

Anxiety Rates in Cal Poly Students:
Short Documentary and Literature Review on Prevalence, Causes and Treatment

A Senior Project

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ABSTRACT

Anxiety is a leading mental health disorder at California Polytechnic State University, San Luis Obispo. Over 50% of students who visit the counseling reported feeling anxiety, and 14.8% of students met the diagnostic criteria for anxiety disorder during the 2016-2017 school year. Nationally, anxiety rates among college students have increased almost 16% from 2007-2017 (LeViness, Bershad & Gorman, 2017). This project is comprised of two parts: a short, documentary style video on anxiety at Cal Poly, as well as a literature review. The video is a series of interviews from Cal Poly students who suffer from anxiety, and a Cal Poly health care professional who has seen countless cases of anxiety on campus. The literature review is based on scholarly articles, relevant mainstream media, news and scientific journals. The paper focuses on anxiety rates among Cal Poly students and all U.S. college students. The paper will address anxiety symptoms, triggers, management and treatment options. The goal of this paper is to decrease anxiety stigma and, in turn, increase student willingness to get help.

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Chapter 1

Introduction

Statement of problem

The American college experience is made out to be a wonderful experience when one is finally free from their parent's rules. A time when one can find their true passions and explore themselves. This glamorized notion of college is played up by the media. However, as the saying goes, with great freedom comes great responsibility. For many students, college is not all fun and games. College is a huge transitional period, and one of the major reasons for anxiety is change. At Cal Poly, Anxiety and depressive disorders are always the top two mental health diagnoses, which one has a higher prevalence varies from year to year. Furthermore, on a national level researchers have found that almost 1 in 5 college students suffer from anxiety or depression (Rosenberg, 2018). Anxiety disorders have proven to be easily treatable mental health disorders, yet only around one third of all people in America with anxiety disorder seek treatment ("*Facts and Statistics,*" 2018). Some suffering from an anxiety disorder do not know what is wrong with them, and don't know how to go about receiving treatment. Others know they have severe anxiety and choose not to seek treatment out of shame or embarrassment.

As colleges become increasingly competitive, college students have becoming increasingly anxious. Despite how common anxiety disorders are, there is still a lot of stigma surrounding the them, which prevents many students from getting the help they need. At Cal Poly Counseling Services, during the 2016-2017 school year, anxiety disorders were the second leading diagnosis at the Cal Poly Counseling Center. During that time, the percentage of students who were diagnosed with anxiety disorders was 14.8%. Depressive disorders were the number one diagnosis at 19.6%. These numbers only include students who were treated at Cal Poly

Counseling Services, not those who received treatment from another medical facility, or didn't receive treatment at all.

Background of the problem

It is important to point out that anxiety has a large genetic component. In fact, genetic predisposition accounts for 30-40% of individual variability in regards to anxiety disorders. However, treatment has been shown to be just as effective for those with genetic predisposition as those without (Vann, 2015). Anxiety is a tricky mental health disorder because it is so different for each person. While it is true that some level of anxiety is healthy and necessary, there comes a point where the bad outweighs the good. In fact, for many students, high levels of anxiety negatively impact almost all areas of life. Normal, healthy anxiety is much different than a full blown anxiety disorder. Everyday anxiety is also known as stress, which is usually caused by an environmental factor, and the symptoms go away after the stressor goes away. An anxiety disorder, on the other hand, is due to an unknown source or in response to the experience of stress, and the symptoms persist despite no indefinable stressor ("*Anxiety Toolbox*," 2017).

Anxiety is currently a hot research topic in today's psychological and medical communities. Anxiety among college students is an epidemic on a national level. It has surpassed even depression as the most common mental illness in America. Researchers estimate that around 10% of teenagers and 40% of adults suffer from some form of anxiety. However, only one third of adults and one out of five teenagers with anxiety seek treatment ("*Eleven Facts*," 2011). In addition, many of those who suffer from an anxiety disorder also have a depressive disorder. This combination can make it very difficult for students to perform daily activities.

Purpose of the study

For many Cal Poly students, college is their first time living away from home and taking care of themselves. Balancing academics, social life, exercise and extracurriculars, all while learning how to be self sufficient, can be overwhelming. To add to this stress, Cal Poly is a very social school, but is also rigorous academically. Students feel pressure to excel in all areas of life, which leaves many feeling that there are not enough hours in the day. The pressure to be involved in so many areas leaves many students with no time for self care and reflection. So many stressors and so little time takes a toll on the body and mind. While most students will seek treatment for physical illness, the same is not true when it comes to mental illness.

The negative stigma surrounding anxiety disorders is a huge roadblock for those who need help. This project will focus on why it is so important that students become aware that anxiety does not make them weak or less than. It is an issue that is so common among college students that almost everyone knows someone that has been affected by an anxiety disorder. If students can become aware of how common and normal it is to have a mental health disorder, there will be less stigma surrounding the issue. The goal of this study is decreasing stigma and increasing treatment. An open dialogue will help students to understand what resources are available. Awareness of resources will make anxiety disorders less confusing and more approachable. In turn, more students will feel comfortable enough to seek treatment.

Setting for the Study

The study is comprised of a video and a literature review. The setting for the video portion of this project will be done as a series of three in-person interviews on Cal Poly's campus. The interviews will be conducted with two Cal Poly students and one Cal Poly mental

health professional. The Cal Poly student interviews will be a free flowing conversation. These interviews will take place in a relaxed, outside setting on the Cal Poly campus. The topics covered will include their personal experiences with anxiety, what it is like living with anxiety, how they deal with it, and advice they have for others. The mental health professional is the Outreach Coordinator and Trauma Specialist at Cal Poly Counseling Services. This interview will cover anxiety disorder rates at Cal Poly, background on anxiety disorders, types of anxiety disorders, and available treatment options. This interview will take place at Cal Poly Counseling Services.

Research Questions

These research questions were created after analyzing available literature on anxiety disorders in college students. These questions are designed to increase awareness, decrease stigma, and increase rate of treatment on the Cal Poly campus. Each question addresses a different element that contributes to understanding anxiety disorders in a college environment.

1. What is the prevalence of anxiety among college students and at Cal Poly in particular?
2. How have rates of anxiety and depression among college students changed in the past 10 years?
3. What are anxiety rates in the general U.S. population and what demographics are most likely to suffer from mental illness.
4. How do anxiety rates in college students compare to the general U.S. population?
5. Why are the reasons that anxiety disorder rates on the rise for college students?
6. When should someone seek treatment for anxiety and what are the most effective treatment options?

Definition of Terms

The following terms are defined to help the reader fully understand the meaning of the terms in the context of this study.

Anxiety Disorder: For the purposes of this paper the medical definition of anxiety will be used. Anxiety disorders are defined as persistent stress or worry, with an often unknown cause, that interferes with everyday life. Symptoms and are commonly both physiological and cognitive (Evans and Foa, 2005).

Specific Anxiety Disorders: Specific psychiatric disorders that involve extreme fear or worry, and includes generalized anxiety disorder (GAD), panic disorder and panic attacks, agoraphobia, social anxiety disorder, selective mutism, separation anxiety, and specific phobia (*“Understanding the Facts,”* 2018).

Generalized Anxiety Disorder (GAD): Defined as chronic, constant and often unsubstantiated worry. Often worries include work, family, health or money. This excessive worry disrupts the ability to carry out everyday activities. Physical symptoms include, but are not limited to muscle tension, gastrointestinal discomfort or diarrhea, irritability, fatigue, edginess, restlessness and sleep difficulties (Gillespie, 2018).

Social Anxiety Disorder (SAD): Defined as a marked fear of social or performance situations in which they expect to feel embarrassed, judged, rejected, or fearful of offending others. Symptoms include feeling anxious about being with other people and having a hard time talking with them, feeling self-conscious in front of others, worrying for days or weeks about upcoming social situations, sweating, blushing and feeling nauseous around other people (*“Anxiety Disorders,”* 2016).

Specific Phobias: A strong and irrational fear reaction to specific places, situations and objects. Specific phobias commonly focus on animals, insects, germs, heights, thunder, driving, public transportation, flying, dental or medical procedures, and elevators (“*Understanding the Facts*,” 2018).

Physical Anxiety Symptoms: Physiological symptoms include but are not limited to rapid or pounding heartbeat, shortness of breath, excessive sweating, tremors or twitches, headache, fatigue or weakness, insomnia, nausea or upset stomach and frequent urination or diarrhea (Konkel, 2018).

Cognitive anxiety symptoms: Cognitive symptoms include feelings of apprehension or dread, feeling restless or irritable, feeling tense or jumpy, anticipating the worst, and constantly watching for signs of danger (Konkel, 2018).

Cognitive Behavioral Therapy (CBT): CBT is the most effective form of therapy for anxiety disorders. In some studies it has been shown to be as effective or more effective than medication. CBT is a type of psychotherapy in which negative patterns of thought about the self and the world are challenged in order to alter unwanted behavior patterns or treat mood disorders such as depression (Richards, 2018).

Selective Serotonin Reuptake Inhibitor (SSRI): SSRIs are currently the most commonly prescribed anti-anxiety drugs. They work by increasing the amount of the neurotransmitter serotonin available in the brain by blocking the reuptake (reabsorption) of serotonin in the brain. Increased amounts of serotonin in the brain help to regulate mood and thought processes (Mayo Clinic, 2018).

Stress vs Anxiety: According to the Cal Poly Anxiety Toolbox Student Workbook, Normal, healthy anxiety is much different than a full-blown anxiety disorder. Everyday anxiety

is also known as stress, which is usually caused by an environmental factor and the symptoms go away after the stressor goes away. An anxiety disorder, on the other hand, is due to an unknown source or in response to the experience of stress (“*Anxiety Toolbox*,” 2017).

Organization of Study

Chapter 1 included the background of the problem, purpose of the study, and a definition of terms. Chapter 2 will show the current research on anxiety disorders in college students through a literature review. This will include the prevalence of anxiety disorders for college students and the most successful treatment options. Chapter 3 will discuss the methodology behind the short documentary on anxiety at Cal Poly, including the sources, participants, collection and presentation of the data, as well as the interview design and limitations of the video. Chapter 4 will present the data based on current literature. In addition, it will include a more in-depth look at the individual shot-documentary participants. Finally, Chapter 5 will include a summary and discussion of the findings. Also, it will address way in which Cal Poly can work to improve student awareness of resources and treatment of mental health disorders.

Chapter 2

Literature Review

This literature review of anxiety rates in college students focuses on discussing the prevalence of both college and non-college students, common reasons and types of anxiety, demographics at highest risk for mental health disorders.

Anxiety Rates Among College Students and Cal Poly in Particular

An article about defining anxiety disorders on Oxford Medicine Online explains that anxiety disorders are persistent stress or worry, with an often unknown causes, that interferes with everyday life. Symptoms are commonly both physiological and cognitive (Evans and Foa, 2005).

In a study done by the Association for University and College Counseling Center Directors researchers found that during the 2015-2016 school year found that anxiety is the leading mental health concern among college students. There were a total of 529 counseling centers from all over the country represented in this study. The researchers found that 50.6% of students who visited a counseling reported having anxiety. The second leading concern was depression at 41.2%, followed by relationship concerns 34.4%, suicidal ideation 20.5%, self-injury 14.2%, and alcohol abuse 9.5% (Reetz, Bershad, LeViness & Whitlock, 2016).

In an article in Psychology Today, the rates of for mental health disorders among college students are revealed. The author writes that America's college students are facing a mental health crisis in that 57% of college women and 40% of college men have experienced periods when they felt overwhelmed by anxiety. "Evidence suggests that this group has greater levels of stress and psychopathology than any time in the nation's history" (Henriques, 2014).

Lastly, a 2016 annual report done by the Penn State Center for Collegiate Mental Health (CCMH) found that anxiety was the number one mental health concern among college students. The annual report was based on 139 college and university counseling centers. The study found that 61% of college students had reported anxiety as one of their major health concerns in the 2015-2016 school year. In this study, the second leading mental health concern

among college students was depression at 49%, followed by stress at 45.3% (Center for Collegiate Mental Health, 2017).

At Cal Poly, during the 2016-2017 depression (19.6%), anxiety (14.8%) and drug and alcohol related problems (7.9%) were the top diagnosis at the Cal Poly Counseling Center. Anxiety and depression are always in the top three mental health disorders diagnosed at the Cal Poly Counseling Center, sometimes number one and sometimes number two. These numbers are based on students who met the diagnostic criteria, but many more experience symptoms of anxiety and depression. For example, consistent with the national average, over half of all students who visit the Counseling Center report feelings of anxiety (Reynaga-Abiko, 2018).

National College Mental Health Concerns From 2007-2017

The association for University and College Counseling Center Directors conducts an Annual Survey each year. One of the major goals of the annual study is to recognize the top mental health concerns among college students. Each Annual Report is based on data from hundreds of college counseling centers. For example, the study done in 2017 had 621 counseling center directors respond to the survey (LeViness, Bershad & Gorman, 2017). These Annual Reports include data on many mental health disorder. However, this paper will focus on the top two, anxiety and depression. It is evident that during the 10 year span from 2007 to 2017, anxiety rates have skyrocketed.

In 2007, rates of depression concerns were higher than anxiety concerns. During the 2006-2007 academic year 39.4% of students reported feeling depressed, while 36.7% reported feeling anxious (Rando, Barr & Aros, 2007). During the 2010-2011 academic year, anxiety and depression rates had both decreased, but anxiety rates at 32.33% were higher than depression

rates at 31.37% (Barr, Krylowicz, Reetz, Mistler & Rando, 2011). Since 2011, anxiety rates have been on the rise, while depression has increased and decreased depending on the year. During the 2016-2017 school year anxiety concerns at 48.2% were almost 14% higher than depression concerns at 34.5% among students (LeViness, Bershad & Gorman, 2017). According to these Annual Reports, from 2007 to 2017 anxiety concerns have increased almost 12%. On the other hand, depression has actually decreased over 5% during the same time period.

Anxiety Disorders in the U.S. Population and Demographics with Highest Rates of Mental Illness

According to the Anxiety and Depression Association of America, Anxiety disorders are the most common mental illness in the United States for those who are 18 and older. Around 18.1 % of the entire population suffers from one or more anxiety disorders in a given year. A specific phobia are the most common type of anxiety disorder in the nation. Specific phobias are a strong and irrational fear reaction to specific places, situations and objects. Specific phobias commonly focus on animals, insects, germs, heights, thunder, driving, public transportation, flying, dental or medical procedures, and elevators. Specific phobias affect 8.7% of the U.S. population (ADAA, 2018).

The second most common anxiety disorder in America is Social Anxiety Disorder (SAD), which affects 6.8% of the U.S. population in a given year (ADAA, 2018). SAD is defined as a marked fear of social or performance situations in which they expect to feel embarrassed, judged, rejected, or fearful of offending others. Symptoms include feeling anxious about being with other people and having a hard time talking with them, feeling self-conscious in

front of others, worrying for days or weeks about upcoming social situations, sweating, blushing and feeling nauseous around other people (NIMH, 2016).

Several factors may affect whether someone is more or less likely to experience mental illness. Some of these factors include genetics, the environment and family history. According to the National Institute of Mental Health, mental illnesses are more prevalent in women than men. With women at 21.7% and men at 14.5%. Additionally, young adults between the ages of 18 and 25 have the highest prevalence of mental illness and 75% of mental illnesses appear to develop before the age of 24. In regards to race and ethnicity, the majority (26.5%) of mental illnesses occur in people who are multiracial, while American Indian/Alaskan Native group (22.8%) is a close second (NIMH, 2017).

Rates on Anxiety in College Students Compared to the General U.S. Population

While some may think that the stress of college leads to higher anxiety rates in college students than the general population, the data shows that this is not the case. A study that looked at mental health in college students compared to their non-college peers found that for anxiety disorder, mood disorder, any personality disorder and any psychiatric diagnosis, individuals who are not in college had higher percentages of these disorders rather than individuals who are in college.

For any anxiety disorder, 11.94% of college students were diagnosed, while the same was true of 12.66% of their non-college peers. Of the four disorders examined, anxiety disorders actually had the lowest percentage difference between college and non-college students. In other words, there was a more significant difference for mood disorders, personality disorders and any psychiatric diagnosis. According to this study, appears that the mental health of college students

is better than the mental health of those not in college (Blanco C, Okuda M, Wright C, et al., 2008).

Although in the United States as a whole Specific Phobias and SAD are the most common anxiety disorder, the same is not true for college students. The Penn State Center for Collegiate Mental Health (CCMH) 2015-2015 Annual Report looked at some of the major reasons for anxiety in college students. The researchers found that the two most prevalent categories of anxiety in college students are Generalized and Social Anxiety Disorders, and the numbers have shown a slight but steady increase in the past six years (Center for Collegiate Mental Health, 2017). Generalized Anxiety Disorder (GAD) is defined as chronic, constant and often unsubstantiated worry. Often worries include work, family, health or money. This excessive worry disrupts the ability to carry out everyday activities (Gillespie, 2018).

Common Reasons for Anxiety Among College Students

According to the Cal Poly Counseling Center, academics are the top reason Cal Poly students report feeling anxious. College acceptance rates continue to drop almost every year, so only the top students get into the top schools. With so many ambitious peers, the pressure to perform can be overwhelming. To make matters worse, anxiety disorders can lead to skipping classes, which can make the student fall behind, and result in even more anxiety surrounding school.

There is a growing emphasis on the importance of performance of tests (Elements Behavioral Health, 2017). One reason for academic anxiety in college students is test taking anxiety. University students must retain huge amounts of information and then be tested on it in an often high-pressure, timed environment. Anxiety has a large genetic component. This hold I

had eaten 12 okaytrue for test taking anxiety. Therefore, students who have anxious parents are more likely to experience anxiety themselves. This is particularly true for students that have mothers who suffer from anxiety (Dodd, 2015).

Studies have shown substantial grade inflation in American high schools. There are many possible explanations as to why this has occurred. One theory is the amount of pressure overbearing parents put on high school teachers. Unfortunately, this only goes to harm the students in the long run. Due to grade inflation, many students expect to get nothing less than straight As. However, college it is very difficult to stick to these stringent standards, leaving students stressed and disappointed when they cannot achieve a 4.0 GPA in college (Henriques, 2014).

According to Rosenberg (2018) one in five college students suffer from anxiety or depression. This article explores some of the major factors that are contributing to high rates of anxiety and depression. Rosenberg says “social media and technology are among the most dangerous factors.” Excessive social media use can result in decreased the quality of social interactions, low self esteem and poor sleep quality. A study by Adams and Kisler (2013) found that 47% of the 236 college students that participated in the study, reported waking up in the night to answer text messages. Technology use after the onset of sleep was an indicator of higher rates of anxiety and depression in college students.

The increasing use of ADHD drugs among college students is another contributing factor. Misusing or overusing these prescription drugs has be shown to increase anxiety. It is commonly known that anxiety is a side effect of stimulants like Adderall and Ritalin. In addition, college is a transitional time. Three major stressors that are associated with higher rates of

depression and anxiety in students are homesickness, financial pressures/family debt, and over reliance on parents (Rosenberg, 2018).

Unhealthy lifestyle habits among college students have been shown to increase anxiety levels. Sleep deprivation, eating habits, excessive drinking and sexual behaviors are some of the maladaptive habits that can lead to anxiety. American college students are currently averaging 6 hours of sleep. Sleep deprivation is clearly associated with psychological distress. High rates of eating disorders (4-5% of college students) and alcohol abuse (30% of college students) are also associated with anxiety. In addition, sexual assault is a huge issue at college campuses, which can cause extreme psychological distress (Henriques, 2014).

When to Seek Treatment for Anxiety and the Most Effective Treatment Options

It is important to know the difference between everyday stress and an actual anxiety disorder. According to the Cal Poly Anxiety Toolbox Student Workbook, normal, healthy anxiety is much different than a full-blown anxiety disorder. Everyday anxiety is also known as stress, which is usually caused by an environmental factor and the symptoms go away after the stressor goes away. An anxiety disorder, on the other hand, is due to an unknown source or in response to the experience of stress. Anxiety disorders make it difficult to complete everyday tasks, and they usually involve both physical and cognitive symptoms. (Counseling Services, 2017).

Physiological symptoms of anxiety include but are not limited to rapid or pounding heartbeat, shortness of breath, excessive sweating, tremors or twitches, headache, fatigue or weakness, insomnia, nausea or upset stomach and frequent urination or diarrhea. Cognitive

symptoms include feelings of apprehension or dread, feeling restless or irritable, feeling tense or jumpy, anticipating the worst, and constantly watching for signs of danger (Konkel, 2018).

Cognitive Behavioral Therapy (CBT) is the most effective form of therapy for anxiety disorders. In some studies it has been shown to be as effective or more effective than medication. CBT is a type of psychotherapy in which negative patterns of thought about the self and the world are challenged in order to alter unwanted behavior patterns or treat mood disorders such as depression (Richards, 2018).

The combination of CBT and medication has been found to be the most effective treatment for anxiety disorders. Selective Serotonin Reuptake Inhibitors (SSRIs) are currently the most commonly drug to treat anxiety disorders. They were originally developed to treat depression, but have been very successful for treating anxiety. SSRIs are long term medications, and it often takes around three weeks to feel their effect. They work by increasing the amount of the neurotransmitter serotonin available in the brain by blocking the reuptake (reabsorption) of serotonin in the brain. Increased amounts of serotonin in the brain help to regulate mood and thought processes (Mayo Clinic, 2018). Short-term anti-anxiety drugs are another common treatment, which are effective for those with anxiety attacks or intense episodes of anxiety. These drugs are classified as benzodiazepines. Common benzodiazepines include Ativan, Xanax, and Klonopin (Better Help, 2018).

For students who do not want to seek help in a clinical setting, technology might be the answer. Although technology can be a source of anxiety, Rosenberg says that it can also be a tool. Technology can bring therapists and students together from the comfort of their dorm room. Rosenberg also notes the importance of being mentally and physically prepared going into college, and knowing their resources (Rosenberg, 2018). Other treatment options include:

exercise, meditation, yoga, acupuncture, essential oils and dietary supplements. These natural remedies can be very powerful, especially when combined with CBT and/or medication (Konkel, 2018).

Chapter 3

Methodology

This chapter will discuss the methodology behind the short documentary on anxiety at Cal Poly, including the sources, participants, collection and presentation of the data, as well as the interview design and limitations of the video.

Data Sources

Data sources for the short documentary on anxiety rates at Cal Poly were based on data from the Cal Poly Counseling Center. The Director of the Counseling Center responded to specific, statistical questions regarding mental health at Cal Poly. The focus of the questions was rates of students diagnosed with anxiety during the 2016-2017 academic year. In addition, the The Association for University and College Counseling Center Directors Annual Surveys were very helpful in showing the major mental health concerns among college students.

Participants

Dr. Geneva Reynaga-Abiko, the Director of Counseling Services at Cal Poly, gave necessary background information for the short documentary. There were three participants featured in the video. The mental health professional interviewed Courtney de Blicck, Psy.D., the

Outreach Coordinator and Trauma Specialist at the Cal Poly Counseling Center. There were also two Cal Poly students who suffer from an anxiety anxiety interviewed. Alice Neary, a senior in the Journalism Program, and Garreth Benham a senior in the Sociology Program.

Interview Design

The interview with Dr. Geneva Reynaga-Abiko was conducted through email. The questions asked were:

1. What is the data on anxiety for Cal Poly students from the 2016-2017 academic year?
2. What are the top mental health disorders diagnosed at the Counseling Center?
3. What are the major resources that students can utilize at Cal Poly and how effective are they?
4. How many students reported feeling anxiety during the 2016-2017 academic year?

The interview with Courtney de Blicck, Psy.D., was an in person, on-camera interview that took place in her office at the Cal Poly Counseling Center. The following questions were asked to provide information on anxiety rates at Cal Poly:

1. What are symptoms of having anxiety disorder? How can students recognize when the need to get help?
2. What is the most common age to start experiencing anxiety and why?
3. Have anxiety rates increased, decreased or remained stable among Cal Poly students since you've been here?

4. What are the most common reasons for anxiety in students?
5. What are the most effective treatment options for anxiety disorders?

The interviews with Cal Poly students Alice Neary and Garreth Benham were both on-camera interviews that were conducted on the Cal Poly campus. These interviews were less formal and more conversational. These interviews were focused on their personal experiences with anxiety. The topics covered in the interviews included: personal stories, age of onset, symptoms, daily life with anxiety and treatment.

Data Collection

The method for data collection was four interviews. One interview was conducted through email, the other three interviews were on-camera, in-person interviews. One mental health expert and two Cal Poly students suffering from anxiety were interviewed for the short-documentary. Each on-camera interview was approximately 45 minutes. The mental health expert helped provide background information and give the video credibility. The interviews with Cal Poly students showed the people behind the disorder. These interviews make it easier for Cal Poly students to empathize with those suffering from mental health disorders. In addition, the personal stories gave the video emotional appeal.

Data Presentation

The data collected during the written interview was saved for further use. The on camera-interviews were recorded using a DSLR camera and an external microphone for better audio quality. The interviews were then reviewed and transcribed. Transcribing the interviews allowed

for assured clarification. Also, it helped in determining the most important quotes to include in the short-documentary.

Delimitations

The major limitations in this project were the short timeframe and qualitative nature of the interviews. This project took place over the course of 10 week, making it difficult to fully explore the topics of interest. The fact that the interviews were qualitative leaves room for human error. However, since the interviews were mostly based on personal experience, this was not a big issue.

The Cal Poly Counseling Center was the primary statistical data source for the project. The Counseling Center only provided very broad information on anxiety rates at Cal Poly. The video focuses on how common anxiety disorder is among college students, decreasing stigma surrounding anxiety disorder and increasing student awareness of resources.

The Counseling Center did not have an in-depth breakdown of specific anxiety disorders, data on the causes of anxiety, or specific data on those felt anxious but did not meet the diagnostic criteria. Ideally, I would have found my own data on anxiety rates in Cal Poly students, their main anxiety triggers and the percent of students that feel anxiety impairs their life. I could have found this data though conducting a survey, either online or in a large class, using questions that have been empirically tested to indicate anxiety. However, given the short time frame, this was not possible.

Chapter 4

Data Analysis

This chapter will present a review of the data based on current literature. In addition, it will include a more in-depth look at the individual shot-documentary participants.

Description of Interview Participants

Director of the Cal Poly Counseling Center

Geneva Reynaga-Abiko, Psy.D., is the Director of the Cal Poly Counseling Center. Dr. Reynaga-Abiko received her Psy.D. in Clinical Psychology from Pepperdine University. Dr. Reynaga-Abiko has both research and hands-on psychology experience. She has published articles in multiple respected psychological journals, provided individual and group psychotherapy and supervised unlicensed professionals. Before coming to Cal Poly in 2013, Dr. Reynaga-Abiko taught at the University of Colorado, Colorado Springs, and served as the Director and Training Director of Counseling and Psychological Services at the University of California, Merced.

Anxiety Specialist at the Cal Poly Counseling Center

Courtney de Blicke, Psy.D., the Outreach Coordinator and Trauma Specialist at the Cal Poly Counseling Center. De Blicke received her Psy.D in Clinical Psychology with an emphasis on Gender Studies at Alliant International University. De Blicke was the mental health professional interviewed for the short-documentary. She has worked in college counseling centers for 10 years. Dr. de Blicke has specialized training in student anxiety disorders, as well as a variety of other mental health concerns.

Journalism, Senior at Cal Poly

Alice Neary is a senior in the Journalism Program at Cal Poly. She is known by her friends and family as the ultimate extravert. She loves to make people laugh and is always the life of the party. Neary started experiencing extreme anxiety during her sophomore year of college. She largely attributes her anxiety to the life transitions. For months, she was afraid to tell anybody because she didn't want to be a burden. When her symptoms got to the point where she couldn't take it anymore, she confided in her father. Neary is now taking SSRIs and regularly goes to therapy, which utilizes a cognitive behavioral approach. Neary says that seeking treatment has been life changing. She isn't ashamed of her anxiety disorder and wants to spread the word so others know that it's okay to get help.

Sociology, Senior at Cal Poly

Garreth Benham is a senior in the Sociology Program at Cal Poly. She is a San Luis Obispo local. She started experiencing anxiety when she was only 13, after her Grandfather passed away. Anxiety has made life challenging for Gareth. She was accepted to several Universities out of high school, but chose to live at home and go to community college because of her anxiety disorder. After attending community college, Benham transferred to Cal Poly. School has been difficult for Benham because she often needs to skip class due to overwhelming anxiety. Benham experienced anxiety for three years before seeking treatment. Benham experiences mostly physical anxiety, in the form of intense nausea and increased heart rate. She says that treatment in the form of SSRIs and CBT has dramatically improved her quality of life. Benham wants to serve as a resource for those suffering from anxiety disorders.

Questionnaire

Each of the interview participants were asked questions regarding anxiety disorders. The nature of the questions was determined by the individual being interviewed:

1. Preliminary Interview and Background Information

Geneva Reynaga-Abiko, Psy.D., is the Director of the Cal Poly Counseling Center, was the primary source of background information for the video.

Questions #1 was what percentage of Cal Poly students who visited the Cal Poly Counseling Center were diagnosed in the 2016-2017 school year?

- Dr. Geneva Reynaga-Abiko: “Regarding statistics for anxiety, in the 2016-17 Academic Year (the most recent year for which full data is available), Anxiety Disorders (including phobias but not including Obsessive Compulsive Disorders) accounted for 14.8% of our clients. Note that Obsessive Compulsive Disorders, which used to be considered Anxiety Disorders but are now in their own diagnostic category as of the DSM-5, accounted for another 1.5%. This means that that percentage of student-clients met diagnostic criteria for an anxiety or OCD disorder. Note that many more people struggle with what they could call "anxiety" but may not meet diagnostic criteria.”

Question #2 was what is the breakdown of specific anxiety disorders on the Cal Poly campus?

- Dr. Geneva Reynaga-Abiko: “We do not break up the anxiety disorders into more discreet categories because the percentages would be so small for our data reporting purposes. The way it relates to our other diagnoses changes year to year, but it is always in the top 3 most common diagnoses, sometimes #1 and

sometimes #2. For Academic Year 2016-17, Depressive Disorders accounted for 19.6%, Anxiety Disorders accounted for 14.8% and Alcohol and other drug-related disorders accounted for 7.9% of what we saw. Those were our top 3. Anxiety and depression are always #1/2 and #3 switches between Relationship issues or Alcohol/Drug issues. Together, those 3 accounted for 42.3% of what we saw in Counseling Services for the academic year. Everything else (e.g., Eating Disorders, Trauma, etc.) accounted for the rest but nothing was higher than a few percentage points (there are 17 other categories that we measure, to give you some reference).”

Question #3 was what treatment options are available for Cal Poly students?

- Dr. Geneva Reynaga-Abiko: “We have a number of treatment options available, including crisis sessions, individual and group therapy, and also Emotional Wellbeing Workshops specifically focused on anxiety. Our Anxiety Toolbox workshop, which is a 3 session workshop focused on skills to combat anxiety, are the most popular workshop that we offer.”

Question #4 was what is the data on the number of students who have reported feeling anxiety. The National average is around 51% of students. How does Cal Poly compare?

- Dr. Geneva Reynaga-Abiko: “I don’t have that number represented in data that is easy to find. However, anecdotally I can tell you that the majority of students coming in report feeling anxiety. Our numbers would easily be over 50%.”

2. On-Camera Interview with Mental Health Expert

Courtney de Blicek, Psy.D. was the mental health expert interviewed for the video. I will highlight the most relevant information. The answers given are a summary of information, not direct quotes.

Question #1 was what are symptoms of having anxiety disorder? How can students recognize when the need to get help?

- Dr. de Blicek: Symptoms are both physical and cognitive. Physical symptoms include nausea, dizziness, rapid heart rate, shortness of breath and clammy hands and feet. Cognitive symptoms include excessive worry over “what if?” thinking, as well as, catastrophizing, which is thinking when one thing goes wrong it will result in a domino effect.

Question #2 was what is the most common age to start experiencing anxiety and why?

- Dr. de Blicek: She didn’t have the exact statistics on the most common age of onset. However, she explained that many college students experience anxiety for the first time because of major life transitions and academic pressure.

Question #3 was have anxiety rates increased, decreased or remained stable among Cal Poly students since you’ve been here?

- Dr. de Blicek: Dr. de Blicek has been working for the Counseling Center for four years. From what she has seen, anxiety rates have remained relatively stable during this time.

Question #4 was what are the most common reasons for anxiety in students?

- Dr. de Blicek: The most common reason students report experiencing anxiety is stress over academics, especially those applying to graduate schools. Another

very common reason is all of the changes that come with leaving home to go to college. It is the first time many students have to take care of themselves.

Question #5 was what are the most effective treatment options for anxiety disorders?

- Dr. de Blicek: The combination of cognitive behavioral therapy and medication has proven to be the most power treatment for many anxiety disorders.

3. On-Camera Interviews with Cal Poly Students

Alice Neary and Garreth Benham are both Cal Poly students diagnosed with an anxiety disorder. Their interviews were informal and conversational, in the hopes of creating a comfortable environment where they could feel free to open up. These interviews were focused on their personal experiences with anxiety. The topics covered in the interviews included: personal stories, age of onset, symptoms, daily life with anxiety and treatment. Below is a summary of important points from their interviews.

- Alice Neary, Journalism, Senior:
 - Started experiencing anxiety in college
 - Experienced both physical and cognitive symptoms
 - Largely attributes her anxiety to transitional college stressors
 - Waited to seek treatment because she didn't want to burden friends and family with her condition
 - Is currently treating her anxiety with a combination of CBT and SSRIs
 - Treatment has drastically improved her anxiety symptoms and quality of life
 - Wants to help reduce the stigma surrounding anxiety and mental health in general

- Garreth Benham, Sociology, Senior:
 - Started experiencing anxiety at 13, after her Grandfather passed away
 - Anxiety prevented her from leaving home after high school
 - Benham often needs to skip class due to overwhelming anxiety
 - Experiences mostly physical anxiety
 - Experienced anxiety for three years before seeking treatment
 - Treatment in the form of SSRIs and CBT has dramatically improved her quality of life
 - Benham wants to serve as a resource for those suffering from anxiety disorders.

Anxiety in College Students Research Questions

These are the six research questions that went into creating this project. The questions were created to determine the element that contributes to anxiety disorders in a college environment.

Research question 1: What is the prevalence of anxiety among college students and at Cal Poly in particular?

- Multiple studies done on college students showed that anxiety was the number one health concern among college students. In a study done by the Association for University and College Counseling Center Directors researchers found that during the 2015-2016 school year anxiety was the top concern among college students. Researchers found that 50.6% of students who visited a counselor reported having anxiety (Reetz, Bershady, LeViness & Whitlock, 2016).

- America's college students are facing a mental health crisis in that 57% of college women and 40% of college men have experienced periods when they felt overwhelmed by anxiety. "Evidence suggests that this group has greater levels of stress and psychopathology than any time in the nation's history" (Henriques, 2014).
- An annual report was based on 139 college and university counseling centers found that at 61%, anxiety was the top major health concern in the 2015-2016 school year (Center for Collegiate Mental Health, 2017).
- At Cal Poly, during the 2016-2017 depression (19.6%), anxiety (14.8%) and drug and alcohol related problems (7.9%) were the top diagnosis at the Cal Poly Counseling Center. While 14.8% of students met the diagnostic criteria for an anxiety disorder, over 50% of students who visited the Counseling Center reported feeling anxious (Reynaga-Abiko, 2018).

Research question 2: How have rates of anxiety and depression among college students changed in the past 10 years?

- From 2007 to 2017 anxiety concerns among students have increased almost 12%. On the other hand, depression has actually decreased over 5% during the same time period. During the the 2016-2017 school year anxiety concerns at 48.2% were almost 14% higher than depression concerns at 34.5% among students (LeViness, Bershada & Gorman, 2017).

Research question 3: What are anxiety rates in the general U.S. population and what demographics are most likely to suffer from mental illness.

- Around 18.1 % of the entire population suffers from one or more anxiety disorders in a given year. Specific phobias (8.7% of the U.S. population per year) and social anxiety

disorder (6.8% of the U.S. population per year) are the top two anxiety disorders in the American population (ADAA, 2018).

- Women (21.7%) are more likely than men (14.5%) to experience mental illness. Those from ages 18-24 have the highest rates of mental illness and 75% of mental illnesses appear to develop before the age of 24. The two races/ethnicities with the highest rates of mental illness are multiracial individuals at 26.5% and American Indian/Alaskan Native individuals at 22.8% (NIMH, 2017).

Research question 4: How do anxiety rates in college students compare to the general U.S. population?

- For any anxiety disorder, 11.94% of college students were diagnosed, while the same was true of 12.66% of their non-college peers. The anxiety rates in college students is better than the mental health of those not in college (Blanco C, Okuda M, Wright C, et al., 2008).
- Although Specific Phobias and SAD are the most common anxiety disorders in the general U.S. population, Generalized and Social Anxiety Disorders were the top two anxiety disorders among college students (Gillespie, 2018).

Research question 5: What are the reasons that anxiety disorder rates on the rise for college students?

- Academics, unrealistic standards and test taking anxiety are major reasons for increased anxiety in college students.
- Unhealthy lifestyle choices including sleep deprivation, eating habits, excessive drinking, excessive social media use, increased use of ADHD drugs and sexual behaviors are also associated with anxiety.

- College transitional stressors like homesickness, financial pressures/family debt, and over reliance on parents are all reasons college students have high levels of anxiety.

Research question 6: When should someone seek treatment for anxiety and what are the most effective treatment options?

- It is important to know the difference between everyday stress and an anxiety disorder. Anxiety disorders have both physical and cognitive symptoms.
- The combination of CBT and medication has been found to be the most effective treatment for anxiety disorders.

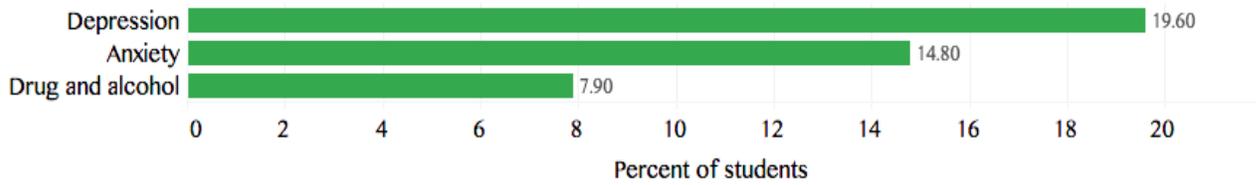
Research Data

This section provides an analysis of the research questions and visual representations of the data on anxiety rates in college students and the general American population.

Research question #1: What is the prevalence of anxiety among college students and at Cal Poly in particular?

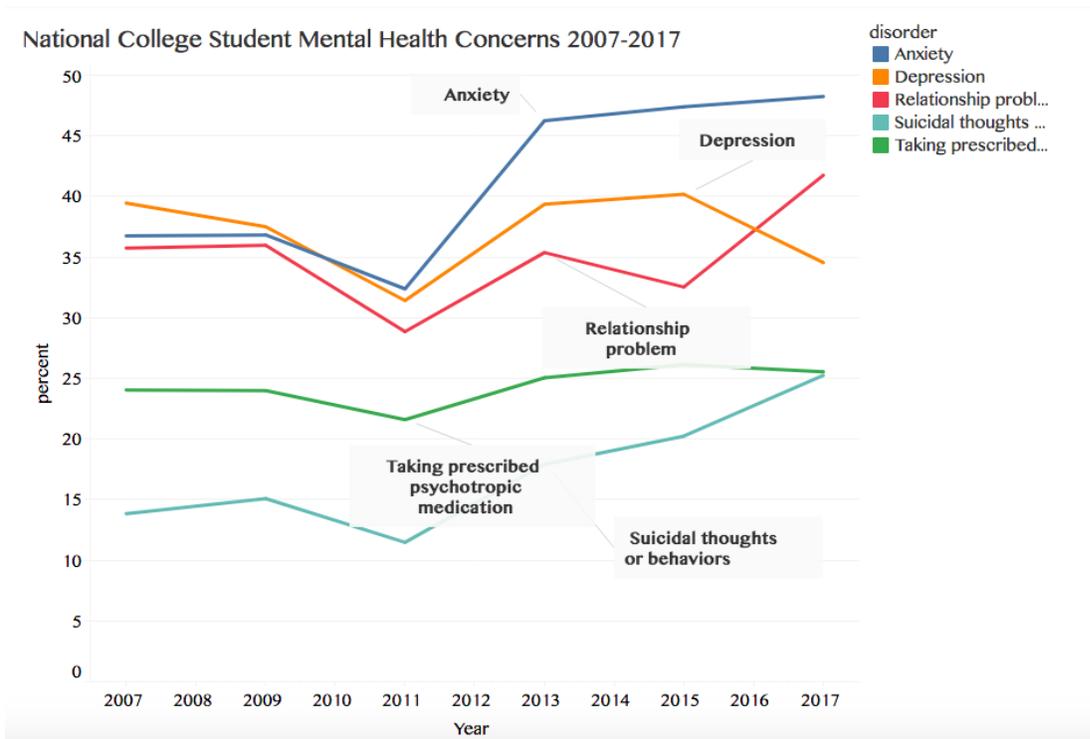
- From the available literature, it appears that anxiety was the top mental health concern among college students during the 2015-2016 academic. Depending on the study, the rates of students who experienced anxiety were between 50-60% of college students.
- Below is a graph of the top three diagnosed mental health disorders at the Cal Poly Counseling Center during the 2016-2017 school year. Cal Poly While 14.8% of students met the diagnostic criteria for an anxiety disorder, over 50% of students who visited the Counseling Center reported feeling anxious, which is consistent with the national average. (Reynaga-Abiko, 2018).

Cal Poly 2016-2017 Counseling Center Data



Research question # 2: How have rates of anxiety and depression among college students changed in the past 10 years?

- Below is a graph on how mental health concerns have changed from 2007 to 2017 based on the Center for Collegiate Mental Health Annual Reports.

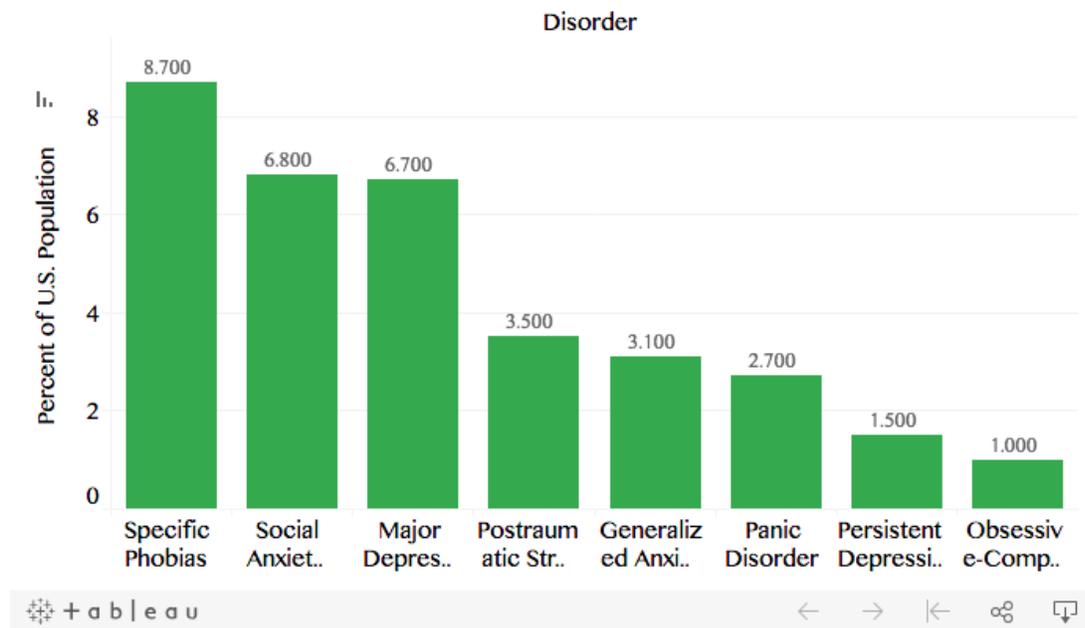


- Anxiety, Depression, relationship problems, taking prescribed psychotropic medication and suicidal thoughts or behaviors are the top five mental health concerns among college

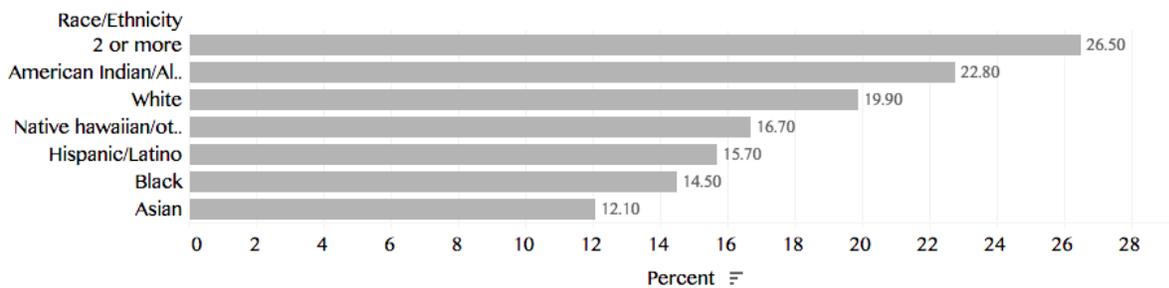
students over the past ten years. Anxiety overtook depression as the number one disorder by 2010. Since then, rates of anxiety have skyrocketed. From 2007 to 2017 anxiety concerns have increased almost 12%. On the other hand, depression has actually decreased over 5% during the same time period.

Research question # 3: What are anxiety rates in the general U.S. population and what demographics are most likely to suffer from mental illness.

- Prevalence: The graph below breaks down the top mental health disorders in America in a given year. Specific phobias, Social Anxiety Disorder and Major Depressive Disorder are the top three mental health disorders (ADAA, 2018).



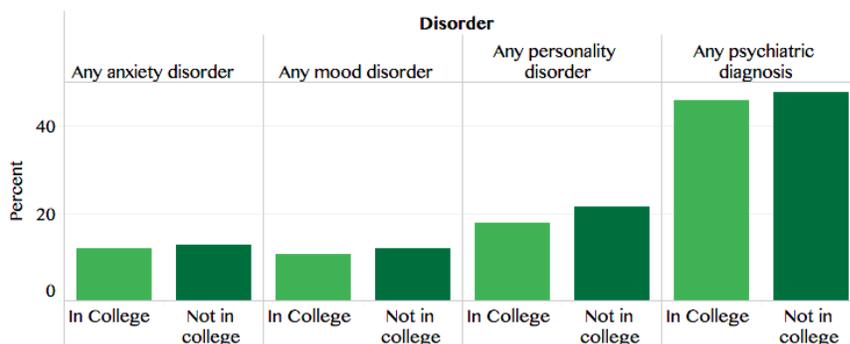
- Demographics: The graph below breaks down the races/ethnicities with the highest rates of mental illness. The races/ethnicities with the highest rates are Multiracial individuals at 26.5% and American Indian/Alaskan Native individuals at 22.8% (NIMH, 2017).



Research question # 4: How do anxiety rates in college students compare to the general U.S. population?

- For all categories examined (anxiety disorder, mood disorder, any personality disorder and any psychiatric diagnosis) individuals who are not in college had higher percentages of these disorders rather than individuals who are in college. It appears that the mental health of college students is better than the mental health of those not in college. (Blanco C, Okuda M, Wright C, et al., 2008).

Mental Health Among College and Non-College Students



Research question # 5: What are the reasons that anxiety disorder rates on the rise for college students?

- According to the Cal Poly Counseling Center, academics are the top reason Cal Poly students report feeling anxious.

- There is a growing emphasis on the importance of performance of tests and increasing test-taking anxiety (Elements Behavioral Health, 2017)
- High school grade inflation leads many students to believe they are straight A students, which is very difficult to achieve in college. This leaves students stressed and disappointed (Henriques, 2014).
- Social media, increased use of ADHD drugs, poor sleep quality, homesickness, financial pressures/family debt, and over reliance on parents are all reasons college students have high levels of anxiety (Rosenberg, 2018).
- Technology use after the onset of sleep was an indicator of higher rates of anxiety and depression in college students. In a 2013 study, 47% of the 236 college students that participated, reported waking up in the night to answer text messages (Adams and Kisler, 2013).
- Unhealthy lifestyle choices including sleep deprivation, eating habits, excessive drinking and sexual behaviors are also associated with anxiety. (Henriques, 2014).

Research question # 6: When should someone seek treatment for anxiety and what are the most effective treatment options?

- Everyday anxiety is also known as stress, which is usually caused by an environmental factor and the symptoms go away after the stressor goes away. An anxiety from an anxiety disorder is often due to an unknown source or in response to the experience of stress. (Cal Poly Counseling Services, 2017).
- Physiological symptoms of anxiety include but are not limited to rapid or pounding heartbeat, shortness of breath, excessive sweating, tremors or twitches, headache, fatigue or weakness, insomnia, nausea or upset stomach and frequent urination or diarrhea.

Cognitive symptoms include feelings of apprehension or dread, feeling restless or irritable, feeling tense or jumpy, anticipating the worst, and constantly watching for signs of danger (Konkel, 2018).

- The combination of CBT and medication has been found to be the most effective treatment for anxiety disorders. Cognitive Behavioral Therapy (CBT) is the most effective form of therapy for anxiety disorders (Richards, 2018). Selective Serotonin Reuptake Inhibitors (SSRIs) are currently the most commonly prescribed drugs for anxiety disorders (Mayo Clinic, 2018).

Chapter 5

Discussion and Recommendations

Summary

This project was conducted in response to the evident high anxiety levels on Cal Poly's campus. Anxiety is the number one mental health concern among college students, yet only 1/3 seek treatment. The goal of this project was to increase Cal Poly students awareness of prevalence and resources, decrease stigma and increase treatment. This project was comprised of a literature review on the current academic studies done on anxiety rates, causes and treatment options, as well as a five minute short documentary. The short documentary was comprised of three interviews. One interview was with a Cal Poly mental health professional, and the other interviews were with Cal Poly students suffering from Anxiety Disorders. To find out more about the current research on anxiety the following questions were developed:

1. What is the prevalence of anxiety among college students and at Cal Poly in particular?
2. How have rates of anxiety and depression among college students changed in the past 10 years?

3. What are anxiety rates in the general U.S. population and what demographics are most likely to suffer from mental illness.
4. How do anxiety rates in college students compare to the general U.S. population?
5. Why are the reasons that anxiety disorder rates on the rise for college students?
6. When should someone seek treatment for anxiety and what are the most effective treatment options?

These questions were used to guide the literature review. Each question was answered with relevant, credible research, and the data was then analyzed. The short documentary highlights the individuals behind anxiety disorders, while the paper looks at the current research on anxiety disorders in college students.

Discussion

It is evident that more Cal Poly need to feel comfortable seeking treatment for anxiety. In order for this to take place, there must be more awareness and less stigma surrounding anxiety disorders. This project made it evident how little research has been done on anxiety rates in the Cal Poly student body. The Cal Poly Counseling Center reports that while 14.8% of students who visited met the diagnostic criteria for an anxiety disorder, over half of the students who visited reported feeling anxious. However, the Counseling Center only treats about 12% of the student body. Having a better understanding of the exact anxiety statistic at Cal Poly would be extremely helpful in determining how to go forward. Data should be collected on specific anxiety disorders and reasons for anxiety in the Cal Poly student body. Once this data is collected, it can be determined how pressing the issue is and what programs should be implemented.

Recommendations for practice

In order to increase awareness, decrease stigma and increase treatment, there must be more data collected on anxiety rates in the Cal Poly student body. A great way to collect data on anxiety rates and reasons for anxiety in students would be an online, anonymous survey. This survey could be sent out to all current and incoming Cal Poly students, and completed prior to each academic year. The survey would be used to collect data on specific anxiety disorders and major reasons for anxiety for Cal Poly students. In addition, the survey would provide information on mental health resources at Cal Poly and facts about how common anxiety is. If the Cal Poly data is consistent with national averages, and anxiety is an epidemic, additional mental health training could be implemented.

It could be effective to explore the idea of new students having a group or individual therapy session during Week of Welcome (WOW). The therapy session would inform students how important mental health is, and the risk of developing a mental health disorder while at college. This session would be to cover major issues regarding mental health. It would break down the facts and statistics for students entering college. The main objective would be to give students the tools and resources they need for mental health management and treatment. In addition, it would help students realize how common mental health disorders really are, and hopefully decrease the stigma. Students would learn that it is okay to not be okay, and seeking treatment shows strength not weakness.

Study Conclusion

The findings from both the current research and those interviewed for the short-documentary, confirm that there is a need for more awareness, reduced stigma and increased

treatment for those suffering from anxiety disorders. The findings indicate that anxiety rates in college students are on the rise. According to the Annual Surveys conducted by the Association for University and College Counseling Center Directors, anxiety rates have increased almost 16% from 2007-2017. Given the fact that anxiety is the number one mental health concern among college students, it is important that there is more research done on causes of anxiety in Cal Poly students. Collecting data on Cal Poly students through an online, anonymous survey would be a great way to gain a better understanding of the student body. If anxiety rates are high, it would be effective to implement a group or individual therapy sessions during Week of Welcome (WOW).

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Appendix

Short Documentary Transcript

On Screen:

(“14.8% of Cal Poly students who visited the Counseling Center in the 2016-2017 academic year... were diagnosed with an anxiety disorder. And over 50% reported feeling anxious.”)

ANABELLE CARPENTER:

ANXIETY IS THE NUMBER ONE MENTAL HEALTH DISORDER IN THE NATION... EVEN HIGHER THAN DEPRESSION. YET, ONLY ONE THIRD SEEK TREATMENT. AS A COLLEGE STUDENT STRUGGLING WITH ANXIETY CAN MAKE IT ALMOST IMPOSSIBLE TO PERFORM EVERYDAY TASKS. AND HAVING THE COURAGE TO ASK FOR HELP CAN BE LIFE CHANGING.

Alice Neary, Journalism, Senior:

(“I will never forget the day my dad he called me one day and he said like, how’s it going alice? How is everything? And... I couldn’t lie to him and I couldn’t, for the first time, I just really couldn’t hold it together and put a face on. And I just started crying on the phone. And just told him that I wasn’t feeling good and I wasn’t feeling like myself.”)

ANABELLE CARPENTER:

THESE PHYSICAL AND MENTAL SYMPTOMS CAN BE DEBILITATING.

Alice Neary:

(“I remember sitting in classes spring quarter and like wanting... I would get up I would feel like the walls were closing in. I felt like I was having a panic attack and I would get up and go to the bathroom and I would stand in the stall and just like cry to myself until I could get my sh** together enough to just go back to class and sit there and pretend like everything was okay.”)

ANABELLE CARPENTER:

ANXIETY IS A TRICKY DISORDER BECAUSE IT COMES IN SO MANY DIFFERENT LEVELS.

Courtney de Blieck, Psy.D., Outreach Coordinator, Cal Poly Counseling Services:

(I mean if you weren't anxious at all then you wouldn't really feel the need to do anything, to focus on school or anything. What becomes problematic is when it kinda gets past that point where it's helpful and motivating and starts to get to the point where it interferes with people's functioning.")

ANABELLE CARPENTER:

THERE ARE MANY DIFFERENT TYPES OF ANXIETY DISORDERS, BUT WHAT THEY HAVE IN COMMON ARE PHYSICAL AND COGNITIVE SYMPTOMS. SOME BEHAVIORAL SYMPTOMS ARE DIZZINESS, SHORTNESS OF BREATH, CHEST TIGHTNESS, RAPID HEART RATE AND NAUSEA JUST TO NAME A FEW.

Dr. de Blieck:

("Cognitive symptoms are those things that people find themselves worrying about thoughts involving involving kind of like 'what if' or, a lot of what we call catastrophizing as well, which is kind of assuming that one bad thing is going to lead to another and it's just going to snowball from there.")

ANABELLE CARPENTER:

BUT SOME EXPERIENCE MOSTLY PHYSICAL ANXIETY

Garreth Benham, Sociology, Senior:

("Umm like one thing I'll get a tightness in my chest, I'll feel that at first and then I'll be shaky and sometimes I'll be nauseated, or sometimes I'll just start crying.")

ANABELLE CARPENTER:

GARRETH IS NOW ABLE TO RECOGNIZE WHEN HER SYMPTOMS ARE COMING ON AND SEPARATE HERSELF SO SHE CAN HELP MANAGE HER ANXIETY.

Garreth Benham:

(“Probably when I was 13 I would get really sick at night, just really nauseated, and that’s actually something that I’ve had since I was 13, so it’s been like 9 or 10 years almost now that I get really sick at night from anxiety. It’s from when my Grandpa passed away.”)

ANABELLE CARPENTER:

GARRETH SAYS THAT GETTING HELP HAS MADE A HUGE DIFFERENCE FOR HER AND THE COMBINATION OF COGNITIVE BEHAVIORAL THERAPY AND MEDICATION HAS BEEN THE MOST POWERFUL TREATMENT. SHE SAYS IT CAN BE DIFFICULT COMING TO TERMS WITH TAKING MEDICATION BUT IT WILL MAKE A WORLD OF DIFFERENCE.

Garreth Benham:

(“I know for me like if I don’t take it for a couple days I’ll go into like completely other person like go into a lot of manic episodes and just not be myself. And so I know I like need the medication to stabilize myself. So I think that it’s important to, even if you feel like nothing’s changing, and nothing’s getting better, you are getting better it’s just a really long process.”)

ANABELLE CARPENTER:

ALICE WAS ALSO HESITANT ABOUT TAKING MEDICATION AT FIRST, BUT HER DOCTOR GAVE HER A PIECE OF ADVICE THAT REALLY STUCK WITH HER.

Alice Neary:

(“The way that you, if you had an illness, would have no problem taking antibiotics if you had something going on with you, he said your brain is sick right now and you need to accept help getting it to feel better.”)

ANABELLE CARPENTER:

A GREAT TREATMENT OPTION WE HAVE RIGHT HERE AT CAL POLY IS A THREE SESSION GROUP WORKSHOP... IT'S CALLED ANXIETY TOOLBOX.

Dr. de Blicek:

(“It’s not kind of what you see on TV. It’s not students coming in and sitting in a circle and talking about their problems. It’s really you know kind of more like a seminar or workshop.”)

ANABELLE CARPENTER:

IF YOU'RE EXPERIENCING ANXIETY YOU ARE NOT ALONE AND CAL POLY HAS RESOURCES THAT CAN HELP.

Dr. de Blicek:

(“We still don’t look at mental health concerns the same as kind of like physical health. Often there’s kind of the stigma of like there’s something wrong with you if you experience mental health concerns.”)

ANABELLE CARPENTER:

WE NEED TO CONTINUE THE CONVERSATION SURROUNDING ANXIETY AND EXPOSE HOW NORMAL AND COMMON IT REALLY IS. FOR MORE INFORMATION ABOUT RESOURCES AT CAL POLY GO TO THE CAL POLY COUNSELING CENTER WEBSITE.