PREVALENCE OF DEPRESSION & ANXIETY

- In 2015, an estimated 16.1 million adults aged 18 or older in the United States had at least one major depressive episode in the past year
- Represents 6.7% of all U.S. adults (SAMHSA, 2015) in any given year

- The estimated lifetime prevalence of any anxiety disorder is over 15%
- 12-month prevalence is more than 10% (Kessler et al., 2009)

- UC Graduate Student Well-Being Survey (2016)
  - Over one-third (35%, n=1,782) of respondents reported symptoms indicative of clinical depression, representing about 16,000 graduate students total

DISCUSSION POINTS

- Prevalence of depression and anxiety
- Recognizing warning signs
- What to do in crisis situations
- Obtaining help

GENERAL WARNING SIGNS

- Depressed mood most of the day, nearly every day
- Loss of interest or pleasure in fun activities
- Weight loss (when not dieting) or gain; decrease or increase in appetite
- Insomnia or Hypersomnia
- Feeling agitation or sluggishness
- Feeling fatigue or low energy
- Feelings of worthlessness or excessive or inappropriate guilt
- Difficulty with thinking, concentrating, or indecisiveness
- Thoughts of death or suicidal ideation (American Psychiatric Association, 2013)

WARNING SIGNS

- Depressed mood most of the day, nearly every day
- Loss of interest or pleasure in fun activities
- Weight loss (when not dieting) or gain; decrease or increase in appetite
- Insomnia or Hypersomnia
- Feeling agitation or sluggishness
- Feeling fatigue or low energy
- Feelings of worthlessness or excessive or inappropriate guilt
- Difficulty with thinking, concentrating, or indecisiveness
- Thoughts of death or suicidal ideation (American Psychiatric Association, 2013)
**GENERAL WARNING SIGNS**

- Excessive worry with no specific source
- Exaggerated startle reflex
- Inability to sleep due to worrying
- Difficulty concentrating
- Trouble controlling worrying thoughts
- Being easily fatigued
- Muscle tension
- Feeling that things will always end badly
- Always feeling on edge

(American Psychiatric Association, 2013)

**CATEGORICAL WARNING SIGNS**

- **Behavioral Symptoms:**
  - Isolating from others, using more alcohol or other substances, teeth clenching,
- **Physical Symptoms:**
  - Headaches, g/i distress, neck and back aches,
- **Emotional Symptoms:**
  - Feeling sad, weepiness, feeling irritable and angry, feeling numb, loss of enjoyment in pleasurable activities

**WHAT ARE YOUR WARNING SYMPTOMS?**

<table>
<thead>
<tr>
<th>Level 1: On-track</th>
<th>Level 2: Struggling</th>
<th>Level 3: Could use assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>No symptoms</td>
<td>Symptoms indicating you are having difficulty coping</td>
<td>Symptoms really bothering you</td>
</tr>
</tbody>
</table>

**DEEP BREATHING**

- Just notice your breath
- Breathe in through your nose and out through your mouth
- Breathe in for a count of four, hold; and exhale for a count of four

**SUICIDE WARNING SIGNS**

**Talk**
- Ranting, raves about death and dying, routines, or suicide
- Feeling trapped
- Expressing intent to hurt or kill self
- Making a suicide plan
- Seeking means of suicide

**Behavior**
- Increased use of alcohol or drugs
- Inefficiency, appetite, and energy changes
- Significant weight gain or loss
- Acting impulsively
- Withdrawing from activities
- Isolating from family and friends
- Struggling too much or too little
- Having or seeking people to say goodbye
- Giving away loved possessions
- Aggression

**Mood**
- People who are contemplating suicide may display the following moods:
  - Depression
  - Loss of interest
  - Rage
  - Irritability
  - Humiliation
  - Anxiety
WORRIED ABOUT SOMEONE?

- Have an honest conversation
- If you think someone is thinking about suicide, assume you are the only one who will reach out
- How to talk to someone who may be struggling with their mental health:
  - Talk to them in private
  - Listen to their story
  - Tell them you care about them
  - Ask directly if they are thinking about suicide
  - Encourage them to seek treatment or to contact their doctor or therapist
  - Avoid debating the value of life, minimizing their problems or giving advice

WHAT TO DO IN A CRISIS

- If a person says they are considering suicide
  - Take the person seriously
  - Stay with them
  - Help them remove lethal means
  - Call the National Suicide Prevention Lifeline: 1-800-273-8255
  - Text TALK to 741741 to text with a trained crisis counselor from the Crisis Text Line for free, 24/7
  - Escort them to mental health services or an emergency room

WHAT TO DO IN A CRISIS (CONTINUED)

- LIFE THREATENING EMERGENCY: CALL 9-1-1 OR GO TO YOUR NEAREST HOSPITAL EMERGENCY ROOM
- DGSOM Medical and Graduate Student Crisis Resources
  - Please refer to UCLA CAPS “Are you in a Crisis” resource page: http://www.counseling.ucla.edu/Services/Are-you-in-a-Crisis
- DGSOM Residents/Fellows/Medical and Graduate Student Crisis Resources
  - National Suicide Prevention Lifeline: 1-800-273-TALK (8255) or chat online
  - Crisis Text Line (24 hours): Text 741-741 from anywhere in the USA, anytime, about any type of crisis
  - Ronald Reagan UCLA Medical Center
    - Main Line: (310) 825-9111
    - Emergency Department: (310) 825-2111
  - Los Angeles Suicide Prevention Center
    - 24 hour Hotline: (310) 391-1253
  - Los Angeles County Psychiatric Emergency Team
    - (800) 854-7771
  - CA Medical Association Confidential Hotline for Substance Abuse or Psychological Problems
    - (213) 996-3000

OBTAINING HELP

- Behavioral Wellness Center & DGSOM MISSION
  - Commitment
    - The DGSOM Dean’s office is committed to ensuring that medical students, DGSOM graduate students, residents and fellows have mental health services while in training
  - Resources
    - Graduate education and medical training can be stressful, therefore trainees can benefit from resources
  - Team
    - Behavioral Wellness Center (BWC) will provide students with a team including, psychiatrists, psychologists and a social worker
  - Accessibility
    - We are located in the Center for Health Sciences, and have clinicians available for early morning, daytime and evening sessions

BEHAVIORAL WELLNESS CENTER (BWC) SERVICES PROVIDED

- Psychiatric consultation
- Short-term individual psychotherapy
- Information about community based services and resources
- Group therapy (coming soon)
- Services rendered through Behavioral Wellness Center (BWC) are covered by insurance and co-pays have been waived
WHAT TO EXPECT

- Student calls Behavioral Wellness Center (BWC) and provides insurance information
- Intake is scheduled and completed
- Mental health coordinator determines clinician assignment and sets first appointment with student
- Student returns for first appointment
- Student begins psychotherapy and/or (if indicated) medication management
- Behavioral Wellness Center (BWC) Team continues to follow-up with student to assess acuity and needs

BEHAVIORAL WELLNESS CENTER (BWC) CONTACT INFO

- Behavioral Wellness Center (BWC) Contact Info
  - Phone: 310.825.9605
  - Email: bwc@mednet.ucla.edu
  - Website: http://medschool.ucla.edu/bwc
  - Location: 1st floor of the UCLA Center for the Health Sciences (CHS), room 18-218, 18-212
  - Administrative office hours: 8:00 a.m. – 5:00 p.m. with clinicians available for early morning, daytime and evening sessions

BEHAVIORAL WELLNESS CENTER (BWC) LOCATION