Thinking differently about mental health

Students discuss dealing with depression, importance of accessing help

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"Depression hits most in the morning as I struggle to fight the exhaustion to physically get myself out of bed," senior Paige Ogawa said. "It’s the most prevalent mental ailment I have. Since she was nine years old, Ogawa has battled clinical depression and anxiety—mental illnesses she likes to daily "fight against her own body." Junior Amanda Park (name has been changed) has had similar experiences with her own depression, which led her to associate herself with an addiction.

"I've become so fearful that I feel like I've become imprisoned in my fear," Park said. According to school psychologist Samantha Rastegar, common symptoms of depression include changes in sleep patterns and appetite, difficulty focusing, crying spells and feelings of hopelessness or emptiness. Ogawa has additionally suffered from chronic fatigue and nausea, while Park has experienced insomnia and feelings of alienation.

"I feel out of place, like I don't belong. I want to go home but I don't know where home is," Park said. For both students, the anguish can be overwhelming.

"The mental pain gradually fills the person until it is completely consumed," Ogawa said. "It's like a feeling of hopelessness or despair that consumes you." Both Ogawa and Park attribute the origins of their depression to genetics but believe they have experienced more than their peers. "My family has a history of mental illness and I believe that predisposes me," Ogawa said. "However, I believe that the desire to be a well-rounded individual creates a high-stress environment that contributes to the severity of my illness."

In like manner, many of Park's peers are trauma-based. "Sometimes around elementary school, a huge wave of death surrounded me in my church, school and community," she said. Park found it hard to sleep for 11 years old creating a paranoia filled world of anxiety she did not want to die. A natural sensitivity to failure also contributed to the beginnings of her condition.

"Every time I messed up, I felt I needed to punish myself because no one else was going to," she said. "I thought, I need to feel pain right now. I wanted to feel forgiven."

According to Adolescent Counseling Services (ACS) Coordinator Pamela Garfield, students in Palo Alto often suffer from several common themes. Both the pursuit of perfectionism and the sacrifices of immigrant parents place unique pressure on students to succeed. "Parents in other areas (don't) spend millions of dollars on housing or make huge sacrifices so their kids could go specifically to this school," Garfield said. "We've often told students, even those you think are doing well are often struggling underneath."

"The worst effects of depression are cyclic. When it's good, I feel normal, like I'm not struggling with this illness," Park said. "I feel like I'm happy. But people can't express it out."

"This can be triggered at random. Both Ogawa and Garfield cite triggering depression of death and suicides, or reminders of responsibilities or the individuals' existing depression.

According to Rastegar, a primary objective of therapy is to become more mindful of one's illness and to develop personalized coping skills. ACS, a social services agency, frequently involves multiple therapists in each student case. "We meet weekly to discuss the cases in depth, to make sure we are all doing the right things," Garfield said.

Though ACS has found ACS invaluable in her mental self-care, Garfield consistently pushes students to also seek outside counseling. "The truth is, [ACS] is meant for the interim," she said. "We end up getting into a lot of deep stuff but the doing of it has to come through a moment, get through a day or provide you with insight so it can get better in the future." Park believes that empathy is key. "You need to get to know the therapist over time," she said. "Then the advice starts, after they know your story."

For this reason, Park personally found fault in the recently instituted "Bereaved [Friend]" box. "I was not interested in emotionally draining," she said. "I don't always know why I'm upset and sometimes, I don't feel ready to talk about it."

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

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

"In the case that an adult response incorrectly, students are advised to find another trusted staff member. Rastegar also advises students to take care of their own needs. It's a lot to handle, thinking that you need to save your friend," she said. "It's okay to say, Have you ever thought about talking to someone?"

"It doesn't mean you're abandoning them."

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

Ogawa also feels that the physical toll of mental illness is often underestimated.

"Those without [depression] don't ever understand the internal war that one undergoes and the strength it takes to fight each day," she said. Ogawa agrees with Garfield at that much of the confusion and stigma regarding mental illness is due to it's invisibility. "We don't see it, like a broken leg," she said.

"It's important to demystify the shame."

Finally, Ogawa and Park encourage students struggling with depression to actively seek recovery and to stay honest about their boundaries. "In terms of treatment, it consists in terms of daily life, my new things," Park said. Ogawa finds that physical activity is important for relaxation. "During periods of high stress, anxiety or depression, I try to engage in lower intensity activities purely for fun," she said. On the other hand, Park suggests placing all tools for self-harm into a box. A free student service is offered.

"Our religion has also helped her turn away from suicidal thoughts. It's a place I feel at home, a feeling that has been lost for so long," she said.

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