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If You Are Suicidal

If you have taken steps to end your life please call campus security ext. 5000 so they can arrange for medical help. We ask you to do this so that we have a chance to help you with whatever leaves you feeling so overwhelmed that life is not worth living. We believe you can be helped. We would like a chance to try to help you.

If you are considering taking your life, please let us or someone try to help. We know that when people are suicidal they feel like nothing will help but we would like to try, and it could make a difference for you. Please call the Caltech Student Counseling Center at ext. 8331 and one of the center's staff will talk with you. After 5:00 p.m. you may reach the on-call psychologist by contacting campus security at ext. 4701.

You may also contact the Suicide Prevention Center, a 24-hour suicide prevention hotline at 310.391.1253

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If You Know Someone Who is Suicidal

If someone has attempted to take their life they are in need of medical assistance. If you are on campus, call Campus Security at ext. 5000, or if off-campus call 911 for emergency medical assistance.

If you are concerned that someone is in imminent danger of taking their life, call Campus Security at ext. 4701 or call 911 if you are off campus.

If the person you are concerned about is not in any immediate danger of harming him or herself but you are concerned about the possibility and they are a student, please call the Counseling Center at ext. 8331 for a confidential consultation on how best to help. For emergencies after 5:00 p.m. you may reach the on-call psychologist by contacting campus security at ext. 4701.

If you are concerned about a Caltech Staff or Faculty member and are in need of consultation you may call the Staff Faculty Consultation Center at ext. 8360.

You may also contact the Suicide Prevention Center, a 24-hour suicide prevention hot line: 310/391-1253

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If You are Depressed

If you believe you may be depressed, you should know that depression can be effectively treated. People who are depressed often believe they cannot be helped; some of that belief comes from the illness itself - depression causes a sense of hopelessness. Sometimes the belief that you cannot be helped comes from previous experiences of someone trying to help you. Friends, family members, or professionals may have tried to be of help in the past without success. It is important to know that treatment for depression should be and can be tailored to the individual. The first step could be to come to the Counseling Center and talk with someone here about your depression and your previous attempts to deal with it. We will help you to come up with a plan.

Introduction: In the general U.S. population it is estimated that 2 to 3 percent of men and 4 to 9 percent of women are depressed at any given time. Suicide is now the second leading cause of death in U.S. college students, and suicide in the young has tripled over the past 45 years. Though these numbers are staggering, suicide can be prevented and depression can be treated. This web page has been developed as a resource for those individuals who may harm themselves be suicidal and those who are concerned about someone who may be depressed or suicidal. While these resources are written to help Caltech students, the information it contains should be useful to you whether the person is a Caltech student or not.

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Symptoms of Depression

Sleep - Excessive sleep or difficulties falling and staying asleep, nightmares.

Interest - Loss of interest in pleasurable activities such as work, recreation, hobbies, focus, sex.

Guilt - Feelings of guilt that are excessive for the situation, or a constant feeling of worthlessness.

Energy - Loss of energy, fatigue, decreased motivation, difficulty initiating tasks.

Concentration - Difficulty concentrating, focusing, or remembering.

Appetite - Increased or decreased appetite possibly resulting in weight gain or loss.

Mood - Appears down, has a pessimistic or cynical attitude, or is generally apathetic.

Suicidal Ideation - Suicidal thoughts or intentions.

Social Withdrawal - Isolation, change in desire to engage with others. May stay in their room more than usual.

Avoidance Behavior - Spending increased and excessive time engaging in behavior to distract themselves (computer games, surfing the net) or behaviors that are self-destructive (alcohol, drug use, or cutting). Avoids people to whom they feel an obligation to do something but are unable to (advisors, professors, TA's etc.)

Appearance - People who are depressed sometimes have less interest in their appearance or have less energy to invest in grooming. They may shower less frequently, or wear the same or wrinkled clothes repeatedly.

If you notice a change in someone's behavior and mood, and they experience some of the symptoms described above for more than two weeks, the person may be depressed. You do not have to be able to diagnose someone as suffering depression to help them, just consider the above mentioned symptoms as indicating something is wrong and talk with them about your concern (how you may help someone who is depressed). If you think you may be suffering from depression you can click on <http://www.med.nyu.edu/Psych/screens/> which will take you to a confidential on-line self assessment depression inventory. If you believe you are depressed or someone you know is depressed please call us at the Counseling Center ext. 8331, to talk with someone about how we can be of help.

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Different forms of Mood Disorders (including depression)

1. **Unipolar or Major Depression** is what most people are referring to when they talk about depression. People are considered to be suffering from a major depressive episode when they have at least 5 depressive symptoms for a period of at least 2 weeks. It is not necessary for the person to exhibit all of the signs of depression to actually be depressed.
2. **Dysthymia** is a low-grade, chronic depression that is diagnosed when people are depressed more often than not for a period of at least 2 years.
3. **Cyclothymic Disorder** is a fluctuation between states of low-grade depression and low-grade mania that lasts for at least 2 years.
4. **Bipolar Disorder** also referred to as manic depression, is a disorder of a person's mood

that makes them vacillate between feeling manic and feeling depressed. Using the term 'manic depressive' has become almost commonplace in this country, yet the experience of manic depression can be vastly different than how the general public understands the illness. This is different from just being moody. The highs and lows last longer and are more intense than a passing mood. The length of cycles can vary; 4 or more cycles in a year is considered rapid cycling. The age of onset for bipolar depression and major depression is lowering with teens and preteens experiencing both forms of mood disorders. Men and women experience bipolar disorder equally. People with bipolar disorder require ongoing treatment with medication, and if left untreated, have a higher suicide rate.

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Bipolar or Manic Depression:

Symptoms: Depressed Phase

- Intense sadness or despair: feeling pessimistic, hopeless, helpless, and worthless.
- Lacking interest in activities that you used to enjoy, being withdrawn.
- Loss of energy, feeling fatigued.
- Difficulties with sleep.
- Changes in appetite.
- Difficulties concentrating.
- Constant thoughts of death or suicide.

People with bipolar disorder often seek help when in the depressed phase. They often do not perceive themselves as having a problem when in the manic phase.

Symptoms: Hypomania Phase

The hypomania phase consists of low-grade manic symptoms that are not necessarily experienced as disturbing to the person.

- Feeling euphoric.
- Feeling more energetic, needing less sleep.
- Being able to think quickly, be creative, and get a lot done.
- Others usually think they are fun.

Symptoms: Manic Phase

- Impulsively engaging in risky behaviors, like reckless driving and spending.
- Poor judgment.
- Irritability, feeling easily angered, even getting violent.
- Trouble concentrating, racing thoughts, difficulty sitting still, rapid speech.

- Sense of grandiosity and invincibility.
- Irrational thoughts (e.g., believing they have special connections with God or celebrities).
- Paranoia and psychotic symptoms.

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Frequently Asked Questions about Depression

How Can You Help Someone Who is Depressed?

Approach the student about the changes you have noticed (in their behavior, demeanor, an appearance). If you focus on their behaviors, it can feel less threatening than telling them you think they are depressed. Approach with empathy and concern.

- "I'm concerned. You don't seem as interested in your work/hanging out with us."
- "You seem to be sleeping a lot lately, how are things going for you?"
- "It doesn't seem like you have been sleeping much lately and some of the ideas you've been talking about seem pretty far-fetched."

Listen actively without judgment. Try not to "fix" the student's problem or give advice too quickly. Pay attention to verbal and nonverbal communication (attend to the student, give you undivided attention).

Understand the student's problem. Ask open-ended questions (e.g. How are you doing vs Are you doing ok?). Reflect back what the student is telling you so that they know they are understood. Acknowledge how difficult or hard their situation must be. Make statements tentative and enable the student to describe their own experience. Intermingle questions with reflections of the feelings they've expressed. Use the student's language. If they do not identify their feelings as depression, labeling them as such can be overwhelming or cause the person to believe you don't understand.

If depressed, assess for suicide

- **Explore** what the student has already tried to do or has done in the past to deal with their depression.
- **Help the person get moving.** If there is something that the student can do to change their situation (e.g., get some tutoring, talk with their TA), encourage them to address their problem.
- **Limit the advice you give.** While encouragement and mobilization can be helpful when a person is depressed, it is probably best to refrain from giving advice too quickly because the student may feel like you are minimizing their situation or problem.
- **Help them get help.** Recognize when a problem is too difficult for the student and the two of you to handle alone.
- **Ask the student if they have considered talking with someone.** Find out how the student feels about talking with someone (e.g., the RA or someone at the Counseling Center ext. 8331). You may be able to help them get past their own reservations about getting help (e.g., reassure them that it does not mean someone is weak or crazy if they talk with a counselor).
- **Get them connected with resources on campus** that can provide more help (e.g., Counseling Center located in the Health Center at 1239 Arden Rd., RA's). You can help the student overcome their fears or apprehension of seeking help by offering to accompany them if they are reluctant to come in on their own.
- **Ask them how things went** after meeting with the counselor. This lets the

student know that you are interested in them, but also understand that a student may not want to disclose the details of their meeting. Additionally, because of the limits of confidentiality, counselors will not be able to confirm if the student has come to the center, so asking the student directly if they have sought help will give you some reassurance.

- **Be encouraging.** Let the student know that it takes some time for things to change. Support the student in continuing to seek help.
- **If the student continues to have problems,** check in with them over time to see how things are going. Check to see if they are still getting help. Let the student know if you remain concerned or become more concerned. Consider calling the Counseling Center to see how you can be of help especially if the student is suicidal or if their problems persist.
- **If the student won't get help,** talk with someone at the Counseling Center at 8331, or the Staff/Faculty Consultation Center about what you can do to further help the student.

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Incidence of Depression: How many people get depressed?

- While the incidence of reported depression in the U.S. is higher for women than for men (4 to 9 percent vs. 2 to 3 percent), it is not clear whether men get depressed less often, whether it's simply harder to tell when they're depressed. Men in general, are less likely to seek help, while women may be more comfortable expressing their depression because of societal expectations of gender-typed behavior.

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Factors that impact the experience of depression

1) Gender

- Women generally talk more about the emotional experience of depression: "I feel sad, I get upset so easily."
- Men, on the other hand, may talk more about the physical symptoms of depression and complain about not being able to concentrate, feeling tired, or having physical pain. Depression in men may also be more likely to be expressed as anger or be masked by substance use.

2) Culture

- Individuals may focus on the physical effects of depression (e.g. fatigue, stomach pain, headaches) because of the stigma attached to emotional problems in some cultures. Cultures closely tied to religion or the spiritual world may emphasize spiritual problems (e.g. feeling they are not right with God or the universe) rather than emotional problems.

3) Age

- Depression in adolescents can be hard to recognize because their sadness and hopelessness can be masked by boredom or apathy-lacking interest in things and not caring. They also may act out more, or have physical complaints.

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Why Do Some People Get Depressed While Others Do Not?

Some depression may be the result of a biological predisposition or vulnerability, meaning a person may have an inability to produce enough neurotransmitters or perhaps they have inherited weakened or oversensitive receptors; i.e., a problem with hard wiring).

The cause of some depression may be the result of protracted stress in which the person does not find relief because the source of the stress does not lend itself to relief, such as the loss of a loved one, or because the person does not have adequate coping mechanisms, like being able to talk to friends or family.

Environmental component: depressed people report three times the number of psychosocial stressors as those who are not depressed.

Our current understanding of the workings of the brain are incomplete. We may learn that some people are predisposed to depression because of heredity and significant stress is the trigger of a depressive episode.

What we also know is that even a single episode of depression, if left untreated, can result in someone being more vulnerable to depression in the future. The average number of depressive episodes in a person's life is seven if they are not treated.

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Suicide Prevalence

It is estimated that 30,000 Americans commit suicide a year and the World Health Organization reports an estimate of 1.8 percent of all deaths worldwide result from suicide each year.

Risk factors for Suicide

- Depression or feelings of hopelessness: 90% of people who commit suicide have a mental illness, most of whom weren't being treated.
- Prior suicide attempts: ¼ to ½ people who commit suicide made previous attempts.
- Previous suicidal threats: ¾ of people who commit suicide give warning of intentions.
- Family history of suicide or mental illness: (e.g., depression, bipolar disorder, schizophrenia).
- Recent death of a friend or acquaintance (especially by suicide): 1/3 of suicide attempts are associated with a loss.
- Lacking social support.
- Drug or alcohol use: a significant number of people who commit suicide are under the influence at the time.

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Signs of Potential Suicide

- Depression or feelings of hopelessness.
- Talking about suicide: Any comment about not wanting to live, saying people would be

better off without them, or how they won't be around much longer.

- An interest in music, books, or movies about suicide.
- Giving away prized possessions.
- Preparing for death (e.g., writing a will, writing letters to friends).
- Acquiring the means to commit suicide (e.g., stockpiling pills, buying a weapon).
- Sudden lift in spirits that can result when a depressed person has come to a decision to end their life.

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Myths about Suicide

- **Talking with someone about suicide will put the idea into their head.** Talking about suicide gives the person a chance to talk about it and get help.
- **Attempts are meant only for attention. They are not serious.** Anytime someone threatens or attempts suicide, it is serious; it indicates that something is wrong. People often make attempts before they finally commit suicide.
- **People make conscious rational decisions to take their life.** Suicide is most often results of a psychiatric disorder, primarily depression or manic-depression rather than conscious rational decision. Suicide is also related to schizophrenia, alcoholism/substance abuse and personality disorders.

Dr. Kay Redfield Jamison, a noted researcher on bipolar disorder and suicide, report that "in all of the major investigations to date, 90-95 percent of people who committed suicide had a diagnosable psychiatric illness."

These psychiatric disorders are treatable meaning most suicides are preventable

- **Suicide is the result of an impulsive action on the part of the individual.**
Most suicides are the culmination of a protracted process, often over a 2-year period that results in a person taking their life. Initially, the person experiences loosening of their own and societal inhibition against suicide. There is a shift from thinking of suicide as immoral or unthinkable to seeing it as a viable option over time. When a person begins to consider how they might take their life they are more at risk if they have acquired the means to take their life and have a plan and intention to carry their plan out.

If drugs and alcohol are involved, or the person suffers from a personality disorder, it may increase the possibility that the person could take their life impulsively.

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How Do You Talk With Someone about Suicide?

Assess the Risk of Suicide:

How serious or imminent: Follow up on anything the student has said that makes you wonder if they are suicidal (e.g., "What did you mean when you said you don't care about your grades because you probably wouldn't be around at the end of the term anyway? Remember to take all threats seriously.

Be direct but gentle: "When you say these things, it makes me wonder if you're thinking about suicide. Are you?"

Do they have a plan? How thought out is the plan?

- They have a means to harm themselves (e.g., access to a gun, pills, knife)?
- Do they say they intend to carry out their plan?

The more developed the plan the more serious the danger and even more dangerous if they have the means to harm themselves and they use alcohol or drugs. Use of drugs and alcohol can impair judgment and contribute to a person spontaneously acting on feelings of self harm.

If a person is thinking about suicide, but they have no clear plan or means and they deny any intention, you have some time to get the student help. Consult with an RA or the Counseling Center. Help the student get connected with the Counseling Center (e.g., escort them if necessary). We are located in the Health Center on Arden Road. For after hours emergency care, call campus security ext 4701 and ask to have the on-call psychologist paged.

If the person is thinking about suicide and they have a plan: Involve someone right away. "You're telling me you've thought about suicide enough that you even have a plan. That has me really scared for you. I want to talk to someone about how to help you."

If the person intends to or is threatening to harm themselves: Involve someone right away. Call the on-call psychologist at the Counseling Center at ext. 8331 or by calling Campus Security at ext. 4701 after hours, ask to have the on-call psychologist paged.

If the person has taken pills or harmed themselves: This is a medical emergency. The student needs to be taken to the emergency room for immediate medical attention. Call security at ext. 5000 or call 911 if you are off-campus.

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What Makes Helping in This Situation So Difficult?

- **Sense of responsibility** - You are not expected to handle this on your own; if you suspect suicidal behavior, involve others.
- **Sense of urgency (worrying that something is going to happen right away)** - Unless the person has actually made an attempt or has the means at hand, you will have some time to get help.
- **Fear that you'll make the person mad by involving others** - Getting them help has to be your priority.
- **Betraying trust if you've promised not to tell anyone** - If a person asks you not to tell anyone if they are suicidal you should be honest with them and let them know that is not a promise you can keep. It is too much for any one person to hold and it prevents them from getting the help they need. Bottom line: Be honest about what you can and cannot hold in confidence - their safety is the priority.
- **You may not know the student** - This can make the conversation difficult to initiate. Just be honest (e.g., "I know I really don't know you, but your friends have talked to me, and they're concerned about how things are going for you.")

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Resources:

- [Caltech Student Counseling Center X8331](#)
- [On-Line Depression Inventory](#)
- [Helping the Distressed Student; A Resource Guide to Staff and Faculty](#)
- [Suicide Resources](#)
- [Depression Resources](#)
- [Staff/Faculty Consultation Center: X8360 Home Page](#)
- [Caltech Campus Security: X4701, X5000 \(medical emergencies\)](#)
- Suicide Prevention Center: 310/391-1253

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