FEBRUARY 6, 2020

CHOATE PUBLIC HEALTH

COVER GRAPHIC BY SESAME GAETSALOE '21

VOLUME 3 | ISSUE 4

CONTENTS

ADHD: NOT JUST AN EXCUSE

By Blake Bertero '22

The stresses of everyday life as a highschool student are enough to weigh anyone down, making it nearly impossible to juggle sports, studies, and a social life all at the same time. Because of these stressors, a large portion of the student population has some form of anxiety. This can make it difficult for students to perform well on assignments, assessments, and exams. While these anxieties are impactful and deserve attention, the rapid growth in the number of people seeking learning accommodations can have a negative effect on those who need extra time due to medically-diagnosed learning disabilities such as ADHD.

Approximately 10% of children under 21 struggle with some degree of learning disability.[1] People have often questioned the validity of ADHD diagnoses and the accommodations granted with them. Those with ADHD tend to have greater difficulty with concentration and organization compared to other students, making it considerably harder to perform well at school. Many children with ADD or ADHD lag developmentally behind their peers by as much as 30% in certain areas.[2] Clearly, ADHD is not just an excuse to receive extra time, since people suffering from this learning disability genuinely require more time than the average person needs to finish a task. However, this does not mean that students without ADHD cannot be granted extra time; they simply need a valid reason for it.

Along with granting extra time, medication is another common accommodation used to supplement learning disabilities. Using medication is a controversial topic, since it manipulates brain functions in order to improve focus. These drugs, such as Adderall, can be easily abused. While this may create an unfair advantage over other students, there is a low possibility of that happening. In fact, more students without ADHD cheat and gain advantage over others in comparison to those who are suffering from ADHD and taking medication. Evidently, providing medication or accomodations to those struggling from a learning disability and giving them a fair shot at class performance is essential.

People suffering from learning disabilities face numerous challenges academically. Controversies surrounding the accommodations these people require need to be resolved. Receiving extra time and medication is not an unfair advantage; it simply makes up for the imbalances in brain chemistry that these people experience regularly.

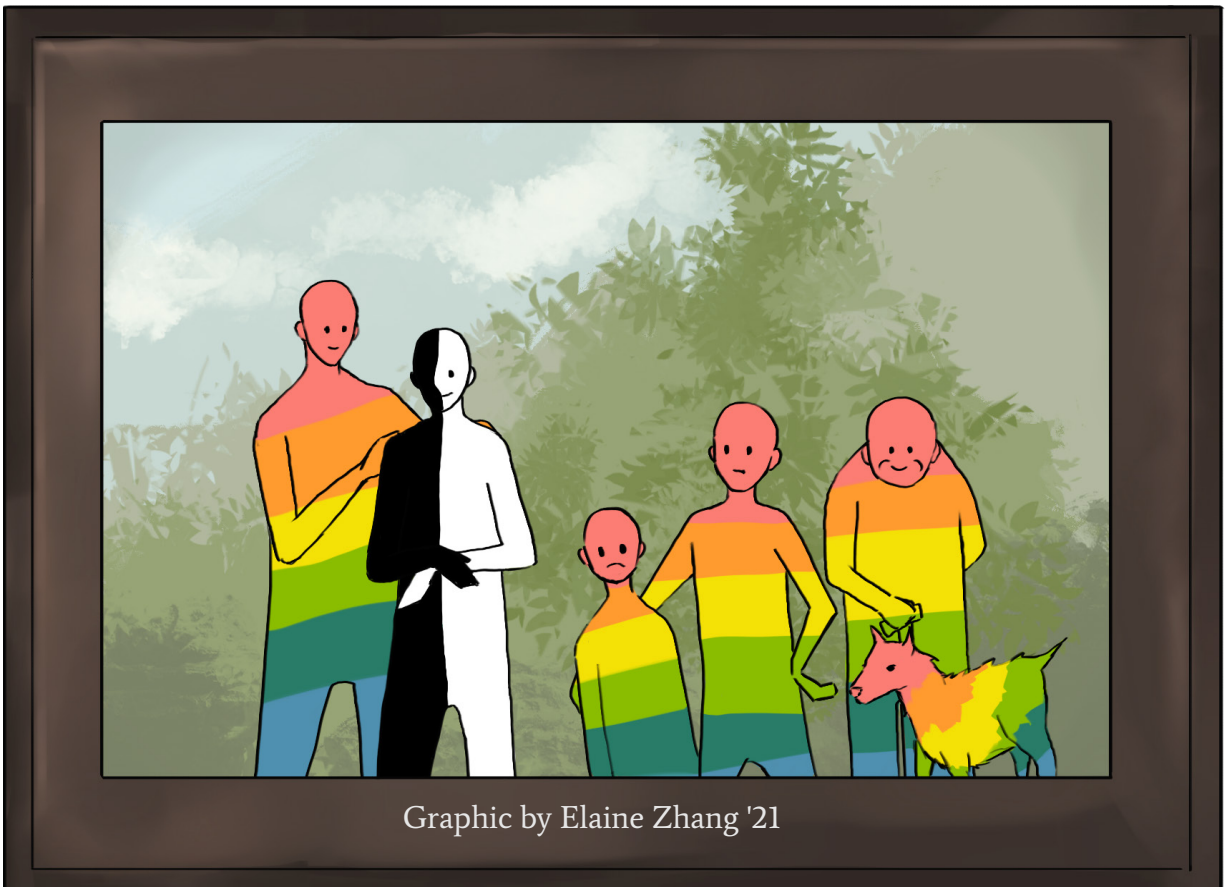
Sources

1. University College London. Learning disabilities affect up to 10 percent of children. ScienceDaily. Published April 18, 2013.

2. Croft, H. Impact of ADHD on School Performance. StackPath. Published May 6, 2019.

FRACTURED FAMILIES: THE EFFECT OF PARENTAL BORDERLINE PERSONALITY DISORDER ON CHILDREN

By Kenadi Waymire '22



Graphic by Elaine Zhang '21

The DSM-5 lays out nine points of criteria to warrant a diagnosis of borderline personality disorder (BPD): extreme feelings of abandonment, unstable interactions in relationships, weak self-confidence, impulsivity of actions, recurring suicidal thoughts, mood swings, chronic emptiness, intense and inappropriate anger, and paranoia/disassociation.[2] Borderline personality disorder has no confirmed cause but has been linked to neurological makeup and emotional trauma such as childhood abuse and neglect. Those who suffer from BPD struggle in every facet of their lives, especially in parent-child relationships. Endless amounts of research have been done to investigate this issue, mainly focusing on mothers, as 75% of BPD cases are found in women.[3]

A study done by Bartlett in 2000 deduced that "the symptoms associated with a borderline structure in the parent may cause deficiencies in emotionality, social development, and behavior in the child."[4] Because people who suffer from BPD have issues with stability in interpersonal relationships, their children are detrimentally affected as well. After the Inventory of Personality Organization completed a study with one hundred mothers and administered the Child Behavior Checklist to their children, it was found that many of these children were extremely insecure and defensive. Their mothers' unstable actions also generated debilitated stress in the children studied.

Another study performed by Feldman in 1995 demonstrated that this emotional instability translates into physical environments, too. The children of mothers who have BPD are more likely to have to suddenly relocate homes and change educational systems. Even the composition of people in their households is subject to drastic change, and state programs often take them from their families. Numerous behavioral issues spring out as well: these children are exponentially more likely to be diagnosed with behavioral disorders. Affected children struggle more with anxiety and depression than their counterparts who live without a borderline parent.

Dr. John Z. Abela, Steven A. Skitch, Randy P. Auerbach, and Philippe Adams studied the rate of development of major depressive disorder in children raised by parents diagnosed with BPD. They asserted that these children experience a heightened risk to this disorder because of several "mechanisms:" reinforced negative thought processes, vulnerability to interpersonal issues, and familial instability.[5] Research by psychologists Cummings and Cicchetti shows that an individual who has at least one parent dealing with comorbid major depressive disorder and borderline personality disorder often deals with a dysfunctional family, which hinders emotional development and stability. All these studies further prove that a child raised by a parent with BPD will often be negatively impacted and left having to develop some sense of identity and security without the help of their parents.

An article from Psychology Today offers an interesting perspective on interactions between a borderline parent and their children, providing insight into what their conversations might be in different situations. One example was a child who politely rejected the demand of a parent because the child had a previous commitment. The parent reacted negatively: "Can't you go away another time? You are ungrateful. I will go to the play with someone else."[6] Extreme reactions lead to confusion in conversations on part of the child and guilt for making independent decisions — issues that plague children throughout the rest of their lives. While the sufferer cannot necessarily control borderline personality disorder, the actions taken by them affect the world around them, especially in parent-child relationships.

Sources

1. Borderline Personality Disorder. National Institute of Mental Health. Published December 2017.

2. Diagnostic Criteria for Borderline Personality Disorder. InnerSolutions.

3. Macfie, J. Development in Children and Adolescents Whose Mothers Have Borderline Personality Disorder. National Institutes of Health. Published April 3, 2009.

4. Dutton, D. G., Denny-Keys, M. K., Sells, J. R. Parental Personality Disorder and Its Effects on Children: A Review of Current Literature. Journal of Child Custody: Research, Issues, and Practices. Published 2011.

5. Abela, J. R. Z., Skitch, S. A., Auerbach, R. P., Adams, P. The Impact of Parental Borderline Personality Disorder on Vulnerability to Depression in Children Of Affectively Ill Parents. Journal of Personality Disorders. Published 2005.

6. Banschick, M. The Borderline Mother. Psychology Today. Published May 8, 2014.

THE FOSTER CARE SYSTEM LACKS MENTAL HEALTHCARE

By Linda Phan '22

Most of us do not stay up at night worrying about the life that awaits us in a new household the following day. Neither do many of us count down the weeks, days, hours, and seconds until we can go to court to legally reunite with our parents. But children in the foster care system do. When placed into the system, many of these children find it hard to adjust to their new environments. With new parental and authority figures, these children may sense distrust and discomfort on a daily basis. When reuniting with their birth parents is no longer an option, living with family members or adoptive families become their only possible long-term plans. With so many challenges, children in the foster care system are prone to mental health issues. They also run a higher risk of developing a mental health disorder in adulthood. Although children in the foster care system experience stressful situations for an extended amount of time, their struggles often go unnoticed and untreated.

Mental Health Disparities

Mental Illness	% of Foster Care Alumni	% of General Adult Population
Post-Traumatic Stress Disorder	21.5	4.5
Major Depressive Episode	15.3	10.6
Modified Social Phobia	11.9	8.9
Panic Disorder	11.4	3.6
Generalized Anxiety Disorder	9.4	5.1
Alcohol Dependence	3.7	2.0
Drug Dependence	3.6	0.5
Bulimia	2.9	0.4

Data from a Foster Care Alumni Study performed by Casey Family Programs (2003)

A child can be placed into the foster care system because their parents were deemed unsuitable to take care of them. According to the AFCARS, approximately 263,000 children entered the foster care system in 2018, and of those children, 62%, 36%, 14%, 13%, 10% of children were removed due to neglect, parent drug abuse, caretaker inability to cope, physical abuse, and housing conditions, respectively.[1] These horrific experiences can lead to varying degrees of discomfort and ultimately detrimentally affect their mental health.

Although children are being placed into new environments where they will potentially have more attentive authority figures in their lives, they can still have trouble adjusting to their surroundings. Having been neglected or abused by their birth parents, children can develop a sense of loneliness and the feeling of being unwanted and unloved. Additionally, these children may live in a constant state of anxiety and fear because they are not in control of their situation. These children are moved from location to location without finding a place they can stay and call home. Many children stay in the foster care system for years and eventually "age out" of the system once they turn 18. Because children in the foster care system are surrounded by factors they can not control, they begin to feel more helpless, insecure, and unwanted.[2]

With the sudden appearance of new foster parents in their lives, children may find themselves at a crossroads on how to react. Despite being abused or neglected by their birth parents, children can bear the guilt of separation from them, blaming themselves for the divide and even more so when they find themselves getting attached to their foster parents. With conflicting emotions and feelings about their new foster lifestyle, children can face overwhelming situations they may struggle to cope with.[2]

Despite the massive numbers of foster care children developing mental health issues, there has been little initiative to improve the situation. Approximately 30% of children in the health care system develop emotional, behavioral, and developmental disorders.[2] These children's experiences are long-lasting and can affect them throughout their adulthood. Children who spend more than a year in the foster care system have a higher chance in developing PTSD, anxiety, depression, social phobia, and panic disorders than the general population. For context, 21.5% of foster care alumni develop PTSD, compared to the 4.5% of the general adult population. In fact, this is higher than the percentage for war veterans which ranges from 6% to 15%, depending on which war they fought in.[3] Many children grow up not realizing they have a mental health disorder, and many do not have the means to seek help for their conditions. Thus far, there has been no drastic change in the foster care system to support children and provide appropriate clinical help.

Possible suggestions in the past include extending the foster care system support to beyond the emancipation age, 18, in all states. When children "age out," they no longer receive assistance in housing, food, and medical care from the state. However, only 23 states, Washington D.C., and several tribal nations extend assistance beyond the ages of 18 to 21.[4] Most importantly, it is crucial to provide accessible treatment for children as they navigate through the foster care system.

Sources

1. Department of Health & Human Services. The AFCARS Report. Children's Bureau. Published August 22, 2019.

2. Foster Care. American Academy of Child and Adolescent Psychiatry. Updated October, 2018.

3. Pecora, P., et al. Assessing the Effects of Foster Care: Mental Health Outcomes from the Casey National Alumni Study. The Foster Care Alumni Studies.

4. Child Welfare Information Gateway. Extension of foster care beyond age 18. U.S. Department of Health and Human Services, Children's Bureau. Published 2017.

5. Child Welfare Information Gateway. Reunification: Bringing Your Children Home From Foster Care. U.S. Department of Health and Human Services, Children's Bureau. Published 2016.

6. Child Welfare Information Gateway. Understanding Child Welfare and the Courts. U.S. Department of Health and Human Services, Children's Bureau. Published 2016.

TEENAGE MEDICATIONS: FRIEND OR FOE?

By Izzy MacArthur '21

According to the National Center for Biotechnology Information (NCBI), prescriptions for adolescents suffering from mental illnesses, such as depression and anxiety, have increased significantly throughout the past decade.[1] This unprecedented increase has sparked a heated debate amongst healthcare professionals and parents about whether children and teenagers with mental illnesses should be placed on medication.

Although these medications have generally been proven to be extremely effective in treating mental conditions, they also carry the reputation of being detrimental to the proper development of children and teenagers. Many believe that medications may alter the chemistry of an adolescent's developing brain, which does not cease development until the individual reaches the age of 25. A study conducted by Stanford University researchers found that despite some evidence of medication slightly altering brain structure, early use of medication can prevent mental disorders from developing further or even becoming neurally entrenched. It is also important to remember that untreated mental health issues can also significantly damage brain structure and growth.[2] Sometimes, medication can prove to be the best course of action for treating a psychiatric disorder in children and teenagers.

Nevertheless, it is understandable why many parents feel apprehensive about putting their child on medication. First, medication is often administered over an extended period of time, thus requiring commitment and responsibility. Medications such as antidepressants and antipsychotics require consistency in administration; otherwise, they run the risk of becoming ineffective in treating the condition for which they were prescribed for. Second, medications typically come with potential side effects. Selective serotonin reuptake inhibitors (SSRIs), for example, may cause nausea, vomiting, diarrhea, headaches, drowsiness, insomnia, agitation, or appetite loss.[3] These unfavorable side effects lead to concern from many parents. However, if an individual experiences side effects from their medication, they can and should speak with a healthcare professional to explore other potential options. Another major point of concern is self-harm and suicide, as some teens may experience an increased risk of suicide as a result of taking antidepressants. Fortunately, many procedures exist to decrease the risk of suicide.

"Although all important risks are take into consideration, these concerns are often able to be alleviated by careful consultation with physicans and pharmacists to find the best fit for the patient in question."

On the other hand, the positive effects that medication has on teenagers struggling with mental health cannot be overlooked. For example, depression is extremely common in teenagers, with roughly 20% percent of adolescents showing symptoms.[4] According to the American Psychiatric Association, depression is influenced by several factors, including biochemistry, genetics, personality, and environment.[5] In terms of biochemistry specifically, the brain has several types of neurotransmitters self-regulated by the body. Since low levels of serotonin are believed to contribute to depressive episodes, medications like SSRIs work to prevent a depletion of serotonin in the synapses of neurons and therefore ease the symptoms of depression. The alleviation of such damaging symptoms can lead to an improved quality of life for many children and teenagers.

Overall, while there are costs to medicating children and teenagers, there are also many benefits that help to improve their quality of life. While one should always consult a physician before taking medication for a psychological disorder, it may be that in some cases, the benefits outweigh the costs and using medication to treat mental health is the best way for parents to care for their child.

Sources

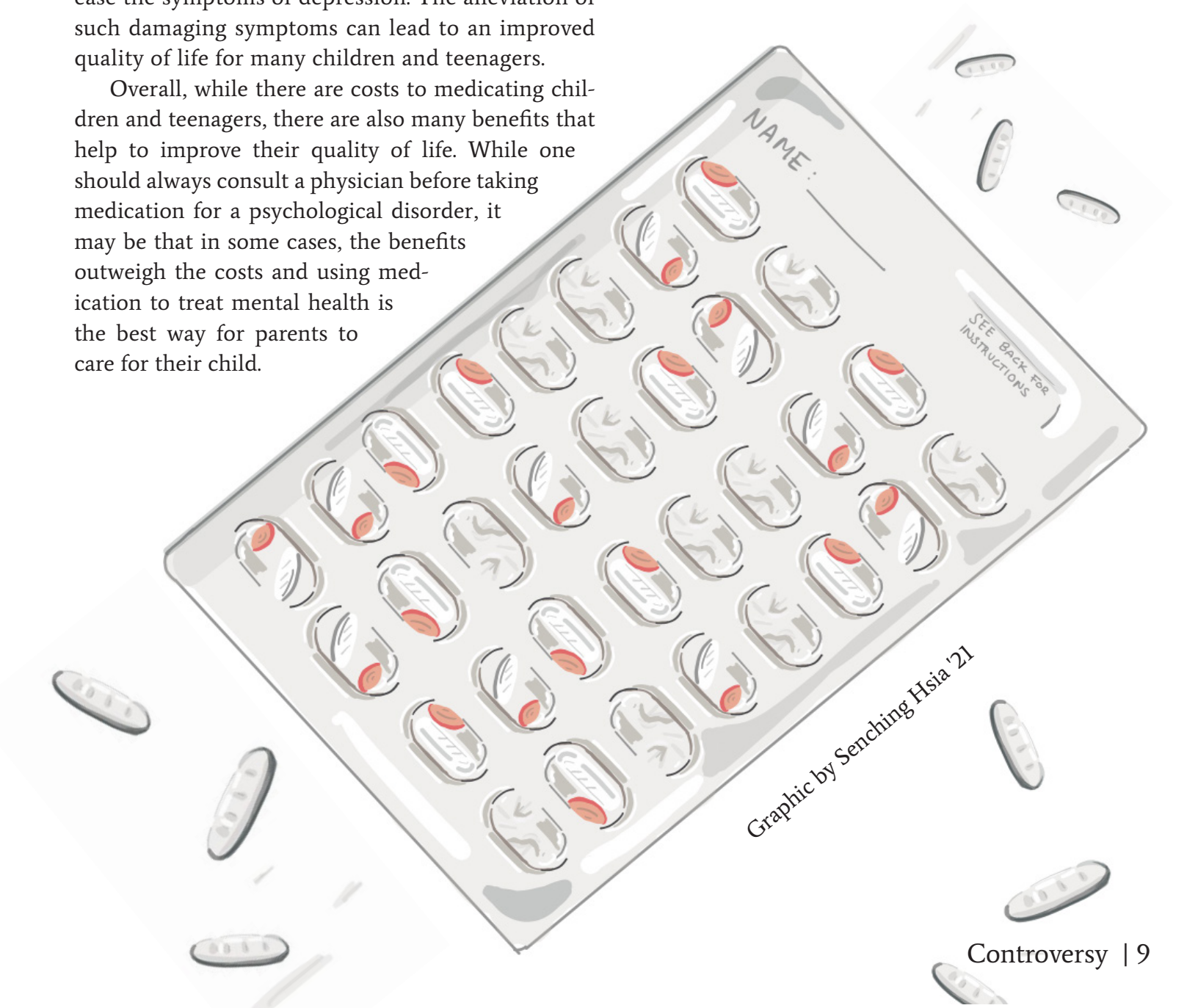
1. Sparks, J. A., Duncan, B. L. The Ethics and Science of Medicating Children. NCBI. Published 2004.

2. Hendrikson, E. Should Kids Take Psychiatric Medication? Scientific American. Published January 27, 2016.

3. Borchard, T. J. Why Are So Many Teens Depressed? Psych Central. Published July 8, 2018.

4. What Is Depression? American Psychiatric Association.

5. Mayo Clinic Staff. Selective Serotonin Reuptake Inhibitors (SSRI). Mayo Clinic.

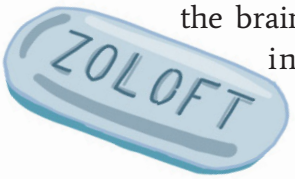


Graphic by Senching Hsia '21

ANTIDEPRESSANTS: TO

By Natha

Depression has been labeled as the leading cause of ill health and disability by the World Health Organization. Worldwide, 300 million people—equal to the population of the United States—struggle with this mental illness.[1] The world has rallied behind people suffering from depression to provide support and treatment. One of the most common forms of relief that depressed patients use is a drug type known as Selective Serotonin Reuptake Inhibitors (SSRIs). This drug works by suppressing reuptake in cells therefore allowing more serotonin to circulate between neurons.[2] Reuptake involves serotonin absorption into the brain, and by inhibiting this function, more serotonin is available for neural transmissions.[2] SSRIs are advertised to have little to no side effects; they are promoted to be the perfect drug that can reduce symptoms of depression without harmful effects.[2] However, several health institutions have warned against the use of SSRI drugs and some have even banned the use of SSRIs among children.



In 2003, studies conducted in the U.K. and by the Food and Drug Administration (FDA) showed a positive correlation between the desires of self-harm and SSRI intake.[3] These studies indicated that the once advertised flawless drug had the potential to cause devastating damage to the user. Moreover, the studies also revealed that 14% of men commit suicide with SSRI overdoses in the U.K.[4] Another study conducted by the Department of Psychiatry at the University of Berlin showed that antidepressants like SSRIs "may increase suicidal behavior by energizing depressed patients to act along with preexisting suicidal thoughts or by inducing akathisia with associated self-destructive impulses."[4] In response to these findings, the UK has imposed an absolute ban on prescribing all SSRI antidepressants to children, and Canada has warned the public about consuming seven types of SSRI drugs: " [users may] experience behavioral and/or emotional changes that may put them at increased risk of self-harm or harm to others ."[3] Furthermore, the FDA has also published a statement warning that the use of certain SSRI drugs can cause an increased desire for suicide.[3] Despite these insights into the potential effects of SSRI drugs that remain adamant that the issue is not the drug itself, but rather the distribution and consumption habits of patients.

Supporters of SSRIs usage blame the suicidal impulses and death rates not on the drug itself, but on the user and system instead.[5] Yvon Lapierre cited statistics that showed that most overdose victims in the UK were because of the incorrect use of either wrong or expired SSRI drugs.[5] These statistics seem to contradict the claims made by the UK government; however, they still fail to address research that shows the inherent harmful side effects of SSRIs. Nonetheless, proponents of SSRIs still believe that the net benefit of having the drug as an option is greater than the net cost that these drugs may carry with them.[3] They argue these drugs can enable patients to live a normal and comfortable life, therefore the benefits are worth the risk.[3]

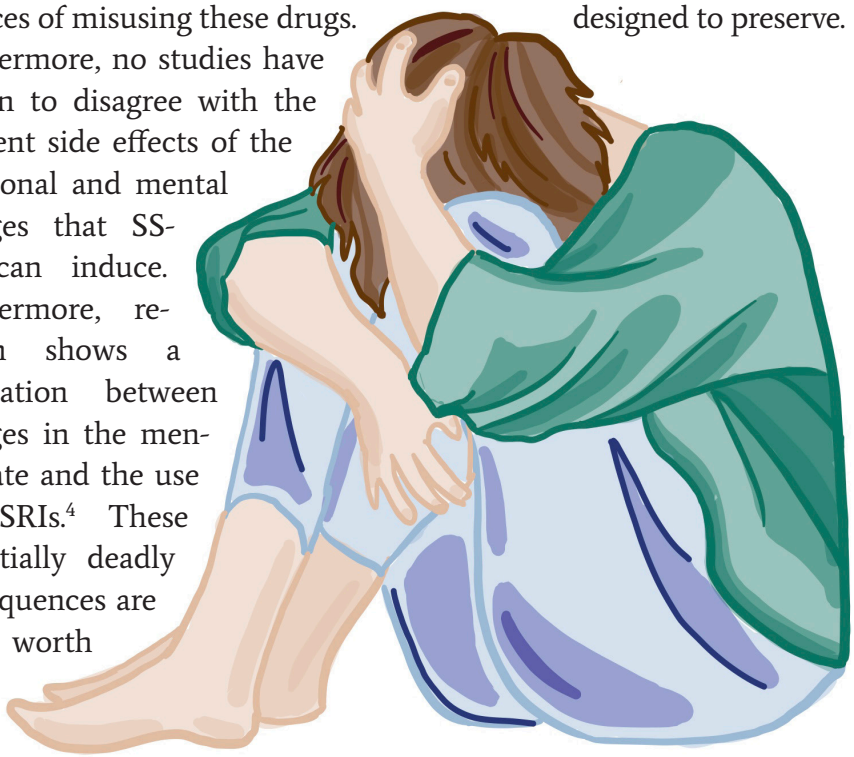
These two perspectives represent interesting viewpoints on

BAN OR NOT TO BAN?

n Lang '22

a divided issue. However, the overwhelming research and professional assessments of SSRI is more credible than a few educated guesses among peer reviewers. Not only does SSRI usage potentially cause suicidal thoughts, but it may also decrease the ability for blood to congeal.[6] According to Harvard Medical School, " [SSRIs] reduce blood clotting capacity because of a decreased concentration of the neurotransmitter serotonin in platelets. Patients are at an increased risk for internal bleeding."[6] These devastating findings hint at the disastrous consequences of misusing these drugs. Furthermore, no studies have proven to disagree with the inherent side effects of the emotional and mental changes that SSRIs can induce. Furthermore, research shows a correlation between changes in the mental state and the use of SSRIs.[4] These potentially deadly consequences are not worth the risk and, if contracted, can possibly cause more harm than good. Due to these high risk and high magnitude side effects of SSRIs, these medications should be prohibited among nations.

Due to the conflicting priorities and interpretations of the facts, the issue of the legality of SSRI drugs remains a dividing issue. The magnitude of this issue is enormous, its impacts unfathomable. SSRIs have the potential to greatly increase the quality of life for millions around the world, but at the same time, they have the potential to destroy what they were designed to preserve.



Graphic by Senching Hsia '21

Sources

1. "Depression: let's talk" says WHO, as Depression Tops List of Causes of Ill Health. The World Health Organization. Published 2017.

2. Selective Serotonin Reuptake Inhibitors (SSRIs). Mayo Clinic. Published September 17, 2019.

3. Kondro, W. UK bans, Health Canada warns about antidepressants. National Library of Medicine. Published 2004.

4. Muller-Oerlinghausen, B. Antidepressants and Suicidal Risk. National Library of Medicine. Published 1999.

5. Lapierre, Y. Suicidality with Selective Serotonin Reuptake Inhibitors: Valid Claim?. National Library of Medicine. Published 2003.

6. What are the real risks of antidepressants? Harvard Medical School. Published 2014.

7. Clennell, A. Threat of Suicide Leads to Ban of Major Antidepressants. Independent. Published 2003.

LOOK OUT, BINGE-WATCHERS!

By Lisa Ji '22

Graphic by Elton Zheng '22

After the highly anticipated release of *Stranger Things 2* last October, around 361,000 people finished watching all nine episodes on the first day.[1] Many Americans love binge-watching, especially now that easily-accessible streaming platforms such as Netflix and Hulu are constantly at their fingertips.

What makes watching television so popular and addictive? Binge-watching provides the comfort and pleasure of curling up in bed after a long day and watching a favorite TV show, one episode after another. It offers a way for people to wind down and provides an emotional asylum for those who feel socially isolated or depressed.[2] But it is this particular function of binge-watching that may spell trouble. Most binge-watchers notice their tendencies, especially in their most depressive states, to escape reality and try to forget all their struggles by losing themselves in TV. Some even go as far as to look for emotional stability by bonding with characters in a show.

While watching TV is a great way to relax and relieve stress, binge-watchers must be conscious of its negative repercussions on their mental health. First of all, the constant excitement that TV shows provide leads to the increased release of dopamine in one's brain, which causes the feeling of "highness" that resembles that of drug usage.[1] Furthermore, the inevitable sense of loss — also known as a phase of situational depression — after finishing the last episode can be profound. To make matters worse, a study conducted by the University of Toledo found that binge-watchers show higher levels of stress, anxiety, and depression due to long periods of self-imposed isolation.[3]

Given these potential downsides to binge-watching, it is essential for one to develop healthy habits in watching television in order to prevent excessive binge-watching and reduce its psychological impact. These might include setting time-limits, inviting others to watch the show with you, or balancing watching TV with other activities.[3]

Sources

1. Binge Watching. Northwestern Medicine. Published 2019

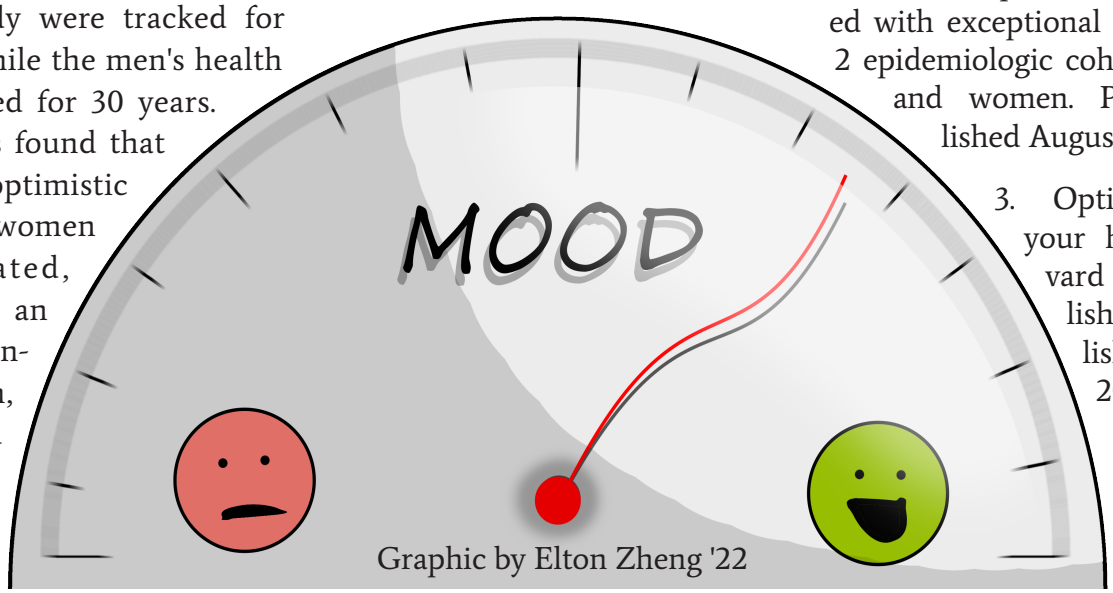
2. Mahale, J. The Scientific Reason Why 'Depression-Watching' is So Comforting. i-D. Published July 29, 2019.

3. Page, D. What Happens to Your Brain When You Binge-Watch a TV Series. NBC News. Published November 4, 2017.

DON'T WORRY, BE HAPPY: OPTIMISM AND LONGEVITY

By Amitra Hoq '21

Optimism is a mental attitude (a basic psychological expression towards a particular object, person, thing, or event) characterised by a belief or hope that the outcome of some specific endeavor, or outcomes in general, will be positive, favorable, and desirable.[1] Researchers at Boston University Medical School have recently discovered that people who tend to be more optimistic are more likely to live to 85 years or older. 69,744 women and 1,429 men completed survey measures to assess their level of optimism, as well as their overall health and health habits such as diet, smoking, and alcohol use. Through a longitudinal experimental design, health outcomes from women in the study were tracked for 10 years, while the men's health was followed for 30 years. Researchers found that the most optimistic men and women demonstrated, on average, an 11-15% longer lifespan, and had far greater odds of reaching 85 years old compared to the least optimistic group.[2] These results raise the question: How can an attitude affect our biological wellness? Previous researchers have focused on finding this link, and a few have connected optimism to severe medical conditions. For example, and American study of 2,564 men and women who were 65 and older found that optimism regulates blood pressure.[3] Optimism was found to reduce levels of hypertension because patients with an optimistic perspective were less prone to engage in harmful activities such as smoking, obesity, physical inactivity, and alcohol abuse. Resilience is also another key factor as senior co-author Professor Laura Kubzansky, from the Harvard Public Health said, "Other research suggests that more optimistic people may be able to regulate emotions and behavior as well as bounce back from stressors and difficulties more effectively." Optimistic people cope with stressors in less time, and are more motivated to engage in healthier behaviors. Clearly, there are many benefits to remaining optimistic.



Graphic by Elton Zheng '22

Sources

1. Study: Optimism Is Important Psychosocial Resource for Extending Life Span in Older Adults. SciNews. Published August 28, 2019.

2. Lee, L. Optimism is associated with exceptional longevity in 2 epidemiologic cohorts of men and women. PNAS. Published August 26, 2019.

3. Optimism and your health. Harvard Health Publishing. Published May 2008.

Winter has arrived, and with it comes prolonged darkness and winter blues. While it is normal for the bleakness of winter to lower people's spirits and intensify emotions, it is important to distinguish between these feelings and a serious mental health problem: seasonal affective disorder (SAD). Seasonal affective disorder is a type of depression related to the changing of seasons. Though the symptoms of SAD can begin in the summer or spring, they generally appear beginning in the fall months and continue throughout the winter.

Symptoms of winter-onset SAD include loss of interest in previously enjoyable activities; changes in appetite and weight; feelings of sluggishness and agitation; difficulty concentrating; feelings of hopelessness, depression, worthlessness, or guilt; and frequent thoughts of death or suicide.[1] It's important to bear in mind that some of these symptoms may start mild and increase in severity as the season progresses or not even occur at all.

Potential risk factors of SAD include genetic or hereditarys link, as well as previous encounters with depression or other mental illnesses. Living far from the equator is another risk factor for SAD, as there is a reduced level of sunlight during winter months.

Choate students are not alone in feeling the effects of the winter blues; approximately half a million people experience winter-onset SAD in the United States alone. Data shows that women and young adults are more likely to be diagnosed with SAD than their male counterparts and older adults, respectively. Three out of four people diagnosed with SAD are women, and symptoms of this disorder typically appear in early adulthood.[1]

Despite the prevalence of SAD, the exact cause of the disorder remains unknown. However, evidence suggests that SAD may be triggered by changes in the availability of sunlight. One proposed theory is that lower exposure to sunlight during the winter months may disrupt and shift one's circadian rhythm, the body's internal biological clock responsible for regulating mood, sleep, and hormones. Another theory is that decreased levels of sunlight can lead to a drop and imbalance of serotonin levels. Serotonin is a neurotransmitter, which is a brain chemical responsible for the transmission of information between nerves,[2] and an imbalance of serotonin

VINTER BLUES: NORMAL OR SAD?

By Rhea Shah '22

levels can be a trigger for depression. Another contributing factor may be the disruption of melatonin levels, which is also stimulated by less exposure to sunlight. Melatonin is an important hormone involved in the regulation of sleep patterns and mood.

Unlike other forms of depression, SAD typically fades as winter comes to an end and the sun reappears in springtime. Until the arrival of spring, though, there are a variety of treatments that may be employ to treat SAD. While this disorder does have conventional depression treatments such as medication and psychotherapy, there is also a SAD-specific treatment known as phototherapy. Phototherapy involves flooding the body with light in an attempt to reverse the effects of the diminishing natural sunlight, essentially tricking the eyes and brain into restoring the body's natural circadian rhythms.[3] In addition to these professional treatments, a change in daily habits is also a powerful way to combat SAD. Regular exercise can boost serotonin and endorphin levels, making it as effective as antidepressant medication.[4] Healthy eating habits can also be an important tool in minimizing mood swings associated with SAD. Resist the temptation of foods such as pasta, white bread, and other simple carbohydrates and sugary foods. Instead, nourish the body with complex carbohydrates such as oatmeal, brown rice, and bananas, which boost serotonin levels and lessens the negative effects of SAD.

Recognizing that an individual has SAD is a crucial first step to getting the proper help. Though symptoms may start off mild, they can increase in severity as time progresses and potentially lead to suicidal thoughts or intent. Fortunately, there are many options and treatments for SAD, so don't be afraid to speak up; especially during these long and frigid winter months, it is important to keep an eye out if SAD begins to adversely affect and interfere with one's daily life.

Sources

1. Seasonal Depression (SAD). Cleveland Clinic. Published December 12, 2016.

2. Robinson, L., Shubin, J., Segal, J. Seasonal Affective Disorder (SAD). HelpGuide. Published October 2019

3. Handwerk, B. The Dangers of Winter Darkness: Weak Bones, Depression and Heart Trouble. Smithsonian Institution. Published December 15, 2014.

4. Mayo Clinic Staff. Seasonal Affective Disorder (SAD). Mayo Clinic. Published October 25, 2017.

Graphic by Elaine Zhang '21

INDIGENOUS MENTAL HEALTH: OVERLOOKED AND SUPPRESSED

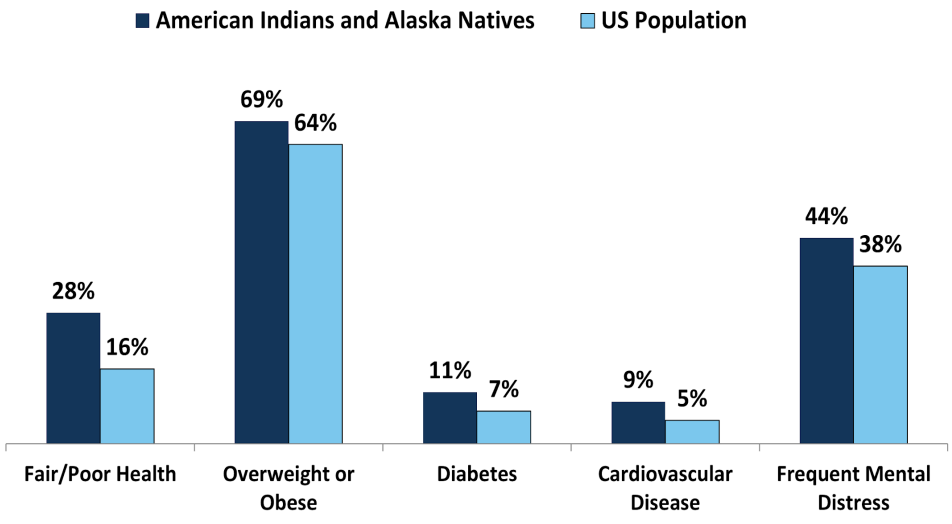
By Noah Trudeau '20

Since the beginnings of the United States nearly 250 years ago, the basic needs and rights of indigenous peoples have consistently been placed on the back-burner. The effects of this negligence are still evident today across reservations and within our current administration, from the lack of indigenous representation to the ongoing debate surrounding reparations for centuries of pain and suffering. However, there is still one hardship that continues to be overlooked: mental health. Whether it's because of the hidden effects of mental health or the overall stigma surrounding the topic, indigenous people are still fighting to voice their struggles.

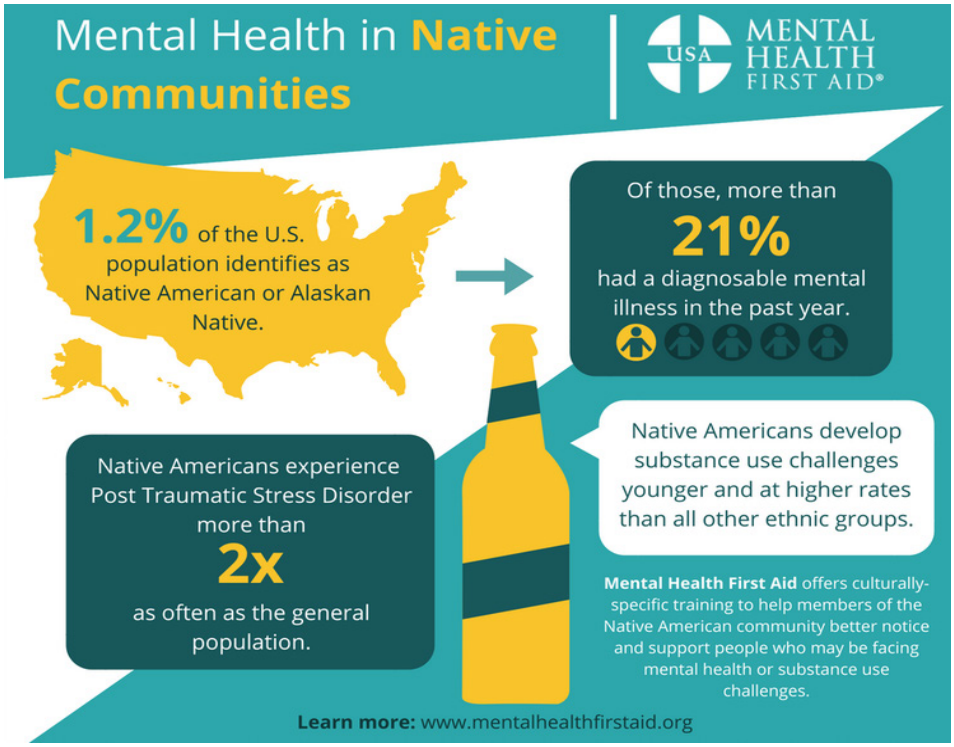
The statistics surrounding the mental health of indigenous people speak for themselves. The life expectancy of indigenous people, at only 74 years, is four years lower than any other race's life expectancy in the United States.[1] Indigenous communities also exhibit alcohol dependency rates three times that of the national average. Even homelessness rates are inflated in indigenous communities: despite only making up around 2% of the American population, indigenous peoples account for nearly 8% of the homeless demographic. All in all, over 45,000 indegenous people are homeless and seeking refuge and over 4 million are currently suffering from mental illness or issues related to mental health.[2]

Additionally, there is a striking correlation between poverty and mental health issues, which might stem from financial stress, domestic trauma, or inadequate nutritional intake.[3] Indigenous peoples have fought a long legislative battle for the right to socioeconomic free-

Health Status and Rates of Selected Chronic Diseases for American Indian and Alaska Native Nonelderly Adults, 2011



Henry J. Kaiser Foundation



dom, a struggle set in motion by Chief Justice John Marshall in 1833. By characterizing the relationship between indigenous peoples and the American government as "resembling that of a ward and to his guardian," Marshall established the US government as the trustee of indigenous peoples' affairs.[4] This perpetuated the false notion that tribes and reservations are not and cannot be financially independent. Since then, the government has micromanaged the land of indigenous people "for the benefit of Indians," but the effects of these efforts have been far from positive; poverty and financial instability across indigenous communities are still at an all-time high.

Perhaps the most heartbreaking statistic is the prevalence of suicide within indigenous communities, in which the frequency of self-inflicted fatalities are 9 to 19 times higher than that of any other ethnic group in the United States. Afflicted with intergenerational pressure, the fight to maintain culture, and historical trauma, many indigenous people have sadly turned to self-harm to escape their isolation. On top of all this, indigenous peoples have also felt unable to voice their concerns regarding mental health. Across many indigenous communities, "there were no linguistic or cultural cognates to depression, suicide, or other manifestations of historical trauma."[1] This matter was further complicated. As Western medicine was imposed upon indigenous peoples by federal mental hospitals and segregated asylums. At the same time, spiritual rituals and tribal ceremonies became punishable by federal law. With no words to express their pain, no assistance from the government, and no cultural tradition to turn to, indigenous peoples were left with no viable path to improve their mental health.

So what can be done to combat this inequality? Well, we can start by making the right to mental health care equitable and accessible. Reservations severely lack proper mental health facilities and education, effectively preventing indigenous populations from seeking help. The US government should provide the assistance necessary towards mending the gap they created, whether this be through legislative recognition, financial contribution, or mental health education. It is a small price to pay for decades of historical trauma, cultural erasure, and cruel discrimination.

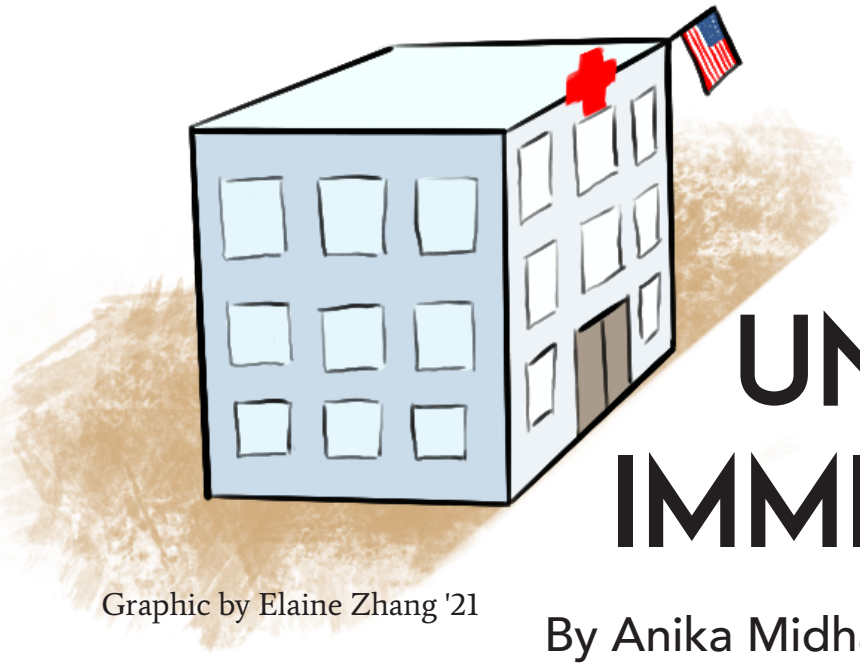
Sources

1. Hummel, B. Historical Trauma: The Confluence of Mental Health and History in Native American Communities. Medium. Published July 12, 2016.

2. Zein, M. Mental Health Disparities: American Indians and Alaska Natives. American Psychiatric Association. Published 2017.

3. Simon, K. M. Addressing Poverty and Mental Illness. *Psychiatric Times*. Published June 29, 2018.

4. Flows, C. 5 Ways The Government Keeps Native Americans In Poverty. *Forbes*. Published March 13, 2014.



Graphic by Elaine Zhang '21

MENTAL HE
IS UNAVAILAB
UNDOCUMENTE
IMMIGRANTS

By Anika Midha '22

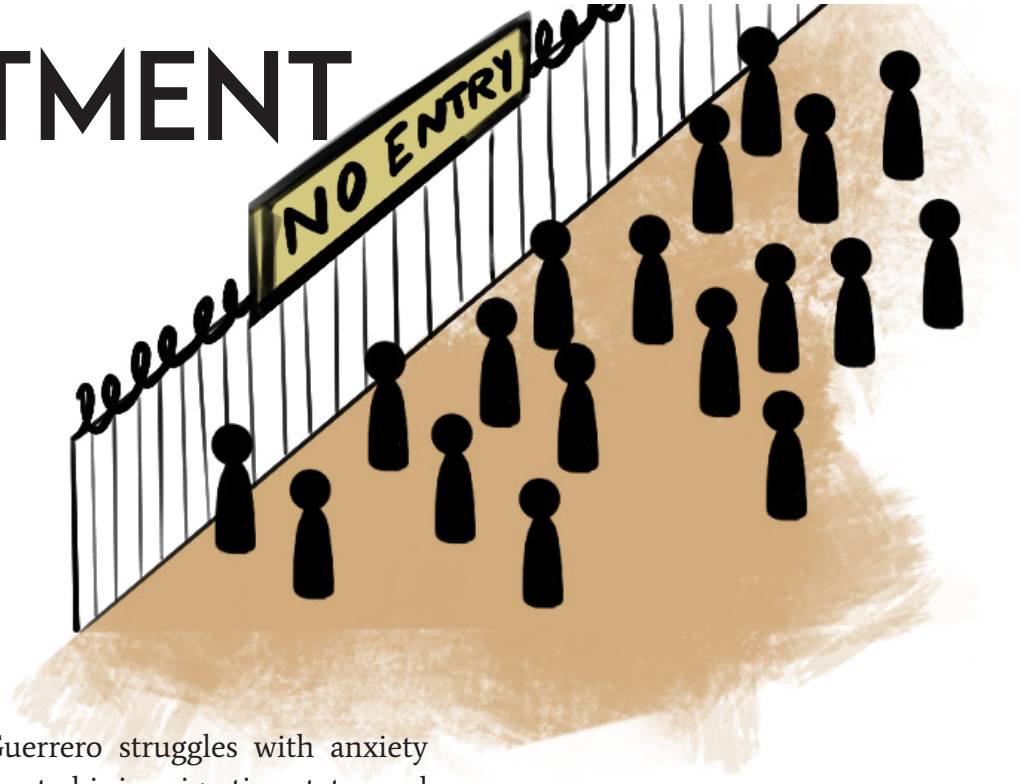
As the volatile political climate in the United States sparks a wave of uncertain immigration enforcement policies, undocumented immigrants have been forced to grapple with endless fears of deportation, ICE raids, and limited access to basic benefits such as healthcare or education. Without access to emergency services and healthcare, undocumented immigrants face a variety of dangerous threats — including mental illness.

Mental illnesses can be classified based on severity, with the two primary categories being any mental illness (AMI) and serious mental illness (SMI).[1] According to a study conducted by the Department of Psychology at Rice University, the most prevalent disorders among undocumented immigrants include major depressive disorder, panic disorder, and generalized anxiety disorder.[2] These conditions all fall into the category of SMIs and are largely a result of the increased pressure placed on undocumented immigrants by the current administration. In addition to the daily struggles undocumented immigrants face, a highly uncertain future has created an atmosphere in which disorders and paranoia have taken root among communities of undocumented immigrants.

To make matters worse, the undocumented status of the immigrants also makes it extremely difficult for them to receive the appropriate medical treatment for a few reasons. First, in many immigrant communities, mental health concerns are ignored because in most immigrants' homelands, mental health education was and still is nonexistent. Second, many cultures take different approaches to treating mental health concerns, such as herbal remedies, meditation, or religious practices. However, without a proper diagnosis from a healthcare professional, mental disorders may worsen and present a threat to the overall wellbeing of the individual. Third, the stigma surrounding mental illnesses fosters an unhealthy environment that prevents immigrants from sharing their concerns with each other and identifying key symptoms of a mental health disorder. Due to negative perceptions of mental illness both within and outside of the US, immigrants are reluctant to acknowledge the presence of an underlying problem and approach healthcare professionals.[4] Additionally, lack of legal status prevents immigrants from purchasing any form of health insurance, making the price of seeking medical treatment an unmanageable burden.

Currently, there are approximately 10 million undocumented immigrants in the US, the majority of whom have migrated from Mexico, Central America, and Asia.[5] Many immigrants who choose to remain in the US do so because conditions in their homeland prevent them from leading

ALTH TREATMENT LE FOR ED



safe and sustainable lifestyles. A life in the United States is often seen as a fresh start for first and second-generation immigrants, yet the current political climate threatens all kinds of immigrants from leading their desired lifestyles because the majority of undocumented immigrant families lead uncomfortable lives out of fear of deportation. According to a study by the Urban Institute, immigrant families that do not maintain a sense of normalcy or routine are three times more likely to experience some level of psychological distress than immigrant families that do continue their daily activities.

As Gustavo Guerrero, a 27-year-old musician originally from Honduras, shared with USA Today, "It's always in the back of your mind. You're driving, you're working, you're sleeping in your home, you're picking up your kids from school, you're constantly thinking about it."[5] Like many other undocumented immigrants, Guerrero struggles with anxiety due to his immigration status and is denied necessary counseling resources without health insurance. And he is only one of many, a small part of a larger community of undocumented immigrants who need immediate help and access to healthcare resources. And in cases such as Guerrero's, undocumented immigrants with SMIs tend to face an even higher chance of imprisonment, leading to increased likelihood of deportation and even fewer resources for mental health treatment.

Many undocumented immigrants have traveled to the US in search of better lives, only to have their dreams postponed and lives shaped by the fear of losing their homes, families, children, and futures. Until we as a nation find a viable solution for these undocumented immigrants, the prevalence of mental disorders will increase among these immigrant communities. After all, mental illness doesn't discriminate.

Sources

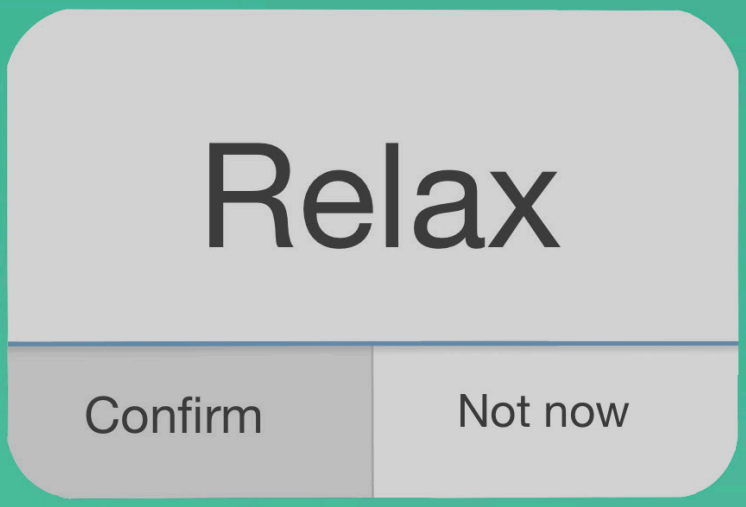
1. Mental Illness. National Institute of Mental Health. Published February 2019.

2. Garcini, L. M. Mental Disorders Among Undocumented Mexican Immigrants in High-Risk Neighborhoods: Prevalence, Comorbidity, and Vulnerabilities. National Center for Biotechnology Information. Published October 2017.

3. Navarro, J. D. L. For undocumented immigrants, our enforcement policies drive a public mental health crisis. *USA Today*. Published November 12, 2019.

4. Ponte, K. Mental Health Challenges in Immigrant Communities. National Alliance on Mental Illness. Published July 22, 2019.

5. Sanchez, O. Endless fear: Undocumented immigrants grapple with anxiety, depression under Trump. *USA Today*. Published August 25, 2019.



CPH BOARD

Editors-in-Chief
Ariel Hyunseo Kim '20
Khushi Tyagi '20

Copy Editors
Vidhya Pathy '20
Raine Monet-Williams '20
Aarthi Katakam '21
Allison Kleinstein '21
Claire Yuan '21
Joy Bang '22
Renee Jiang '22
Anika Midha '22

Outreach Team
Web Developer
Nate Krauss '20
Outreach Managers
Celine Pirard '21
Natarsha Yan '21
Audrey Kaye '22
Andrew Robertson '22
Social Media Coordinators
Charlotte Myers-Elkins '22
Tigo Ponce de Leon '22

Design Team
Head Layout Editor
Kiki Kim '20
Layout Editors
Naomi Koo '20
Yuting Wang '20
Evrim Almaz '21
Berk Gokmen '21
Ami Hoq '21
Laura Jiang '21
Nathan Lang '22
Linda Phan '22
Graphics Editors
Nico Decker '20
Jacqueline Zou '20
Sesame Gaetsaloe '21
Senching Hsia '21
Elaine Zhang '21
Elton Zheng '22

Faculty Adviser
Dr. Edrik Lopez