

DEPRESSION

Underlying Cause
of Suicide



**Second Annual Suicide
Prevention Week
September 8th-14th**

See back page for details



PEERING INTO THE DARKNESS

Understanding depression as a clinical condition and a risk factor in suicide



"DEPRESSION is a regular part of life," said Betsy Gowan, MHSA Coordinator of Behavioral Health in Butte County. "Sometimes, depression can become very intense, and you need to ask for help."

Identifying that point where depression becomes a condition is difficult, but the suicide-prevention task force known as Care Enough to Act—which includes community agencies from Butte, Glenn and Tehama counties—recognizes the importance of trying. At its worst, depression is a pervasive, all-consuming and debilitating illness that, left unchecked, can end in tragedy.

Depression is often described as a tremendous weight that becomes too burdensome to carry over time, Gowan said. "It becomes easier to think, 'What makes living worthwhile?' That's where depression can lead to suicide. Untreated depression is a huge risk factor."

In fact, depression is the leading cause of suicide in the U.S. That's why it's so important to identify when someone has crossed the barrier between "the blues" and true clinical depression, said Scott Gruendl, director of Glenn County Health Services Agency.

"We all feel sad sometimes for various reasons, but when you have clinical depression, you likely have other symptoms," said Anne Robin, director of Butte County Behavioral Health. "You're not sleeping well, your appetite is off, and you have severe fatigue. And it really goes deeper; it's not just something that will resolve itself within a day or two."

"[Clinical depression] is when you feel like you can't always identify what's making you feel sad, you have some of the other symptoms, and you can't let go of the negative thoughts."

Those negative thoughts often include feelings of worthlessness, guilt, shame and hopelessness, said Roxann Baillergeon, Health Services program coordinator in Glenn County. Those feelings can seep so deeply into a person's core that it's hard to envision things ever getting better.

For those who suspect they've crossed the threshold into clinical depression, the first step is talking about it with someone they trust, said Robin, who suggested seeking guidance from a pastor, therapist, family physician, friend or family member.

"Really describe it honestly—don't hide things, don't minimize things," she said. "Talk with your loved ones."

But the person suffering from depression is often the last to recognize his or her illness, Gowan said. That's why for someone who believes a close friend or family member is suffering from clinical depression, broaching the subject in a non-judgmental manner is key.

"Say things like 'I miss how we used to be together—I see that you're sad a lot, you're losing weight and I don't understand why,'" Robin said. "Convey that you love that person, you care for them and you're not judging them."

The shame and stigma associated with depression, or any mental illness, often prevents people from seeking help, Gruendl said, describing depression as "this unspoken thing that no one wants to talk about, yet most of us deal with on a regular basis."

Someone in the depths of severe depression may not believe it, but there is hope. There are various treatment options, from preventative measures like exercise, regular sleep, a healthful diet and practicing general mindfulness to more traditional treatments like psychotherapy and medication.

"Just because you're de-

pressed doesn't mean you're doomed to be depressed the rest of your life," Gowan said, noting that people who have effectively managed their depression often look back on their darkest days as reason to recognize and fully embrace the good times.

While there are many underlying causes of suicide, this publication will focus on depression as a major contributing factor. The following stories will illustrate that depression is an illness that touches people from all walks of life—from college students to transgender individuals, and active professionals to elementary school-age children—while also emphasizing that, with the right approach, depression is a manageable condition.

Just because you're depressed doesn't mean you're doomed to be depressed the rest of your life."



BETSY GOWAN, MHSA Coordinator of Behavioral Health in Butte County (left) and ANNE ROBIN, director of Butte County Behavioral Health

Sometimes, we all feel sad

THERE IS A DIFFERENCE BETWEEN SITUATIONAL DEPRESSION—NATURAL FEELINGS OF SADNESS OR LOSS TRIGGERED BY A SIGNIFICANT LIFE EVENT—AND CLINICAL DEPRESSION, WHICH OFTEN SEEMS TO "COME OUT OF THE BLUE." SOMETIMES, SITUATIONAL DEPRESSION MAY LEAD TO CLINICAL DEPRESSION. EXAMPLES OF LIFE EVENTS THAT CAN PROMPT SITUATIONAL DEPRESSION INCLUDE:

- Having a child
- Major transitions like going to college, getting married or retiring
- Losing a job, relationship, or key support person
- The death of a loved one
- Moving
- A health crisis or a change in physical health

A DAUNTING NEW WORLD

A look at depression in college students entering a challenging new chapter

ENTERING COLLEGE is, for many, a landmark event in their young lives. While it can be a time filled with rich new experiences and opportunities, it can also be incredibly trying.

“For many people, it’s their first time away from home, with no family and no siblings, and they’re plopped into this college environment where everyone except them looks so connected,” said Stephanie Jimenez, program director of Butte College’s Safe Place and Wellness Program, which offers support for victims of sexual assault, domestic violence and stalking, as well as mental-health services.

“It could be their first time living with roommates—who might be displaying all kinds of risky behaviors as it is—and their first exposure to people with dramatically different backgrounds and life experiences,” Jimenez said.

“IT’S IMPORTANT TO REALIZE THESE ARE EMERGING ADULTS ENTERING A NEW PHASE OF LIFE, PHYSIOLOGICALLY AND PSYCHOLOGICALLY.”

Juni Banerjee-Stevens, a Chico State University counselor, added that typical college-age students (between 18 and 25 years old) are still undergoing major physical and mental changes, making college a prime time for the emergence of previously unknown conditions like bipolar disorder and schizophrenia.

“It’s important to realize these are emerging adults entering a new phase of life, physiologically and psychologically,” Banerjee-Stevens said.

Jimenez and Banerjee-Stevens oversee grant programs at their respective schools that address mental-health awareness and education, as well as suicide intervention and prevention. Between the two of them, they work with hundreds of

students whose academic careers and social lives have been made more difficult due to psychological issues. Both say all of the above and more—including academic pressure—contribute to making college students extremely prone to depression.

Drug and alcohol use are another significant factor, though both Jimenez and Banerjee-Stevens warn it’s important not to judge students’ lifestyle choices when trying to help. For many students, substances provide an escape, but their recreational use can often lead to dependence.

“If someone is already having problems, and feels like society is judging them, they’re afraid because they think the person they ask for help from will also judge them,” Jimenez said, adding that “they’ve already judged themselves.”

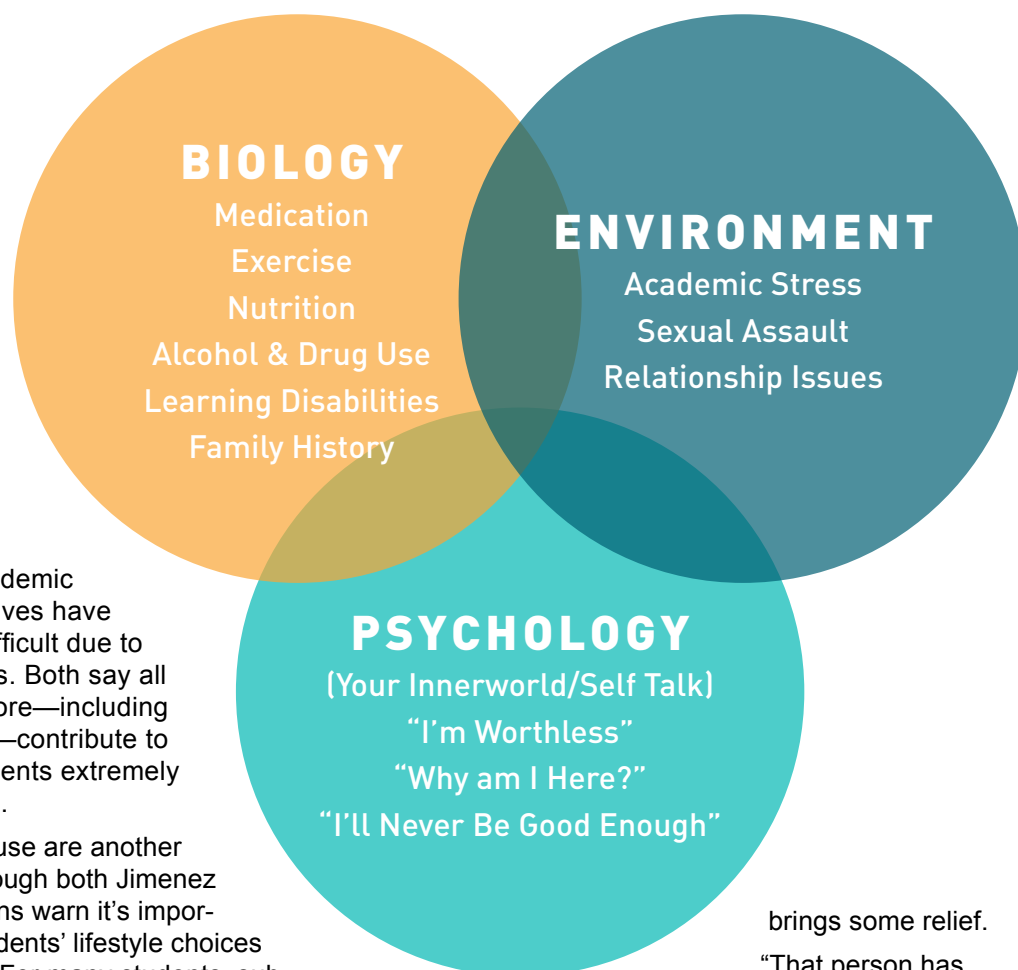
Banerjee-Stevens said that this moral judgment is the root of a lot of society’s stigma against mental illness.

“Society tends to place mental illness in two categories: People who we feel sorry for and we’re willing to help—like [the movie characters in] *Forrest Gump* or *Rain Man*—then there are the people that society views as having made their own bad decisions that led to their situation, so we aren’t willing to help them. People make this judgment when, in fact, mental illness is mental illness. We need to break down that barrier.”

Jimenez explained people are often afraid to intervene, because they feel unqualified or that they might make the situation worse.

“People are afraid that if they ask about depression or suicide, they’ll plant that seed,” she said. “But the truth is the seed is already there, and even asking about it

Factors Contributing to Depression



brings some relief.

“That person has been giving you indications through the whole process.

Those are invitations that people often choose not to take.”

Such indicators can include missed classes, academic struggles, and increased drug or alcohol use. Banerjee-Stevens noted poor sleep patterns and bad nutrition are two of the biggest immediate problems for college students, being both symptoms and contributing factors of depression.

Fortunately, Butte College, Chico State and most colleges in the region offer counseling and wellness services to students for free.



STEPHANIE JIMENEZ, program director of Butte College’s Safe Place (left) and Wellness Program, and JUNI BANERJEE-STEVENS, a Chico State counselor

Depression Across Cultures

Attitudes toward having a mental illness vary in different cultures. Cultural and religious teachings often influence beliefs about the origins and nature of mental illness and shape attitudes toward the mentally ill.

Historically, mental illness has not been viewed in a positive light by most cultures, which often attribute mental illness to moral deficit, personal weakness, lack of will power, or possession by evil spirits. In addition to influencing whether mentally ill individuals experience social stigma, beliefs about mental illness can affect patients' readiness and willingness to seek and adhere to treatment.

- **BARRIERS TO TREATMENT INCLUDE** lack of insurance coverage, lack of awareness about mental-health services, lack of culturally appropriate services, language barriers and stigma.
- **A COMMON DIFFERENCE AMONG** cultures is how depression is experienced. Many cultures express mental illness through physical symptoms or as a spiritual crisis.
- **LATINO INDIVIDUALS TEND TO EXPERIENCE** depression as bodily aches and pains, such as stomachaches, backaches, and headaches. These symptoms have been referred to as *Susto*, which is a loss of the soul, *Ataque de Nervios*, which is a combination of depression and anxiety, *Empacho*, considered to be a heaviness of the stomach, and *Tristeza*, which means sadness.
- **ANOTHER COMMON EXPERIENCE FOR** Latinos is to feel that their symptoms are of a divine making, so they may prefer to look for spiritual treatment. These treatments may include prayer, going to church, seeking the services of a *Curandero* or *Santero*, or taking herbal remedies.

OF ISOLATION AND STIGMA

Looking at a culture-wide misunderstanding of mental illness

"I FIRST STARTED feeling depressed when I was 8 years old," Lupe*, now middle-aged, shared at an open support group for Hispanic women suffering from depression at Orland's Harmony House, a drop-in center run by the Glenn County Mental Health Department.

She explained that her parents—with limited schooling in their native Mexico—had no knowledge of depression or mental illness in general, and were at a loss to explain her bouts of overwhelming sadness. Her condition worsened over the years, and at age 13, she began experiencing visual hallucinations.

Her parents attempted to treat her with potions made from liver and fish. At one point, they determined she was the victim of witchcraft, prompting visits to curanderos—Hispanic faith-healers—from Tijuana to Seattle. Her father constantly warned her against head injuries and feared the condition would get even worse if she became a mother.

It did, and Lupe had a severe psychiatric episode after the birth of her third child. She was constantly sad and exhausted, the situation becoming so bad she eventually lost her children to Child Protective Services for three years.

Lupe said she stepped onto the freeway in Orland with the intention of walking all the way to Sacramento to get them back. Fortunately, she was stopped by a police officer who, after testing her for drugs and alcohol, determined she needed mental-health treatment and took her to a psychiatric treatment center.

"MY FAMILY STILL HAS TROUBLE ACCEPTING MY ILLNESS. I CAN SEE IT IN THEIR FACES."

There, she was diagnosed with schizophrenia and began receiving treatment. Today, 16 years later, she said medication, therapy and group meetings have helped her keep the disease in check.

"But my family still has trouble accepting my illness," she said. "I can see it in their faces."

The group is facilitated by clinicians Linyu Solis, Maria Gomez and case manager Belen Romero, who are all employees of the Glenn County Mental Health Department. The women explained stigma surrounding mental-health issues, prevalent in most cultures, is even more pronounced among the Hispanic community, and large segments of the community go untreated for various reasons.

"Some come to this country where they don't know

anybody, they can't speak the language and are largely unwelcome, especially if they're undocumented," Solis said. "They're afraid that they can get deported or in other trouble if they seek help. They feel completely isolated."

Echoes of Lupe's story ran through the tales of other, mostly middle-aged women, gathered at Harmony House that day. Many have been labeled crazy, weak and wanting attention by their communities and closest loved ones. One woman said that, recognizing symptoms in her own daughter, she has tried to get her to seek help.

"She tells me, 'I don't need help, I'm not crazy.'"

Many in the group believe views on mental illness are changing for the better, and Solis said services have also improved.

"When I started seven years ago, the county had no Spanish-speaking clinicians," she explained, adding that there's still a long way to go.

Other cultures face equally profound barriers, Solis said. For example, there's a lack of translators for the North State's Asian populations, some of whom view mental issues as a gift, leaving illnesses unaddressed. She explained the key to fighting stigma in all cultures is to increase awareness.

"People aren't criticized when they get help for asthma, or diabetes, or other physical illnesses," she said. "It's important to re-teach and re-frame their views on mental illness so people understand mental illness is no different."

* This name has been changed at the request of the interviewee.



WHAT TO LOOK FOR

- Classic signs: sadness, low or flat affect; nothing gets them truly excited or happy.
- Increased anger, irritability, or extreme emotionality.
- Grades dropping.
- Sleep problems.
- Risky behavior.
- Frequent visits to the school nurse for aches and pains.
- Talking about hopelessness or wanting to die.
- Cutting or other intentional self-injury.

MORE THAN GRADE-SCHOOL BLUES

Local school psychologist explains nuance of identifying depression in children

“It’s common for parents to miss the symptoms, or think it’s going to get better.”



SCOTT LINDSTROM, a local school psychologist

KIDS are naturally moody and unpredictable, so detecting signs of depression—especially in younger children—can be difficult. But early detection is becoming more common, and it’s also one of the most important steps in treating the illness.

Scott Lindstrom, a local school psychologist, said symptoms of depression can be detected in elementary school, and in some cases as early as preschool. Having been in the field going on three decades, Lindstrom says strides have been made toward better detecting depression in schools, mostly because the stigma associated with mental illness is beginning to dissipate.

While parents, on the whole, may be more willing to look into treatment options than before, initial detection in children is still no easy task.

“It’s common for parents to miss symptoms, or think it’s going to get better,” said Lindstrom, who became involved with Care Enough To Act (CETA) a year ago.

The key is not ignoring warning signs, he said. In young children, these can manifest themselves as irritability, acting out, or a drop in grades. As children get older, they may resort to cutting, develop eating disorders, or, in the worst case, attempt suicide—which is why early detection is so important.

Of the host of factors contributing to depression, young children are most impacted by their environments, Lindstrom said, noting that brain development doesn’t slow until age 24 or 25. Those environmental factors—like parents divorcing, abuse, and bullying at school—can all affect a child’s mental health. But if diagnosed and treated early, children suffering from depression can go on to lead normal, productive lives.

“Kids are resilient and can bounce back from difficult times,” Lindstrom asserted.

Teachers who, in some cases, may spend more time

with children than parents, are pivotal in identifying warning signs. Subsequently, there’s been a push to include mental-health education in credential programs, Lindstrom said. He also emphasized that it’s critical for teachers and parents to encourage children to talk about their feelings—even anger, sorrow and frustration—though it can be difficult to prompt the discussion.

“The key is to create a school climate, and a family climate, where we’re accepted for who we are,” Lindstrom said.

While recognizing depression in children might be tricky, treatment options are similar to those for adults. Psychotherapy, medication, and special education

programs are all avenues worth exploring, while proper diet, and getting enough sleep and regular exercise are tried-and-true preventative measures.

As the stigma surrounding depression and other mental illnesses slowly lifts, parents are more likely to seek treatment for their children, which is good for all involved—family members, classmates, teachers, and, most importantly the child.

“We’re at a time when we’re starting to normalize things and talk openly about depression,” Lindstrom said. “Parents and educators are saying, ‘OK, it’s time for us to step up and do something.’”

“CHILDREN CAN BE DEPRESSED. JUST LIKE ADULTS”

WHAT YOU CAN DO

- Help your child be aware of his or her feelings.
- Make time to talk and interact with your children.
- Start young: be aware of his or her emotional stressors, even at an early age. This support can help reduce later issues.
- Significant ongoing changes in behavior can be a sign of depression
- Regularly spend time together as a family; such support makes children more resilient.
- Talk about his or her feelings—even the negative ones.
- Express your concerns to the child’s teacher, school counselor, and family physician. Ask if they notice any problems.
- If your child is diagnosed with depression, work closely with the counselor, therapist, physician or psychiatrist.
- Learn more about depression at Walk In Our Shoes: www.walkinourshoes.org.

ROAD BLOCKS

Managing depression and seeking help more difficult for the LGBTQ+ community

THOUGH DEPRESSION is overwhelming for anyone, seeking help can be even more complicated for individuals who identify as members of the LGBTQ+ community.

Living with depression sometimes feels less traumatizing than revealing sexual identity to a counselor who is not trained to support individuals who identify as LGBTQ+. Even simple forms may contain questions that are problematic or uncomfortable. For example, when there are only “male” and “female” options, which box does a transgender person check? Or, if you indicate you are married on the form, will they assume your partner is of the opposite sex?

Alan* is a transgender male in his mid-20s who has struggled with depression since he was 13 years old. While the alienation Alan felt as a confused 13-year-old girl may not be at the root of his ongoing depression, he said, seeking help has seemed overwhelming at times.

Mary*, a queer woman in her mid-30s, was first diagnosed with depression when she was 16 years old. She said medication has helped her lead a full, productive and happy life. Like Alan, she maintains her depression was not triggered by issues surrounding her sexual identity, but being queer has made accessing professional support for her mental illness more challenging.

“There is still a stigma in our culture surrounding both mental illness and the LG-BTQ+ community,” Mary said, adding that she changed therapists a few times due to a lack of understanding regarding her identity.

Thomas Kelem, board chair at Stonewall Alliance of Chico, acknowledged that “unfortunately, some qualified therapists and doctors don’t have a good understanding of the LGBTQ+ community.”

Alan, however, had quite a different experience. Familiar with transgender identities, his therapist was able to provide a safe and supportive space where Alan felt comfortable opening up about his identity.

Additionally, Alan started medically transitioning from female to male earlier this year, and the results have been dramatic.

“Six months ago, I couldn’t get out of bed,” he said. Taking testosterone and living a more authentic life have improved his life remarkably. “I could feel the depression lifting. I still get depressed, but it’s [no longer] debilitating.”

Depression started in high school for John*, a soft-spoken gay man with graying hair. He said the severity of his depression fluctuates, and it has really taken hold of him at times throughout his life. With the help of therapy and medication, John has learned to cope with the challenges of his condition.

Though Alan, Mary and John have taken different paths in addressing their depression, they all agreed that it’s critical to seek help. They also said that depression is more than feeling sad—it’s a

“Unfortunately, some qualified therapists and doctors don’t have a good understanding of the LGBTQ community.”



type of mental illness that, gone untreated, can be debilitating and even lead to suicide.

And, perhaps most important, all three emphasized that if you are concerned someone might be depressed, it’s OK to talk about it.

* These names were changed at the request of those interviewed.

LGBTQ+ sensitive counseling and referrals are available through Stonewall; call (530) 809-2485 or email counseling@stonewallchico.org for more information

Disparities Analyzed

A look at the LGBTQ Reducing Disparities Project

The **LGBTQ Reducing Disparities Project** was a multi-agency effort to seek solutions to reduce problems faced by LGBTQ individuals seeking mental health services. The study gathered information from community meetings and an online survey, collecting responses from more than 3,000 people. Some of the findings include:

- **OVER 75 PERCENT** agreed they’d experienced stress in finding appropriate services directly related to their sexual orientation or gender identity.
- **77 percent** of respondents (and **85 percent** in the trans spectrum) reported having **SOUGHT MENTAL HEALTH** services.

- Many who sought services reported mental health professionals didn’t know **HOW TO HELP** them with issues surrounding sexual orientation, gender identity, and same-sex marriages.
- **MANY COMPLAINED** that their orientation became the focus of their treatment, even though it wasn’t why they sought help.
- Many reported professionals made **NEGATIVE COMMENTS** about their sexual orientation.
- Only 40 percent reported **BEING HAPPY** with the services they received.
- Medi-Cal patients had more difficulty **ACCESSING SERVICES** than those with private insurance.
<http://bit.ly/1dzGUdr>

THERE IS HOPE

Local woman discusses lifetime with bouts
of severe depression

AT 50 YEARS OLD, Charla Jensen is a well-kempt, polite woman with bright eyes and an engaging smile. Though her appearance gives no indication of her condition, she has battled mental illness and depression since was 6 years old. By the age of 9, she had run away several times and was hospitalized following a suicide attempt. By 18, she'd attempted to kill herself four times.

"Even at a young age, I knew what was going on," said Jensen. "While other kids were outside playing, I was in my room crying. I used to pray to God that he would kill me."

Jensen's parents and teachers also knew something was wrong but, sadly, didn't make an effort to help.

"My parents didn't understand and tried to ignore it," Jensen said. "All my teachers saw it, but they didn't understand, either. I think they saw my suicide attempts as a way to get attention."

"WHILE OTHER KIDS WERE
OUTSIDE PLAYING, I WAS
IN MY ROOM CRYING. I USED
TO PRAY TO GOD THAT HE
WOULD KILL ME."

Jensen stressed that, for a person with severe depression, the feelings of rejection, loneliness and inadequacy can be so real and powerful that suicide seems like the only option.

"When you're real depressed, you feel [like] no one cares," she said. "You feel like everyone would be better off if you were dead."

Jensen wasn't officially diagnosed until 1999, when she was hospitalized following yet another suicide attempt. In addition to depression, she was diagnosed with bipolar disorder. Following her diagnoses, she began taking medication.

In 2000, Jensen received electroshock treatment, which she said helped with the depression. She still had suicidal thoughts, but said she felt more in control after the procedure. She also credits psychotherapy with her continued improvement.

"I didn't have access to treatment for a long time. Private insurance doesn't always cover treatment for depression," she said.

Despite her depression, Jensen has led a relatively normal life—she got married, had children, and made several close friends. Still, nobody seems to truly understand her condition.

"People see it, but they don't understand and don't want to acknowledge it," she said.

Jensen said her life changed dramatically when, in 2005, she finally found the proper medication after years of trial and error. She still has regular episodes of depression, but she hasn't had a suicide attempt since beginning her current medication regimen. She also has a better relationship with her children, is able to drive, serves as vice-chair of the Tehama County Mental Health Advisory Board and maintains a part-time job.

Jensen encourages anyone with questions about depression to seek help, get informed and never give up.

"At some point, you need to take responsibility for your illness and your treatment. You need to learn to be an advocate for yourself to your doctor, especially regarding meds," she said. "It takes a lot of work, but it can get better. There is hope."



CHARLA JENSEN

That's a **WRAP**

Using a **Wellness and Recovery Action Plan** can help manage mental illness

From an outside perspective, depression can be hard to understand. Sincerely concerned friends and family members often expect the depressed individual to just "snap out of it." But since clinical depression involves chemical changes in the brain and other body functions, it's impossible for someone to simply shrug it off.

The good news is that like many other chronic conditions, there are many potential options for successfully managing depression and its symptoms. One possible tool is the Wellness and Recovery Action Plan (WRAP), which can help manage a range of life stressors, but was designed specifically for people suffering from depression and other mental-health conditions. A WRAP helps people recognize when their life is going well, what triggers to watch out for, and what to do once warning signs start to arise. There are a variety of ways to complete a WRAP plan, from paper and pencil to WRAP Apps for your smartphone.

TO FIND OUT MORE, GO TO
www.mentalhealthrecovery.com

COMPLETE NUMBNESS

A portrait of suicide's devastating impact on family members

JENNIFER LARA found it alarming that the garage door was down and her husband's truck wasn't parked in the driveway when she arrived home one afternoon. As she would find out later, he had been dead for 45 minutes by the time she found his handwritten note and called the sheriff.

On April 27, 2011, Jennifer's husband, John Hoptowit, took his own life. The 44-year-old was an ornamental-iron contractor who had taken on extra jobs in a tough economy. That afternoon he came home without changing his clothes, wrote a detailed five-page note, drove five miles from their Durham home and shot himself in the head. The last text message Jennifer received from John read: "I'm so sorry, I love you."

"DOING THE DAILY ROUTINE AGAIN FELT LIKE I WAS WALKING THROUGH QUICKSAND."

Despite work stress and the challenges that come with any marriage, Jennifer says she didn't know it would all lead to her husband's suicide. In fact, that final text made her hopeful they would work through their issues. In his note, John wrote that he simply "couldn't be fixed."

Needless to say, the aftermath of her husband's suicide has been difficult for Jennifer, who's an

administrative support coordinator in the Department of Geological and Environmental Sciences at Chico State. But by talking about her own experience, she hopes to help other families who are coping with a suicide, to let them know they're not alone. "I talk openly to dispel the stigma of suicide," Jennifer said. "I want my experience, and John's life, to have a positive impact."

Talking about it also helps her heal, but getting to that point has not been easy. Jennifer describes the first year after John's death as a "complete numbness" in which she checked out of her day-to-day routine. She had interactions with colleagues she hardly remembers. She didn't cook or shop. She didn't answer the door or return phone calls.

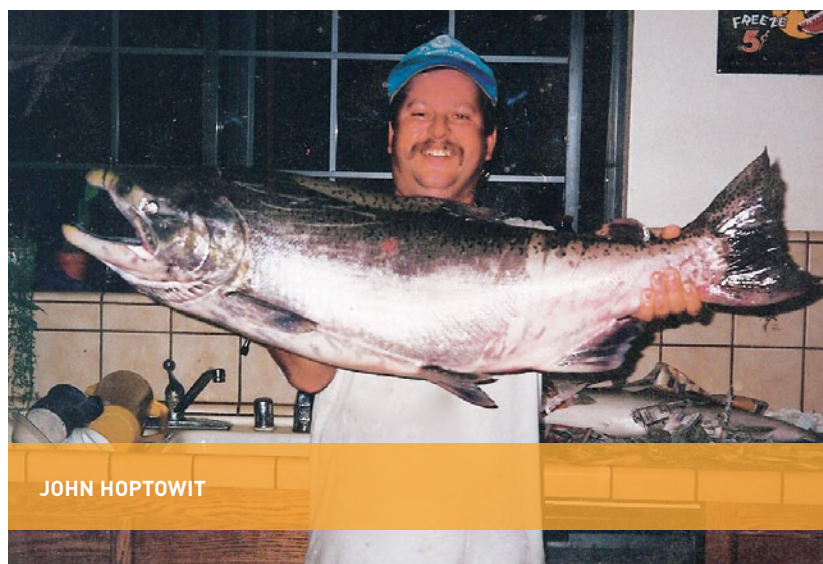
"I didn't realize at the time that I wasn't experiencing things fully," Jennifer explained. "I could only handle one thing a day. I took a lot of naps. I slept at weird times."

Jennifer utilized counseling, anti-depressants, massage, acupuncture, neurofeedback and art classes, all forms of therapy that helped return some normalcy to her routine. It took nearly a year for the clouds to lift; Jennifer found that she had more energy and was more engaged at work, but that didn't make things any easier. In fact, the second year, when the numbness subsided, was even more difficult. She recalls making tacos—which she and John often did together—and breaking down in tears.

"Once I started to poke my head out of the burrow, it became more painful," she said. "Doing the daily routine again felt like I was walking through quicksand."

It wasn't until January of this year that Jennifer felt like she was ready to reclaim her life. She doesn't have a good explanation for it; she said it was just time. Jennifer is now the lead contact of the after-care team at Care Enough To Act (CETA), helping others who have been affected by suicide. It's a resource that not only potentially helps others, but also herself.

"I realize I can have a positive impact by sharing my story," Jennifer said. "Nobody can say how much time it should take, but life goes on and it gets better."



JOHN HOPTOWIT

Out of the Darkness Walk

SEPT. 14TH AT 10 A.M. IN CHICO CITY PLAZA. CHECK-IN AT 9 A.M.

WALK TO HONOR LOVED ONES.

WALK TO RAISE FUNDS.

WALK TO SAVE LIVES.

CONTACT MIKE GONZALES AT (530) 520-6696

FOR MORE INFORMATION AND GO TO WWW.AFSP.ORG/CHICOWALK TO REGISTER.

Survivor Support

IF YOU ARE A SUICIDE SURVIVOR, OR HAVE BEEN AFFECTED BY SUICIDE, SUPPORT IS LOCALLY AVAILABLE THROUGH CARE ENOUGH TO ACT'S AFTER-CARE TEAM AND FRIENDS FOR SURVIVAL.

- **THE CETA AFTER-CARE TEAM:** contact Jennifer Lara at (530) 898-6039 or jelara@csuchico.edu.
- **FRIENDS FOR SURVIVAL:** a support group for suicide survivors held at the Chico branch of the Butte County Library (1108 Sherman Ave.) on the second Monday of each month, beginning at 4:30 p.m. Contact Jennifer Lara at jelara@csuchico.edu, or go to www.friendsforsurvival.org for more information.

IS DEPRESSION JUST SAD THOUGHTS?

Depression involves a wide array of thoughts, feelings, and actions such as: sadness, hopelessness, boredom, loneliness, inability to experience pleasure, problems sleeping, self-destructive behaviors, and much more. A person can experience depression even when everything in life seems to be going well.

CAN YOU “SNAP OUT” OF DEPRESSION THROUGH POSITIVE THINKING?

Depression is a medical condition; expecting a depressed person to “snap out” of their depression is like expecting someone with diabetes or heart disease to “snap out” of their condition. Since depression stems from changes in brain chemistry, people cannot be cured by thinking positively or making a change in one’s attitudes alone.

MY FRIEND IS DEPRESSED—WILL TRYING TO CHEER THEM UP HELP?

Attempting to cheer up those who are depressed may make them feel misunderstood. However, becoming a supportive, reliable, and non judgmental listener is critical in the treatment of depression. It’s important that you offer hope that the depression will get better with treatment and time.

HOW MANY PEOPLE SUFFER FROM DEPRESSION?

Depression is the leading cause of medical disability for people aged 14 to 44. An estimated 1 in 10 American adults report depression. This means that about over 31 million Americans will have an episode of major depression this year alone.

IS DEPRESSION REALLY THAT SERIOUS AN ISSUE?

Depression is estimated to cause 200 million lost workdays each year at a cost to employers of \$17 to \$44 billion.

ADDRESSING COMMON PERCEPTIONS ABOUT DEPRESSION

Questions Answered

DOES EVERYONE WHO SUFFERS FROM DEPRESSION HAVE THE SAME SYMPTOMS?

No, many people who are depressed can still smile, laugh and function in the world. Depression takes many forms and differs from person to person. It does not discriminate based on gender, race, socioeconomic status, or other factors. It may appear as withdrawal and isolation in one person, and normal irritability in another. There are no absolute rules where depression is concerned.

DO CHILDREN GET DEPRESSED?

Yes, children are subject to the same factors that cause depression as adults. In fact, on any single day, an estimated 500,000 children ages 6-11 and 2,000,000 adolescents ages 12-17 meet the criteria for major depression.

ONE OF MY PARENTS WAS DEPRESSED. AM I MORE LIKELY TO BECOME DEPRESSED?

Adults who have a depressed parent may have a marginal increase in their risk for depression, but it is not a sure thing. Anyone can become depressed. With treatment, most people can manage their depression, regardless of family heredity.

IS DEPRESSION SIMPLY A NATURAL PART OF GROWING OLDER?

Depression is NOT a part of growing older. Older adults can expect to live happy, fulfilling, and active lives as they age.

HOW MANY PEOPLE SUFFERING FROM DEPRESSION SEEK TREATMENT?

Only about one-third of depressed people get treatment. And, typically, people live with depression for almost a decade. But the sooner a person gets treatment, psychotherapy (“talk therapy”), medication, or other help, the more effective it is.

ARE THERE ANY ALTERNATIVES TO TRADITIONAL TREATMENTS FOR DEPRESSION?

Yes, there are several alternative therapies that can help supplement primary treatments of depression. Alterations in diet and exercise levels can help maintain a healthy mind, as well as yoga and meditation which both show promising potential for decreasing anxiety related to depression. Keep in mind, alternative treatments should not completely replace traditional treatments (medications, psychotherapy, etc.) recommended by your treating physician.

I AM DEPRESSED, BUT WILL I BE DEPRESSED FOR THE REST OF MY LIFE?

The quick answer is NOT NECESSARILY! Most people do recover from bouts of depression with the right kind of treatment and support. Some people even look back on it as a useful experience which forced them to evaluate their lives and make changes in their lifestyle for the better.

CAN ANTIDEPRESSANTS ALONE CURE MY DEPRESSION?

Although depression is treatable with antidepressants, these alone are not usually enough. Medication can take up to 6 weeks until it fully kicks in and, while it may fix the biological problem, it cannot keep depression away for good. Psychotherapy along with medication is usually the most effective long-term treatment for depression.

Answer sources available online at www.careenoughtoact.org



BACK TO THE BASICS

Holistic experts discusses lifestyle changes for treating depression

"Eating well cannot be underestimated when it comes to feeling better emotionally."



MANY alternative and holistic approaches have been found to be effective stand-alone therapies for mild to moderate depression. When combined with traditional treatments, these alternative approaches may even contribute to decreasing symptoms of severe depression. Approaches such as yoga, mindfulness training, meditation, acupuncture, exercise and nutrition have been well-studied as treatments and are worth consideration for improving depressive symptoms.

Susan Bertozzi is a nutritional psychotherapist at the Center for Emotional Balance in Chico. Bertozzi identifies nutritional deficiencies in her clients and makes recommendations for diet changes aimed at decreasing depressive symptoms. She explained her belief that there are key nutrients that fuel the neurotransmitters responsible for governing our mood.

"Eating well cannot be underestimated when it comes to feeling better emotionally," she said.

Amy Weintraub has been a pioneer in using yoga to treat depression, and her research has found that practicing yoga on a regular basis decreases symptoms of depression, especially negative rumination. Weintraub has specific yoga moves and breathing exercises which she finds most successful for depression.

Go to yogafordepression.com for more information

Research has also shown that when patients with depression receive acupuncture, it generally improves anxiety and insomnia while providing a boost to energy and overall well-being.

Bertozzi made other recommendations that approach the issue from a more holistic manner:

CONNECT TO OTHERS

"Make a positive connection with somebody. Find a sense of purpose by staying involved with friends and family, or volunteering. Everyone needs to find their own outlet."

EXERCISE REGULARLY

"Getting out and exercising, getting out in nature and being in the sun is really important," Bertozzi said. For those who have been inactive for a long period of time, even a 10-minute walk each day can make a noticeable difference in mood, she said.

GET ENOUGH SLEEP

"Sleep is important because that's when a lot of restorative processes happen," Bertozzi said, adding that proper rest is interconnected with other healthful habits. "You sleep well, you exercise, you eat better, and you have fewer cravings for foods that deplete your brain chemistry."

STAY SPIRITUAL

"The spiritual piece really varies for everyone," Bertozzi said, noting that spirituality doesn't necessarily mean being religious. "Maybe it's being in nature, finding a place to turn to give you hope and give you a sense that things happen for a reason, that 'I can get through this.'"

Bertozzi cautioned against relying on any one treatment or recommendation: "We're not minimizing the seriousness of depression," she emphasized. "All of these things can be helpful, but if you're seriously depressed, they can't replace going to an expert and getting the help you need."

When it comes to battling depression or increasing personal wellness, what works will be as unique as you are. It is important to keep trying and to use all of the resources you can until you find the perfect mix.

PEOPLE WHO CARE

Northern Valley Talk Line provides confidential support for people in dark places

JUST over three years ago, on the day the Northern Valley Talk Line opened for calls, an operator received a call from a middle-aged woman who suffered from depression and agoraphobia, an anxiety disorder that makes leaving one's comfort zone—in this case, her house—a nearly insurmountable task.

"She never left her home; she would call very upset, very hopeless," recalled Shauna Kodai, who worked as a phone operator at the time.

For months, the woman called every day—some days, up to four times—mostly just to "check in," as Kodai put it. Around Christmas, the caller revealed that, in addition to her depression and anxiety issues, she had a long history of substance abuse.

"For Christmas, she decided to give herself a gift and go to her first Alcoholics Anonymous meeting," Kodai said. "She called us the day after—she had gotten out of her house for the first time in years and interacted with people she didn't know. For the first time, she sounded hopeful."

To this day, that case stands out to Kodai (who is now program manager of the Iversen Wellness and Recovery Center) as a perfect example of what the talk line is designed for. She explained that, for years, the Butte County Crisis Line—a hotline available 24 hours a day—received calls from people who weren't necessarily in immediate crisis, but wanted to speak to a sympathetic figure about various life challenges. A second line was proposed—one in which operators would be individuals who have first-hand experience with mental illness—and Northern Valley Talk Line was launched through the Northern Valley Catholic Social Service.

Now, there are 16 operators on hand, all of whom went through 50 hours of training on reflective listening, empathetic responses and general support skills.

"We're not doctors, counselors or psychologists—we're just people who care," Kodai said.

Ril Werstler, a former operator who now serves as team leader, said the talk line has been a tremendous resource for mentally ill individuals who have found themselves isolated from their communities.

"It helps people tell their story, tell their pain," Werstler said. "Some of them don't have family or friends, some of them are home-bound, either physically or mentally. It gives them an outlet."

Like many of her fellow operators, Werstler has struggled with mental illness her

entire adult life, and identifies with the hopelessness many callers describe to her.

"When I was in my worst times, I felt like I had no one to talk to," she said. "No one understood. By talking to someone who understands, you don't have to illustrate your depth of feeling, because they already know."

The line fields more than 600 calls each month, some from out of state, but most come from the Northern Valley. Like the woman who called that first day, many callers check in regularly, adopting the talk line as a personal wellness tool.

Prior to joining the team at Northern Valley Talk Line, Werstler's bipolar disorder prevented her from holding a long-term job.

"Four years ago, I was completely without hope. I wanted to die every day," she said. But through therapy, medication, a strict nutritional regime and "maintaining a spiritual balance," she has managed her symptoms more effectively, allowing her to pursue a rewarding career for the first time. Now, she hopes her story can provide inspiration to those individuals who find themselves in a dark place.

"I was hooked up with this job, feeling that I had no skills and nothing to offer, but I gained confidence and started moving forward, and worked up to a team leader.

"I went from sitting at home, hopeless, to coming to work every day and supporting others. That's pretty astonishing to me."

"By talking to someone who understands, you don't have to illustrate your depth of feeling, because they already know."



RIL WERSTLER, a team leader at Northern Valley Talk Line (left), and SHAUNA KODAI, program manager of the Iversen Wellness and Recovery Center

A Friendly Voice

northern valley talk line



Northern Valley Talkline is a confidential, peer-to-peer warm line in which the

operators—all of whom have personal experience with mental illness—provide understanding, compassionate conversation regarding life issues, coping skills and problem solving.

Toll-Free Number:

1 (855) 582-5554

Hours: 4:30-9:30 p.m.,
seven days a week

OTHER HOTLINES:

**Behavioral Health 24/7
Crisis Line:**

1 (800) 334-6622

**The Friendship Line
(older adults):**

1 (800) 971-0016

**The Trevor Line (LGBTQ+
suicide prevention):**

1 (866) 488-7386

The Alex Project:

text ANSWER to 839863

**24-hour Suicide Prevention
Crisis Lines:**

**1 (800) 273-8255
(916) 368-3111
or text HOPE to
(916) 668-iCAN**

RESOURCES

BUTTE COUNTY FOR CRISIS

NAME	PHONE	WEBSITE
Behavioral Health 24/7 Crisis Line	1 (800) 334-6622	www.buttecounty.net
The Friendship Line (older adults)	1 (800) 971-0016	Same as above link
Homeless Emergency Runaway Effort	1 (800) 334-6622	Same as above link
The Trevor Line (LGBTQ+ suicide prevention)	1 (866) 488-7386	www.thetrevorproject.org
The Alex Project	Text ANSWER to 839863.	www.alexproject.org
Enloe Behavioral Health	(530) 332-5250	www.enloe.org/medical_services/behavioral_health.asp
24-hour Suicide Prevention Crisis Lines	1 (800) 273-8255 (916) 368-3111 Text HOPE to (916) 668-iCAN	www.suicidepreventionlifeline.org or www.suicideprevention.wellspacehealth.org
Red Nacional de Prevención del Suicidio	(888) 628-9454	www.suicidepreventionlifeline.org/GetHelp/Spanish

BUTTE COUNTY FOR SUPPORT

TalkLine	(855) 582-5554	www.nvcss.org/programs/buTalkline.aspx
Care Enough to Act	(530) 891-2850	www.careenoughtoact.org
“Know the Signs” Campaign	(916) 452-4380	www.suicideispreventable.org

BUTTE COUNTY FOR ONGOING SUPPORT

PASSAGES	(530) 898-5923 1 (800)822-0109	www.passagescenter.org
Stonewall Alliance:	(530) 893-3336	www.stonewallchico.org
Butte County Office of Education	(530) 532-5692	www.regionalk12smhi.org

BUTTE COUNTY FOR SUPPORT AND PREVENTION AT LOCAL COLLEGES

NAME	PHONE	WEBSITE
Butte College Student Health Clinic	(530) 895-2442	www.butte.edu/shc
Butte College Safe Places & Wellness Center	(530) 879-6185	www.butte.edu/safeplace
CSU Chico Counseling & Wellness Center	(530) 898-6345	www.csuchico.edu/counseling
CSU Chico Health Center	(530) 898-5241	www.csuchico.edu/shs

GLENN COUNTY

Day Crisis	1 (800) 500-6582	www.countyofglenn.net
After Hours Crisis	1 (800) 500-3530	Same as above link
The Welcome Line	(530) 865-6733	Same as above link
The Harmony House Adult Drop-in Center	(530) 865-6725	Same as above link
The Transition Age Youth Center	(530) 865-1622	Same as above link

TEHAMA COUNTY

TeenScreen Mental Health Appointments	(530) 527-8491, ext. 3012	www.tehamacohealthservices.net
Community Crisis Response Unit	(530) 527-5637 1 (800) 240-3208	www.tehamacohealthservices.net/mental-health/crisis_services.htm
Family Service Agency	(530) 527-6702	www.fsatehama.com
Headstart Counseling Services	(530) 529-1500, ext. 115	www.nccdi.com
Children First Counseling Center	(530) 529-9454	www.first5tehama.com
Alternatives To Violence	(530) 528-0226	www.alternatives2violence.org
Tehama County Mental Health Outpatient Services	(530) 527-8491, ext. 3121	www.tehamacohealthservices.net
Tehama County Suicide Prevention Task Force	(530) 520-6696 suzyslaw@gmail.com	www.careenoughtoact.org

SUICIDE PREVENTION WEEK 2013

LOCATION	MONDAY 9/9	TUESDAY 9/10	WEDNESDAY 9/11	THURSDAY 9/12	FRIDAY 9/13	SATURDAY 9/14
CHICO STATE	Before I Die: all-day interactive event/display 898-6345. safeTALK: 2-4 pm; 898-6345.	Before I Die: all-day interactive event/display 898-6345. Art with Impact: 7 p.m. 898-6345.	Before I Die: all-day interactive event/display 898-6345.	Before I Die: all-day interactive event/display; 898-6345. Don't Sit in Silence: 10 am-12:30 p.m 898-6345.	Before I Die: all day workshop. 898-6345 Don't Sit in Silence 10-2 p.m. 898- 6345.	
BUTTE COLLEGE	Before I Die: all-day interactive event/display; 879-6184. Don't Sit in Silence: 9 a.m. – 3 p.m; 879-6184.	Before I Die: all-day interactive event/display; 879-6184. Don't Sit in Silence: 9 a.m. – 3 p.m; 879-6184.	Before I Die: all-day interactive event/display; 879-6184. Don't Sit in Silence: 9 a.m. – 3 p.m; 879-6184.	Before I Die: all-day interactive event/display; 879-6184.	safeTALK: 2-4 pm. 898-6345	
GLENN COUNTY: TRANSITION AGE YOUTH CENTER AND HARMONY HOUSE	Before I Die: all-day interactive event/display; 934-6582.	Before I Die: all-day interactive event/display; 934-6582.	Before I Die: all-day interactive event/display; 934-6582.	Before I Die: all-day interactive event/display	Before I Die: all-day interactive event/display; 934-6582.	
OTHER EVENTS	Survivor Support Workshop: 4:30 pm @ Butte County Library; 898-6039. safeTALK Training: 6-9 p.m. @ First Baptist Church of Chico; 532-5842. Register at www.web.bcoe.org/calendar Opening Our Eyes to the Darkness: 8-9 p.m. on I-5 Live!, KCHO 91.7 FM and KFP9 88.9 FM.		Medicine and Mental Illness: 10 a.m. - 11 a.m. @ Hmong Cultural Center of Butte County; 534-7474. “How Can I Help?” A Talk with Anara Guard: 7 p.m. @ Pleasant Valley High School Performing Arts Auditorium; 521-6445 or 891-3000, ext. 162 .	Bully Film & Discussion: 6-9 p.m. @ First Baptist Church of Chico; 521-6445 or 893-3336. Sponsored by Stonewall Alliance Center		Out of the Darkness Walk: 9 a.m.-noon @ Chico Downtown Plaza; 520-6696. Before I Die: 9 a.m.-noon @ Chico City Plaza; 898-6345.

For a full description of Suicide Prevention Week events, GO TO www.careenoughtoact.org