

SUFFOLK UNIVERSITY COUNSELING CENTER

Action for Depression

Awareness, Prevention and Treatment (A.D.A.P.T)

Table of Contents

[What is Depression?](#)

[On-Line Depression Survey](#)

[Types of Depression](#)

[Symptoms of Depression](#)

[What Causes Depression?](#)

[Self-Help for Depression](#)

[Helping Others with Depression](#)

[FAQs About Depression](#)

[Diagnosis and Treatment\(s\)](#)

[Resources](#)

Depression is clinically defined as a disorder which impacts an individual's mood, thoughts, physical health, and interpersonal functioning. It is a disorder which varies in scope and severity, but which always impedes people's abilities to function in one or more aspects of their lives. Depression is also a very treatable illness, with 80-90% of people responding positively to treatment. This link has been developed with the hope that an increased awareness about the signs of depression, individual self-care, and treatment options will insure that students subject to depression will have opportunities to reduce the impact of this potentially disabling disorder.

What is Depression?

Depression is a "whole-body" illness, involving one's body, mood, and thoughts. It affects the way an individual eats and sleeps, the way the person feels about him or herself, and the way a person thinks about things. Normal everyday depression can last for a few minutes to a few days. We've all felt these periods of being "down" or "sad." A depressive disorder is not the same as sadness or a passing blue mood. It is not a sign of personal weakness or a condition that can be willed or wished away. It is generally characterized by a prolonged and persistent negative mood which colors and interferes with many aspects of one's life. It can be characterized by feelings of worthlessness, excessive guilt, loneliness, sadness, hopelessness, self-doubt, and guilt. Suicidal thoughts may also be

present. A depression that becomes intense and lasts for extended periods of time (two weeks or longer) is often classified as the "severe" form of the disorder which warrants the involvement of a mental health professional.

Depression is a very common illness. It has been estimated that 17 million Americans suffer from a depressive illness. It affects approximately 3-5% of the population at any one time. There is a 20% chance of women having an episode of clinical depression at some point in their lives; a 10% chance among men. Closer to home, there are three times as many clients of the Suffolk University Counseling Center with chronic forms of depression than was the case ten years ago.

On the positive side, 80-90% of all depressed people respond positively to treatment within one year. Many will begin to return to normal functioning within 6-to-8 weeks. Early intervention greatly increases the likelihood of positive therapeutic outcomes. Short-term therapies (10-to-20 sessions over a period of several months) have proven to be very successful in treating the areas of concern that either trigger or maintain depressive disorders. Thanks to research, the medications and psychological therapies that ease or eliminate the pain of depression are more advanced than ever before. Unfortunately, less than half of people suffering from depression seek treatment and remain unaware that they have a treatable disorder.

1. Do you feel sad more often than you feel happy?
2. Have you lost interest in activities that you usually enjoy?
3. Are you experiencing frequent feelings of worthlessness or hopelessness?
4. Have you noticed a recent unusual weight loss or gain?
5. Do you feel fatigued or sluggish or restless much of the time?
6. Are you usually having difficulty concentrating or making decisions?
7. Have your eating or sleeping patterns changed?
8. Are you having difficulty remembering when you last felt happy?
9. Have you had thoughts of death or suicide?

If you answer "yes" to five or more of the preceding questions, you may be suffering from some form of depression.

If you feel that you have been subject to depressive episodes in the past or that you meet some of the criteria for depression, you may click on the following link to complete the Goldberg Depression Inventory, a self-scoring questionnaire which provides additional information about the possible presence of clinical symptoms of depression. (<http://mentalhelp.net/guide/dep2quiz.htm>).

Types of Depression

Depressive disorders come in different forms and with different levels of severity. The following is a brief description of three of the most prevalent

types of depression disorders. However, within these types there are variations in the number of symptoms, their severity, and persistence.

- *Major depression* is manifested by a combination of symptoms (see symptom list) that interfere with the ability to work, sleep, eat, and enjoy once pleasurable activities. These disabling episodes of depression can occur once, twice, or several times in a lifetime.
- A less severe type of depression, *Dysthymia*, involves long-term, chronic symptoms that do not disable, but keep a person from functioning at "full steam" or from feeling good. Sometimes, people with dysthymia also experience major depressive episodes.
- Another type is *Bipolar Disorder*, formerly called manic depressive illness. Not as prevalent as other forms of depression, bipolar disorder may involve cycles of depression and elation or mania. Sometimes the mood switches are dramatic and rapid, but most often they are gradual. When in the depressed cycle, a person may have any or all of the symptoms of a depressive disorder. When in the manic cycle, any of all symptoms listed under mania may be experienced. Mania often affects thinking, judgment, and social behavior in ways that cause serious problems and embarrassment. For example, unwise relationship, business or financial decisions may be made when an individual is in a manic phase. Bipolar disorder is often a chronic recurring condition.

Symptoms of Depression

EMOTIONAL:

- Persistent sad or "empty" mood
- Anxiety
- Guilt
- Anger
- Mood swings
- Helplessness
- Hopelessness, pessimism. Thoughts of death or suicide. Suicide attempts.
- Increase in self-critical thoughts.

PHYSICAL:

- Sleeping too much or too little.
- Overeating or loss of appetite.
- Constipation.
- Weight loss or gain.
- Irregular menstrual cycle.
- Gradual loss of sexual desire.
- Chronic fatigue and lack of energy. Feeling fatigued, even after 12 hours of sleep.
- Unexplained headaches, backaches and related complaints.
- Persistent symptoms which do not respond to treatment.
- Digestive problems, including stomach pain, nausea, indigestion,

and/or change in bowel habits.

BEHAVIORAL:

- Crying for no apparent reason.
- Withdrawal from other people and new situations.
- Getting angry easily.
- Being unmotivated to set or meet goals. Missing deadlines or diminished performance.
- Loss of interest in one's physical appearance; in hobbies and activities that were once enjoyed.
- Impaired memory, inability to concentrate, indecisiveness, confusion.
- Reduced ability to cope on a daily basis.
- Increased alcohol and/or drug use.

Symptoms of Mania

Not everyone who is depressed or manic experiences every symptom. Some people experience a few symptoms, some many. Also, severity of symptoms varies with individuals.

- Inappropriate elation, euphoria.
- Inappropriate irritability.
- Severe insomnia.
- Grandiose notions (feelings of personal greatness, invulnerability)
- Easily distracted, often without cause.
- Disconnected and racing thoughts.
- Increased sexual desire and activity.
- Markedly increased energy.
- Poor judgment (spending too much money, impulsive business investments).
- Inappropriate social behavior.
- Needing less sleep than normal.
- Talking a lot or feeling that you can't stop talking.

What Causes Depression?

Depression is typically caused by a combination of biological, genetic, and psychological factors. Some types of depression run in families, indicating that a biological vulnerability can be inherited. This seems especially to be the case with bipolar disorders. Studies of families in which members of each generation develop bipolar disorder found that those with the illness have a somewhat different genetic makeup than those who do not get ill. However, the reverse is not true: Not everybody with the genetic makeup that causes vulnerability to bipolar disorder has the illness. Apparently, additional factors such as a stressful environment, may be involved in its onset. Major depression also seems to have a generational context in some families. However, it can also occur in people who have no family history of depression. Whether inherited or not, major depressive disorder is often associated with having too little or too much of certain brain

neurochemicals.

General psychological health also plays a role in vulnerability to depression. People who have low self-esteem, who consistently view themselves and the world with pessimism or who are easily overwhelmed by stress are prone to depression. A serious loss, chronic illness, difficult relationship, financial problem, or any unwelcome change in life patterns (divorce, loss of control over one's environment) can also trigger a depressive episode.

For college students, five important stress-producing situations which can trigger depression are:

- Separation from family (chances to gain independence vs. distance from positive support provided by family)
- Freedom (few rules, but must make many decisions on own)
- Competition (for grades, graduate school, jobs, dating, etc.)
- Peer Pressure (values conflicts, alcohol, drugs, sex, partying v. studying)
- Career Choice(s)
- Relationships
- Financial problems

Among the most common reasons why college students become depressed are:

- Unexpected and problematic adjustments to college life.
- Difficulties in establishing new relationships, especially with roommates and with others students in residence.
- Loss of a significant relationship.
- Conflicts with parents/family. Clash of values, behaviors, and expectations.

Self Help for Depression

Depressive disorders often make individuals feel exhausted, worthless, helpless and hopeless about the future. Such negative thoughts and feelings often lead to giving up on oneself. It is very important to realize that such negative views are part of the depression and typically do not accurately reflect an individual's situation. Negative thinking fades as treatment begins to take effect. Students who are struggling with depression can help themselves by doing the following:

- Not set difficult goals or take on a great deal of responsibility.
- Break large tasks into smaller ones, set priorities and do what can be done.
- Do not expect too much from oneself too soon, as this will only increase feelings of failure when personal goals are not reached.
- Try to be with people. Being with others tends to be better than being alone.
- Do not be overly self-critical if one's mood does not improve right

- away. Feeling better takes time and effort.
- Do not make major life decisions without consulting others who know you well and who have a more objective view of your situation. In any case, it is advisable to postpone important decisions until the depression has lifted.
 - Build structure into your day. Set daily goals and stick to them as much as possible.
 - Treat yourself to something that you will enjoy and that will require you to expend some energy.
 - Get plenty of rest and sleep, but do not overdo it. About 6-to-8 hours is sufficient.
 - Eat balanced nutritious meals. Cut down on junk foods.
 - Allow yourself to experience your feelings. If you need to cry, do so. If you are angry, find a safe way to express your feelings.
 - Keep a journal. Write out how you are feeling and what you are thinking. It is a positive way to experience your feelings, rather than keeping them inside.
 - Stick with what you know is true, real, and observable. Do not jump to conclusions or to make assumptions. Stay away from the negatives, as much as possible.
 - Give yourself positive affirmations. Develop a support system of positive people who will be supportive, encouraging and uplifting.
 - Be aware of possible causes of your depression and try to be optimistic about your future.
 - Try to challenge your negative thoughts with more positive ones.
 - Focus on your positive experiences and previous successes.
 - Make a weekly list of your positive accomplishments and achievements.
 - Regain your level of social activity.
 - Find, or reactivate, hobbies that bring you a sense of satisfaction and pleasure.
 - Daily exercise.
 - Use self-relaxation techniques whenever you feel tense or down. For example, slow breathing for several minutes can make your entire body feel more relaxed.
 - Do volunteer work to keep active, if other activities seem harder to accomplish.
 - Learn to accept, and appreciate, that everyone has different abilities and interests. Focus on your unique characteristics and skills.
 - Try to know, appreciate and develop your individual strengths.

Helping Others Cope with Depression

The most important thing anyone can do for a depressed friend or colleague is to help him/her to get appropriate diagnosis and treatment. Encourage the person to seek professional help if symptoms are persistent and seem to interfere with daily living activities. This may involve encouraging the individual to stay with treatment until symptoms begin to abate (several weeks) or to seek different treatment if no such improvement occurs. On occasion, it may require making an appointment or accompanying the depressed person to meet the mental health professional. It may also mean

monitoring whether the depressed friend or colleague is taking medication, if and as prescribed.

It is very important to offer emotional support in as unconditional a manner as possible. This involves understanding, patience, affection, and encouragement. Let the person know that you are concerned and that you will do everything you can to be there for him/her. Engage the depressed person in conversation and listen attentively. Do not disparage or assess feelings which are expressed, but point out realities and offer hope. Do not ignore remarks about suicide, as frightening as they are to hear. Always report them to the depressed person's therapist. Invite the depressed person to go for walks, outings, to the movies, or to other activities. Be gently insistent if your invitation is refused, which is very likely to happen. Encourage participation in some activities which once gave pleasure, such as hobbies, sports, religious or cultural activities, but do not push the depressed person to undertake too much too soon. The depressed person needs diversion and company, but too many demands or pressures can increase feelings of failure or of being overwhelmed.

- Do not tell a depressed person that you "know" how they feel. This may elicit anger and resentment at you.
- Do not expect him or her to "snap out of it." Keep reassuring your friend or colleague that, with time and help, he or she will likely feel better.
- Be a good listener. Don't minimize or deny the pain your friend is expressing. Talk freely and fully about your concerns and reactions.
- Be non-judgmental. Don't offer easy solutions. Don't tell your friend that they will "get over it soon." If they could, they would.
- Know your limits. If you feel overwhelmed or that the things your friend discusses are very serious, acknowledge that to your friend. Work with them to get the help they need and not to rely too much on you.
- Understand and appreciate the difference between professional and non-professional help. If someone is "blue" and having a bad day, talking to a friend is probably all they need. When someone is truly depressed and has been so for a while (two weeks or more), they probably need to talk to a professional who is trained in dealing with people who are clinically depressed.
- In the most serious of cases, do not allow yourself to agree to keep your friend's suicidal feelings or intentions a secret. You must notify an appropriate person on behalf of your friend (an RA, counselor, off-campus mental health professional, hospital ER, police, etc.)
- Be sure to resume your own life. When a friend has gone through/is in the midst of a crisis, we often feel an ongoing responsibility to ensure that s/he is all right. Remember that ultimately we are all responsible for ourselves. All you can do as a friend is to offer assistance and support.
- Do not try to "cheer up" the depressed individual.
- Avoid criticizing or shaming the individual. Do everything you can to avoid displaying anger and/or frustration with the depressed individual.

Risk Factors for Suicide

- Direct expression of suicidal intent
- "Hints" about suicidal intent
- Hopelessness
- Social withdrawal and isolation
- Someone significant has committed suicide (family member, friend, partner)
- Putting affairs in order
- Giving away personal possessions
- Preoccupation with death
- Rejection of help
- No future orientation
- Alcohol/drug abuse
- Impulsivity

Frequently Asked Questions About Depression

Is Clinical Depression Treatable?

Clinical depression is readily treatable with counseling and/or medication. Medication can correct the chemical imbalance (low levels of serotonin and norepinephrine) which is found in people with symptoms of depression. Approximately 50% of people with such depressive symptoms never get help and suffer silently as a consequence. Untreated, the average clinical depression can last 9-12 months. With treatment, people often report significant relief within 4-6 weeks.

Who is susceptible to Clinical Depression?

Depression often has its first onset in people between the ages of 18 and 22. Many stressors which can contribute to the onset of depression are present in those years: separating physically and psychologically from one's family; managing the increase in personal freedom; dealing with the successes and disappointments that occur in academic, athletic, and extracurricular activities; developing and losing love relationships; experiencing the death of a loved one; choosing an academic major; finding a job; and leaving the familiarity and security of college for the "real" world.

Is depression a sign of personal "weakness"?

Depression is one of the most common mental health concerns/disorders brought by students to the Suffolk University Counseling Center. It is NOT a sign of personal weakness. It is not a condition that you can will or wish away. People suffering from depression cannot merely expect to "pull themselves together" and get better. Without treatment, symptoms of depression may persist or get worse. With treatment, you may begin to experience significant relief within four to six weeks.

Is there a blood test for depression?

At present, there is no blood test that can confirm or eliminate the diagnosis of depression.

If I am taking medication, will I still need counseling?

In the majority of cases, the combination of medication and psychotherapy is the most effective way to treat depression. While medication can help improve depressive symptoms, it cannot change the events, thoughts or behaviors that are problematic or distressing. Even before becoming depressed you may have been struggling with personal or family issues that affected how you felt about yourself and your relationships. Psychotherapy can help you begin to explore and resolve these concerns. Individual and/or group psychotherapy may also be recommended to assist you in improving self-esteem, relationship skills and strategies for managing stressful events.

Shouldn't I be able to feel better without taking medication? Don't other people get through this without medication?

Even without treatment, some people will feel better. Unfortunately, "feeling better" can take a year or more. If untreated, depression can get worse and seriously interfere with your ability to study, work and enjoy relationships. Depression can also be a life-threatening illness when there is a risk of suicide. Medication will not "fix" everything, but it may help lighten your mood and help you to function so that you can begin working through other problems.

How does an antidepressant work?

Depression is an illness in which factors such as genetics, chemical changes in the body and external events may play an important role. Research suggests that depression may be linked to changes in the functioning of brain chemicals called neurotransmitters. Certain genetic factors and changes in hormones have also been implicated in some depressive conditions. These complex biological changes can produce profound changes in your mood and behavior. Antidepressants are thought to correct some of the chemical imbalances present in a depressive illness.

How long will I have to take a prescribed medication?

You and your treatment professional(s) will meet regularly after medication is prescribed to assess any changes and/or concerns and to evaluate how the medication is working for you. Typically, people take antidepressant medications for eight to twelve months or longer. While it is often tempting to stop taking the medication when you feel better, it is important to continue until you and your doctor agree your depression is treated. Stopping the medication early can result in the return of your original symptoms. You may be asked to gradually decrease or "taper off" the medication. "Tapering off" is particularly important with some medications

to allow your body an adjustment period.

Will the depression come back when I stop taking medication?

In the majority of cases, depression is an illness that can be effectively treated with medication and counseling. However, there is always a chance that your depression may return once a medication is stopped. Continuing antidepressants and/or therapy for the recommended time period minimizes this possibility. Unfortunately, in a small number of cases, depression reoccurs after treatment is complete. Recognizing the signs of a new depressive episode and seeking treatment early are very important.

Is the medication addictive? Will I get "high"?

The currently prescribed medications that are approved for the treatment of depression are not considered addictive. Although not addictive, the use of some antidepressants may lead you to wonder whether you are getting "high." Early on in treatment, antidepressants may cause you to feel unusually energized, especially compared to your previous state. As with most prescription medications, there are also potential side effects with antidepressants. Feeling "high" or intoxicated suggests an unusual reaction to your medication, an interaction with another medication, or complications from drug or alcohol use.

What are some of the effects of medications I might take?

Medication will not change who you are as a person, your unique personal characteristics, or your life circumstances. Antidepressant medication assists people in experiencing the full range of human emotions without feeling overwhelmed. Antidepressant medication can help you to recover your ability to react to people and interpersonal situations in a more positive way, which is often seen by others as a positive "personality change."

What might my doctor ask me to do before prescribing medication?

Your psychiatrist or family physician may ask the same questions you have already been asked by another professional. While you may find this repetition frustrating, keep in mind that questions are repeated so that your doctor can gain a thorough understanding of your symptoms, medical history, medication use, and drug or alcohol use. For female patients it will also be important to discuss the issues of pregnancy and birth control use since medication may be potentially harmful to a fetus or nursing infant. Since certain drugs, as well as some medical conditions, can produce depressive symptoms, you may also be referred to another physician for a complete physical exam and laboratory tests.

How will my doctor choose which medication to prescribe?

There are approximately 20 antidepressants currently available and approved for the treatment of depression. Antidepressants are generally classified by the chemical properties of the drug and the way in which they

are thought to work. Groups of medication your doctor may refer to include: Selective Serotonin Reuptake Inhibitors (SSRIs), Tricyclic Antidepressants (TCAs) or Monoamine Oxidase Inhibitors (MAOIs). An "ideal" medication that does not pose some potential problem or risk is not yet available. Side effects are generally mild and decrease with time. Research is focusing on more selective medications for depression that produce fewer and less problematic side effects. It is important that you ask your doctor about any concerns you might have about a medication or its potential side effects.

What are the possible side effects of antidepressant medication?

Antidepressants are a relatively safe treatment option in otherwise healthy individuals being treated for depression. Most of the time, side effects are mild, manageable and disappear over time. Common side effects include nausea, loose stools or constipation, dizziness, drowsiness, nervousness, sleep changes, dry mouth, headache and blurred vision. Some people experience a change in sexual interest or functioning.

Your doctor or pharmacist will have information sheets that outline a range of potential side effects. Each time you meet with your doctor for follow-up sessions, you should be asked about your responses to the medication and to check for problematic side-effects. Unusual side effects or those that could interfere with your ability to work or study should be reported to your doctor immediately so that changes in the medication can be made. Most side effects are reversible and gradually disappear after a medication is stopped. All antidepressants take time to work. Each person is unique in his or her response to medication. Don't be discouraged if you don't feel better right away. Therapeutic response typically occurs within two to four weeks after treatment is started. It is not unusual for your friends and family to notice signs of improvement before you do. If you do not respond to one medication, your doctor may recommend a change of dosage or a change to other medication(s).

Can I take other medications along with antidepressants?

When antidepressants are taken in combination with other drugs, the chances of side effects or drug interactions increase. It is very important to consult with your prescribing physician, particularly about allergy medications. Be sure to tell your doctor about any medications you use, even over-the-counter or "natural" vitamins and herbal products.

Are there "natural" substances I can use to treat depression?

There has been a great deal of publicity about herbal preparations such as St. John's Wort for the treatment of depression. To date, there have been no well-designed studies which have proven that herbal remedies are an effective treatment, especially when compared to standard antidepressants for certain forms of clinical depression. In addition, herbal preparations may not have any significant impact on severe forms of depression. At present, it is not recommended that traditional antidepressants be mixed with herbal preparations. Be sure to talk with your psychiatrist or

physician before attempting any form of "self-medication."

How much will antidepressant medication cost?

Although the cost of medication may be difficult for some students to budget, the cost of not treating a depression are also high. Your ability to function in school, relationships and outside employment may be significantly affected by an untreated episode of depression. The average cost of medication for depression will be about \$10 to \$70 per month (taking one medication at the average dose level). Many insurance companies pay a portion of medication costs. You may be required to pay a "co-pay" (often \$5 to \$10) for your portion of the cost. Other insurance companies pay a certain percentage of the cost. You will need to check your individual insurance policy to find out what medication expenses are covered.

Why can't I use alcohol when taking medication?

Alcohol itself is an extremely potent depressant. You certainly don't want to feel more depressed! The use of alcohol and drugs can complicate the diagnosis and treatment of a depressive illness. Many depressive conditions are associated with the excessive use of alcohol and some drugs. Using drugs or alcohol can increase the risk of dangerous behaviors including suicide or cause complicated interactions with your prescribed medication. In sum, alcohol or drug use can reduce the effectiveness of your treatment, prolong your illness, and increase the risk of negative medication side effects.

What if I forget to take my medication as prescribed?

If that occurs, you should discuss it with your prescribing physician. In most cases, if you miss a dose of your medication, do not take a double-dose the next time. Simply continue with the next scheduled dose and try not to miss again. If you miss several consecutive doses, you may experience problems such as headaches and nausea. Needless to say, your recovery is likely to take longer and to be more complicated if you do not regularly take your medication.

How Is Depression Diagnosed and Treated?

The first step to getting appropriate treatment is a complete evaluation to determine whether an individual has a depressive disorder, and if so what type he or she has. Certain medications as well as some medical conditions can produce symptoms of depression.

- A diagnostic evaluation also will include a complete history of the individual's symptoms, including:
- When the symptoms started.
- How long the symptoms have lasted.

- How severe the symptoms are.
- Whether the individual had ever had them before and, if so, whether he or she was treated and what treatment he or she received.

The therapist will also ask about alcohol and drug use and whether the individual has thoughts about death or suicide. The individual's evaluation will also include questions about whether other family members have had a depressive illness and if treated, what treatments they may have received and which were effective. A diagnostic evaluation will include a mental status examination to determine if the individual's speech or thought patterns or memory have been affected, as often happens in the case of a depressive or manic-depressive illness. The choice of treatment for depression will depend on the outcome of the evaluation. There are a variety of antidepressant medications and psychotherapies that can be used to treat depressive disorders. Some people do well with psychotherapy, some with antidepressants. Some do best with combined treatment: medication to gain relatively quick symptom relief and psychotherapy to learn more effective ways to deal with life's problems. Depending on an individual's diagnosis and severity of symptoms, he or she may choose medication and/or treatment with one of the several forms of psychotherapy that have proven effective for depression. Recent research reviews indicate that psychotherapy is at least as effective as anti-depressant medications for mild to severe depression, and is more effective in helping to avoid relapses.

A mental health professional should be consulted when an individual experiences any/all of the following circumstances:

- When pain or problems outweigh pleasures much of the time;
- When symptoms are so severe and persistent that day-to-day functioning is impaired;
- When stress seems so overwhelming that suicide is considered a viable option.

Depression Resources

- **Counseling Center (73 Tremont Street, 5th floor; 617-573-8226; Fax: 617-227-3685)**

Counseling services are available from 9:00 to 4:30, Monday through Friday. Evening hours are also provided during Fall and Spring terms. Additional early morning hours are available, by arrangement. During regular office hours, a psychologist is available at all times for immediate or emergency consultations, without appointment. Appointments can be made directly through the Secretary in 73 Tremont Street, 5th floor or by telephone (617-573-8226).

Website: <http://www.suffolk.edu/cnsctr>

FOR SUFFOLK UNIVERSITY STUDENTS, FACULTY AND

STAFF

If you would like to ask a Counseling Center psychologist a question about this topic via e-mail, please [CLICK HERE](#). A member of the staff will respond to your question or concern as soon as possible (generally, within two days).

- **Health Services (73 Tremont Street, 5th floor, 617-573-8260)**
- **RAs and/or Residence Director (150 Tremont Street, 10 Somerset Street: 617-305-2500)**
- **Dean of Students Office (73 Tremont Street, 12th floor; CAS, SSOM; 617-573-8239)**
- **Dean of Students Office (Sargent 410; LAW; 617-573-8157)**
- **National Institute of Mental Health, Information Resources (Bethesda, MD. 20892-9663)**

Tel: 1-301-443-4513, Fax: 1-301-443-4279, Depression Brochures: 1-800-421-4211 TTY: 1-301-443-8431, Website: <http://www.nimh.nih.gov>

- **National Depressive and Manic Depressive Association (Chicago, IL. 60601)**

Tel: 1-312-642-0049
Website: <http://www.ndmda.org>

- **National Mental Health Association (Alexandria, VA. 22314-2971)**

Tel: 1-703-684-7722
Fax: 1-703-684-5968
TTY: 1-800-433-5959
Website: <http://www.nmha.org>

- **National Foundation for Depressive Illness (New York, NY. 10016)**

Tel: 1-212-268-4260
Website: <http://www.depression.org>

- **ULifeline (Online Mental Health Resource for College Students)**
Website: <http://www.ulifeline.org/main/Home.html>

(In large measure, this website is the compilation of documents developed and produced by other mental health agencies and organizations. They include: National Institute of Mental Health and the National Depressive and Manic Depressive Association, as well as the Counseling Centers at the University of Texas, University of Illinois @Urbana-Champaign, University of

Florida, University of Buffalo, and Dartmouth College).

Revised (6/9/06)