and your social life, ask for help. Depression can get better with care and treatment. Don't wait for depression to go away by itself or think you can manage it all on your own, and don't ignore how you're feeling just because you think you can "explain" it. As a college student, you're busy—but you need to make time to get help. If you don't ask for help, depression may get worse and contribute to other health problems, while robbing you of the academic and social enjoyment and success that brought you to college in the first place. It can also lead to "self-medication" with high-risk behaviors with their own serious consequences, such as binge drinking and other substance abuse and having unsafe sex.

Most colleges provide mental health services through counseling centers, student health centers, or both. Check out your college website for information. If you think you might have depression, start by making an appointment with a doctor or health care provider for a checkup. This can be a doctor or health care provider at your college's student health services center, a doctor who is off-campus in your college town, or a doctor in your hometown. Your doctor can make sure that you do not have another health problem that is causing your depression.

If your doctor finds that you do not have another health problem, he or she can discuss treatment options or refer you to a mental health professional, such as a psychiatrist, counselor, or psychologist. A mental health professional can give you a thorough evaluation and also treat your depression.

If you have thoughts of wishing you were dead or of suicide, call a helpline, such as +91 9962826333, for free 24-hour help.

Q: HOW IS DEPRESSION TREATED?

A: Effective treatments for depression include talk therapy (also called psychotherapy), personalized for your situation, or a combination of talk therapy and medication. Early treatment is best.

Individual membership

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Five-year membership

Member can submit unsolicited number of articles to any of the MCJMH journals
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