Helping Fraternity and Sorority Members with Mental Health Issues That Lead to Substance Abuse

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Many students arrive on college campuses already coping with depression, bi-polar disorder, anxiety disorder, and/or many other mental illnesses. Many have been psychologically or sexually abused and have already experienced trauma in their lives. Some have been on medication for their mental disorder. However, once they are on their own, they may forget to take their meds, may choose to sell their meds, or may stop altogether. All of these mental illnesses, if left untreated, may lead to substance abuse.

Not a single campus is free from drug and alcohol abuse issues. It is common for a student who is depressed or exhibiting other mental disorders to turn to drugs or excessive drinking to escape feelings that may be difficult to face. This is called "self-medicating." Drugs and alcohol may make students feel happy, uninhibited, and carefree for a while, but these substances are depressants. Additionally, if a student is on an antidepressant, alcohol and drugs interfere with the efficacy of the medication.

It is estimated that one in three students will face depression at some time during their college experience. Depression is defined as two or more weeks of not feeling pleasure, of having difficulty concentrating, or having trouble making decisions. Other signs of depression are continual feelings of sadness and helplessness, loss of interest or pleasure in ordinary activities, decreased energy and fatigue, sleep problems, eating disorders, self-mutilation, declining academic performance, feelings of guilt, worthlessness and helplessness, irritability or excessive crying (anger may be more prevalent in men), chronic physical aches and pains that do not go away, thoughts of death or suicide, or suicide attempts.

A truly depressive illness has no single obvious cause. Biological, social, and psychological factors can play a part. Inherited disorders may contribute, or depression may also relate, to the number of disturbing events in a person's life at one time. Risk of depression can increase with unexpressed anger, compulsive, rigid, or perfectionist behavior, or a highly dependent personality. Failure in courses or a relationship, death of a loved one, a major illness, use of drugs, and withdrawal from mind altering drugs can also increase depression.

Sometimes students progress from depression to feeling suicidal. Suicide is the second leading killer of college students today (Centers for Disease Control and Prevention, 1995). Warning signs for suicidal tendencies include withdrawal from family and friends, neglect of personal appearance, mentioning the desire to "end it all" or to not be a "burden to others," evidence of a suicide plan, failure to improve from depression, or sudden cheerfulness after being severely depressed.

Seventy-five percent of people that commit suicide give some warning (American Foundation of Suicide Prevention, n.d. a). This warning may take any of the following forms: a previous suicide attempt, talking about death or suicide, putting affairs in order, texting, e-mailing, or calling friends to say they love them, giving belongings away, and paying off debts.

Depression and suicidal tendencies are often more difficult to identify and address among fraternity men. Men traditionally are not trained in nurturing skills. They are taught to be strong and go it alone (Ross, 1995). Because of this socialization, they do not know how to help a friend who may be exhibiting one or more of the above symptoms.

The male suicide rate is rising possibly because they may have a more stressful time achieving their educational goals than women. Alcohol abuse and drug use have also increased. Additionally, men are less apt to recognize that they are under stress or unhappy, and are less likely to consult a therapist or doctor. (Mulholland, n.d.) About 80% of women who have committed suicide will have consulted their doctors and received treatment. Only 50% of men will have done so. For men under 25, only 20% will have done so (Mulholland, n.d.).

If you are worried about a student, what can you do? The first step is to talk directly with the student, letting him/her know how concerned you are. The most important thing you can do is to be a good listener. Encourage the student to seek counseling. Suicidal persons are often hesitant to seek help and may run away after an initial contact unless there is support for counseling (American Foundation for Suicide Prevention, n.d.b). The tough part is getting them to go to counseling. A friend, brother, or sister is the best one to help. A friend can make an appointment for the student and offer to go with them. If, at that point, the student still refuses to go, the concerned friend can go to the counselor and ask for suggestions about how they can help. Most people do not realize that the counselors are also there to help friends of the student that is suffering.

Fraternity and sorority professionals should learn to spot signs of depression,possible suicidal tendencies, and substance abuse in their students. However, because fraternity and sorority professionals do not know all students on a close, personal level, it is also important to empower other students to help their brothers and sisters.

Consider inviting a counseling professional to meet with chapter advisors and the officers of the fraternities and sororities to train them to spot signs of depression, suicidal tendencies, and substance abuse.

Most suicides are preventable, partly because most people who die by suicide suffer from clinical depression, a serious, but very treatable, disorder. If we can get our students help when they are in a depressive state, we may be able to prevent them from resorting to substance abuse. A very common reason people resort to substance abuse is to forget their reasons for being depressed. If we can get those students help before they succumb to this cycle of substance abuse and depression, many lives might be saved.

Resources
American Association of Suicidology, http://www.suicidology.org

Chilstrom, C. (1993). *Andrew, you died too soon*. Minneapolis, MN: Augsburg Fortress Publishers.

The Jed Foundation, http://www.jedfoundation.org

National Coalition for Men, http://www.ncfm.org

Shneidman, E.S. (1985). *Definition of suicide.* New York: Wiley.

Suicide awareness voices of education (SAVE), http://www.save.org

Suicide Prevention Advocacy Network USA, http://www.spanusa.org

References
American Foundation for Suicide Prevention. (n.d. a). *Surviving after suicide* [Brochure]. New York: American Foundation for Suicide Prevention.

American Foundation for Suicide Prevention. (n.d. b). *When you fear someone may take their life* [Brochure]. New York: American Foundation for Suicide Prevention.

Centers for Disease Control and Prevention. (2008, December 22). Treatment works: Get help for depression and anxiety. Retrieved on January 25, 2009, from http://www.cdc.gov/features/depression/

Morbidity and Mortality Weekly Report. (1995). *Youth risk behavior surveillance: National college health risk behavior survey.* Retrieved on March 31, 2009, from the Centers for Disease Control Web site: http://www.cdc.gov/mmwr/preview/mmwrhtml/00049859.htm

Mulholland, C. (n.d.). *Depression and suicide in men*. Retrieved March 31, 2009, from the Tiscali Web site: http://www.tiscali.co.uk/lifestyle/healthfitness/health_advice/netdoctor/archive/000242.html?page=1

Ross, R. (1995). *Men and suicide…Why?* Retrieved on March 31, 2009, from the National Coalition of Free Men Web site: http://www.ncfm.org/ROSS.html