

## Chapter 4

# Mental Disorders and Suicide

### Section 1

#### Mental Disorders

- **Technology & Health** Virtual Reality and Phobias

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### Building Health Skills

- **Setting Goals** Dealing With Setbacks

### Section 4

#### Treating Mental Disorders

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**Discovery**  
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# TEENS Talk

CLASSROOM VIDEO #4

**Starving for Control**

## Preview Activity

### How Do You Relate to Food?

Complete this activity before you watch the video.

1. How many of the following statements describe ways you behave or think about food?
  - a. I keep eating even when I no longer feel hungry.
  - b. Feeling sad or angry affects the amount of food I eat.
  - c. I prefer to eat when I am alone rather than with others.
  - d. I often feel guilty after I eat.
2. Review your responses. Would you say that your eating habits and thoughts about food are healthy or unhealthy? Write a paragraph explaining your answer. **WRITING**

## Section 1

# Mental Disorders

### Objectives

- ▶ **Explain** how mental disorders are recognized.
- ▶ **Identify** four causes of mental disorders.
- ▶ **Describe** five types of anxiety disorders and four other types of mental disorders.

### Vocabulary

- mental disorder
- anxiety
- anxiety disorder
- phobia
- obsession
- compulsion
- mood disorder
- depression
- schizophrenia
- personality disorder

### Warm-Up

**Quick Quiz** Which of the following statements are always true? Which are sometimes true? Which are always false?

- 1 It is easy to identify a person with a mental disorder.
- 2 Mental disorders are caused by emotional problems.
- 3 Mental disorders affect a person's ability to function.
- 4 People who have a mental disorder are dangerous.

**WRITING** For each of your responses, explain why you gave the answer you did.



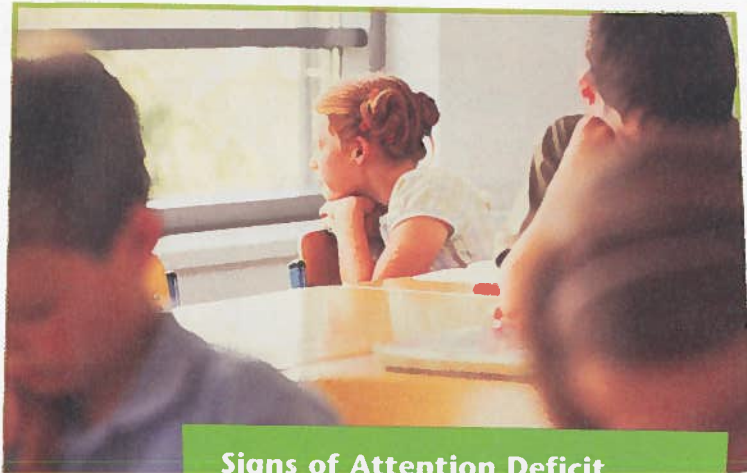
## What Are Mental Disorders?

A **mental disorder** is an illness that affects the mind and reduces a person's ability to function, to adjust to change, or to get along with others. For example, a mental disorder could affect a person's ability to study, keep a job, or make friends.

**Recognizing Mental Disorders** Some behaviors fall outside the broad range of normal behaviors. For example, it is normal to wash your hands before eating. But it isn't normal to keep washing your hands when they are already clean. If behaviors, feelings, or thoughts are highly unusual and not appropriate to a situation, they are considered abnormal. **Mental health experts see abnormal thoughts, feelings, or behaviors as signs, or symptoms, of a mental disorder.** The distress that people who have mental disorders experience affects their ability to function.

Figure 1 lists symptoms of attention-deficit/hyperactivity disorder or ADHD. ADHD usually appears in childhood. A person with ADHD often has difficulty in school, at home, and in social settings. When ADHD is treated with medication, the results may be immediate and dramatic.

Remember, just because someone has trouble sitting still or paying attention from time to time, it doesn't mean that person has ADHD. The symptoms must be frequent and affect the person's ability to function.



### Signs of Attention Deficit

- Doesn't pay attention to details
- Makes careless mistakes
- Does not seem to listen
- Is disorganized
- Forgets to do daily activities
- Is easily distracted
- Has difficulty following instructions

**Causes of Mental Disorders** Researchers have made progress on figuring out what causes mental disorders, but there is still much to learn. Sometimes a mental disorder has a single cause. But more often a combination of factors are involved. **Physical factors, heredity, early experiences, and recent experiences can cause mental disorders.**

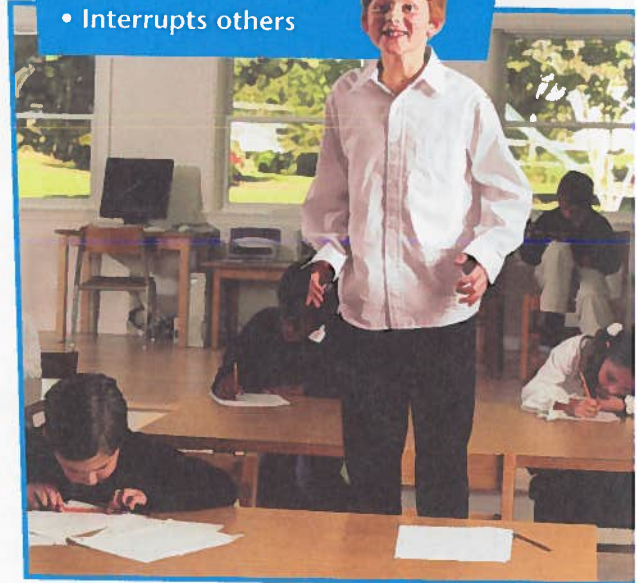
- ▶ **Physical Factors** Damage to the brain may cause a mental disorder. The damage could be caused by a growth, or tumor, in the brain; an injury to the brain; or an infection that destroys brain cells. Exposure to a poison such as lead, or prolonged use of alcohol or other drugs can also damage the brain.
- ▶ **Heredity** A person may inherit a tendency toward a mental disorder. This doesn't mean the person will necessarily have the disorder. It only means that the person is at greater risk if events in his or her life act as a trigger for the disorder.
- ▶ **Early Experiences** Extremely negative experiences that occur early in life can lead to mental illness. For example, a child who is neglected or a child who is abused may develop a mental disorder.
- ▶ **Recent Experiences** Some mental health experts think that recent experiences are more likely than early experiences to trigger a mental disorder. An example would be the death of a loved one.

### Connect to YOUR LIFE

How would having ADHD affect someone's ability to study?

### Signs of Hyperactivity

- Fidgets or squirms while seated
- Has trouble staying in seat
- Frequently runs about or climbs
- Has trouble working quietly
- Talks excessively
- Has trouble waiting or taking turns
- Interrupts others



**FIGURE 1** Some people with ADHD display the entire range of symptoms. Others mainly show signs of attention deficit or hyperactivity.

**FIGURE 2** About 12 percent of Americans are affected by phobias at some point in their lives. **Predicting** Which of these phobias might interfere with normal, everyday activities?



## Common Phobias

Arachnophobia	fear of spiders
Aviophobia	fear of flying
Acrophobia	fear of high places
Agoraphobia	fear of open or public places
Claustrophobia	fear of small, closed-in places
Ophidiophobia	fear of snakes



## Anxiety Disorders

Have you ever been extremely afraid in a situation even though you knew the actual threat did not justify such an intense response? Have you ever been fearful without knowing why? If so, you have experienced anxiety. **Anxiety** (ang zy ih tee) is fear caused by a source you cannot identify or a source that doesn't pose as much threat as you think.

Everyone experiences anxiety now and then. For example, you may feel anxious before a final exam, a school dance, or tryouts for the wrestling team. These feelings are normal and usually short-lived. When the anxiety persists for a long time and interferes with daily living, this is a sign of an **anxiety disorder**. About 13 percent of children and teens age 9 to 17 will have an anxiety disorder. **Examples of these disorders are generalized anxiety disorder, phobias, panic attacks, obsessive-compulsive disorders, and post-traumatic stress disorder.**

**Generalized Anxiety Disorder** A person with this disorder displays intense worry, fears, or anxiety most days for at least six months. These thoughts and emotions do not have a single specific source. They occur in many different situations. Many of the warning signs of stress can also be signs of this disorder, including irritability, muscle tension, trouble falling asleep, and trouble concentrating.

**Phobias** Martin was on his way to visit his grandparents. As he walked toward the elevator in their building, he began to feel dizzy and nauseous. His heart began to pound, and he had trouble catching his breath. He knew he could not face getting into the elevator, so he climbed three flights of stairs instead. Martin has a fear of small, closed-in places, such as an elevator. Anxiety that is related to a specific situation or object is called a **phobia** (FOH bee uh). Martin's phobia is called claustrophobia. Figure 2 lists some common phobias.

### Connect to YOUR LIFE

Do you have a phobia that you are aware of? If so, how do you deal with your phobia?

**Panic Attacks** Brianna was standing in line at the movies. Suddenly, for no apparent reason, she felt intense fear and a strong desire to leave the theater. Brianna was having a panic attack. During a panic attack, a person will experience some of the following symptoms.

- ▶ fast heart rate
- ▶ rapid breathing
- ▶ fear of suffocation
- ▶ believes he or she is dying
- ▶ sweating
- ▶ trembling or shaking
- ▶ choking sensation
- ▶ chest discomfort or pain
- ▶ nausea or stomach distress
- ▶ dizziness or lightheadedness
- ▶ fear of losing control
- ▶ an “out of body” sensation

People who have repeated panic attacks tend to worry about having another. To avoid another attack, they may change their behavior. If, for example, they have attacks in restaurants, they may stop going out to eat.

**Obsessive-Compulsive Disorder** An unwanted thought or image that takes control of the mind is an **obsession** (ub SESH un). An obsession may lead to a **compulsion** (kum PUHL shun), an unreasonable need to behave in a certain way to prevent a feared outcome. Repeatedly checking that the stove isn't on or that a door is locked is a compulsion. A person who thinks and acts in such ways has an obsessive-compulsive disorder (OCD).

**Post-Traumatic Stress Disorder** People who survive a life-threatening event may develop post-traumatic stress disorder. They may have flashbacks or nightmares that produce intense fear or horror. They may be unable to sleep or to concentrate. Because situations that remind them of the event can produce intense anxiety, they begin to avoid those situations. They may feel guilty because they survived and others did not.

**FIGURE 3** People who witness traumatic events as part of their jobs are at risk for post-traumatic stress disorder. This firefighter witnessed the September 11th attacks in New York City.



**For:** More on bipolar disorder

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## Other Mental Disorders

Young people can have mental disorders other than anxiety disorders. Some teens and young adults have mood disorders or schizophrenia. Others have impulse-control disorders or personality disorders.

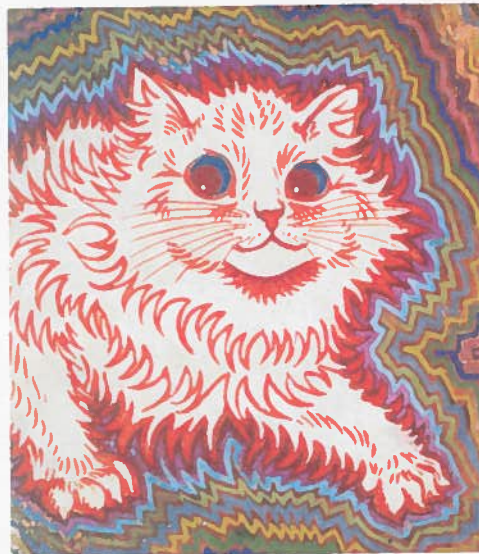
**Mood Disorders** People who have a mood disorder experience extreme emotions that make it difficult to function well in their daily lives. Bipolar disorder is an example of a mood disorder. Normally, people have moods that shift from happy to sad, based on what is happening in their lives. People who suffer from bipolar disorder shift from one emotional extreme to another for no apparent reason.

Bipolar disorder is also called manic-depressive disorder. During a manic episode, people are usually overly excited and restless. They may talk so rapidly that it is impossible to follow what they are trying to say. They may have difficulty concentrating for long on any one thing. They often show poor judgment. Manic episodes alternate with periods of deep depression. Depression is an emotional state in which a person feels extremely sad and hopeless. In between manic episodes and periods of depression, a person with bipolar disorder may behave normally.

**Schizophrenia** One of the most serious mental disorders is called schizophrenia (skit suh FREE nee uh). It can be identified by severe disturbances in thinking, mood, awareness, and behavior. Schizophrenia means “split mind.” People with this disorder have minds that are “split off” or separated from reality.

People who have schizophrenia are rarely harmful to others. At times they may even appear normal. At other times, they may talk to themselves, display inappropriate emotional responses, dress and act strangely, and withdraw from others. Sometimes they develop fears that are not supported by reality. They may believe that someone or something controls their thoughts or wants to harm them.

**FIGURE 4** The English artist Louis Wain had schizophrenia. His cat drawings alternated between those that were more realistic and those that were less realistic, or abstract.





**FIGURE 5** Some teens spend hours playing poker online or with their friends. A person who cannot resist the urge to gamble has an impulse-control disorder.

**Impulse-Control Disorders** People with an impulse-control disorder cannot resist the impulse, or drive, to act in a way that is harmful to themselves or to others. You may have heard of people who cannot resist the impulse to take items that they don't need or want. These people have an impulse-control disorder called kleptomania.

About 75 million people in the United States cannot control the urge to gamble. Their need to gamble is so great that they will go into debt or even steal in order to continue to gamble. This impulse-control disorder is most common among males. Being able to place a bet on the Internet has contributed to the problem. Plus, poker tournaments on television have made poker more popular among younger people. Uncontrolled gambling among male teens is on the rise. One teen became so addicted to playing poker online that he lost \$5000 of his parents' money. He then stole another \$3500 from a friend's house.

Mental health experts may add uncontrolled shopping to the list of impulse-control disorders. For shopping to be classified as uncontrolled, the shoppers must buy many things that they do not need and must know that they don't need these things. The shopping must also interfere with work, school, or family obligations, or cause financial problems. About 85 percent of uncontrolled shoppers are female.

**Connect to  
YOUR LIFE**

**Do you know someone with an impulse-control disorder? How does this affect his or her life?**





**FIGURE 6** Just looking at a crowd of people usually won't tell you who has a personality disorder.

**Personality Disorders** Recall that your personality determines how you tend to relate to other people. Most people can get along with a variety of people in different situations. Other people are not as flexible. People who have a **personality disorder** display rigid patterns of behavior that make it difficult for them to get along with others. The many different types of personality disorders fall into three broad groups.

- ▶ **Group A:** People with personality disorders in this group tend to be cold and distant. They cannot form close relationships. Some may be so absorbed in their own thoughts that they withdraw from reality. Paranoid personality disorder is a Group A disorder. The term *paranoid* is used to describe someone who is overly suspicious of other people.
- ▶ **Group B:** People with personality disorders in this group are often overly emotional or unstable. They can be selfish and demanding. They may place a high value on themselves and no value on others. Antisocial personality disorder is a Group B disorder. A person with this disorder may commit violent acts without any sense of guilt.
- ▶ **Group C:** People with personality disorders in this group often cannot make decisions. They may have a strong need for the approval of others. They may avoid people for fear of rejection. Dependent personality disorder is a Group C disorder. People with this disorder often need help from others to properly care for themselves.

## Section 1 Review

### Key Ideas and Vocabulary

1. What is a **mental disorder**? How are mental disorders recognized?
2. List four possible causes of mental disorders.
3. What is an **anxiety disorder**? What is the key difference between a phobia and generalized anxiety disorder?
4. What is a **compulsion**? How do a compulsion differ from an **obsession**?
5. What are some symptoms of a **mood disorder**?

### Critical Thinking

6. **Relating Cause and Effect** Explain how someone who has frequent unexpected panic attacks might develop a phobia.

### Health at School

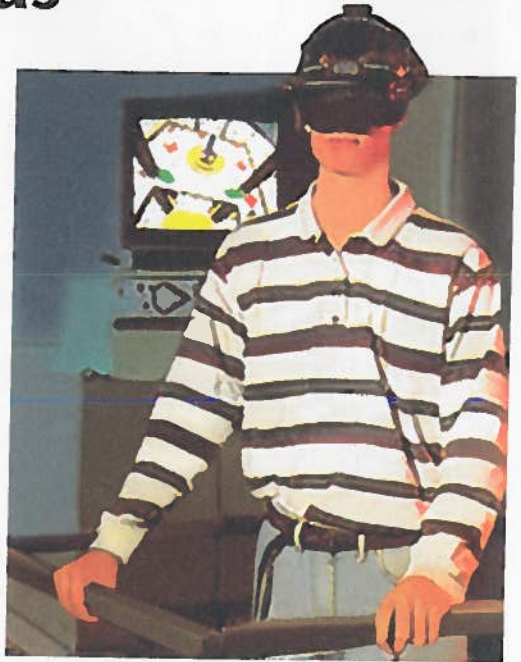
**Dealing With ADHD** Interview a teacher or guidance counselor at your school. Ask what strategies can help a student with ADHD to succeed in school. How can students help a classmate with ADHD? Write a paragraph summarizing your findings. **WRITING**

7. **Classifying** Eric spends about six hours a day playing video games. He resents being called away from the computer for supper. He has lost interest in most other activities and his grades are dropping. What type of mental disorder might Eric have? Explain.

## Virtual Reality and Phobias

Today, virtual reality technology can help people overcome their phobias. Typically, therapists treat people with phobias by having them slowly confront the actual object or situation they fear. With virtual reality, a similar process can occur without leaving the therapist's office. A person who is afraid of heights, for example, might be placed in a series of "virtual situations" with increasing heights. At each stage, the person learns to relax and control the anxiety.

**WRITING** Pick another phobia from Figure 2 on page 84. Describe the images you would include in a virtual reality program to help a person deal with this phobia.



### ▲ A Virtual Reality Session

With the visor, a person can see 3D computer-generated images. The images change when the person moves his or her head or uses a joystick.



### ▲ Riding a Virtual Elevator

This is a virtual view from a glass elevator in a 46-story hotel. When a person feels comfortable at this height, he or she can move the elevator to a higher floor.

### ◀ A Real-World Test

If the therapy is successful, the person will be able to do actual activities that involve height. For example, the person could ride on a Ferris wheel.

## Section 2

# Eating Disorders

### Objectives

- ▶ **Identify** health risks associated with anorexia.
- ▶ **Explain** the relationship between bulimia and dieting.
- ▶ **List** the main health risks of binge eating disorder.

### Vocabulary

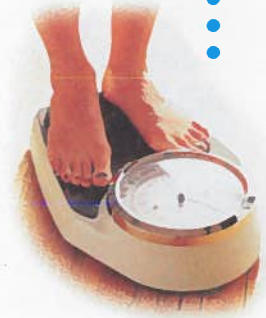
- eating disorder
- anorexia nervosa
- bulimia
- binge eating disorder

### Warm-Up

**Myth** Eating disorders affect only females.

**Fact** Eating disorders affect females more than males, but males do develop eating disorders. Because of this myth males are even less likely than females to seek help for an eating disorder.

**WRITING** What factors other than gender might keep someone from seeking help for an eating disorder?



## Anorexia Nervosa

What image comes to mind when you hear the word *Thanksgiving*? Do you think of a turkey dinner with all the trimmings? In most cultures, people celebrate holidays and other important occasions by preparing traditional foods. But for some people food can be a source of anxiety.

An **eating disorder** is a mental disorder that reveals itself through abnormal behaviors related to food. Eating disorders are about more than just food. They are about emotions, thoughts, and attitudes. A person with **anorexia nervosa** (an uh REK see uh nur VOH suh) doesn't eat enough food to maintain a healthy body weight. The main symptom is extreme weight loss. Other symptoms include slowed heart and breathing rates, dry skin, lowered body temperature, and growth of fine body hair. In females, another symptom is loss of menstrual periods.



**FIGURE 7** People with anorexia think they are fat even when they are thin. Anorexia affects about one out of every one hundred teenaged girls.

# MEDIA Wise

## Body Image and Magazines

Many teens are not satisfied with the size or shape of their bodies. This dissatisfaction can sometimes lead to an eating disorder. Images in magazines can contribute to the problem. Use this checklist to evaluate the messages that teen magazines send about your body and appearance.



Do the images show a narrow range of body shapes and sizes?

Yes

No

Are the females in the images taller and thinner than typical teenage girls?

Yes

No

Are the males in the images taller and more muscular than typical teenage boys?

Yes

No

Are there stories about people who are dieting, bulking up, or getting a makeover?

Yes

No

Does the magazine make you feel dissatisfied with your body?

Yes

No

Two or more "Yes" answers reveal how magazines influence readers' feelings about their own bodies.

### Activity

Look at a magazine that is aimed at teens. Use the checklist to evaluate the images in the magazine. Then write a paragraph summarizing what you learned. Also describe how looking at the images affected you. **WRITING**

**Health Risks** Even when they are extremely thin, people with anorexia see themselves as fat and work hard to lose more weight. They may use exercise or diet pills to help lose weight. **A person with anorexia can starve to death. In some cases, a lack of essential minerals causes the heart to stop suddenly, leading to death.**

**Possible Causes** The lack of a chemical that regulates mood is one possible cause of anorexia. Other possible causes are low self-esteem and a strong desire to please others. A person with anorexia may have a history of troubled relationships. By controlling what they eat, or more accurately what they don't eat, people with anorexia may be attempting to take control of their lives. Instead, the disorder begins to control them.

**Treatment** People with anorexia usually deny that there is a problem. They need to be encouraged to get help. Because of their extreme weight loss, they are often first treated in a hospital. Doctors, nurses, and dietitians work together to stop the weight loss and change a person's eating habits. At the same time, mental health experts work with the patient and family members to address the underlying emotional problems.

### Connect to YOUR LIFE

What factors might influence a person's decision to gain or lose weight?

For: More on eating disorders

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## Bulimia

Another eating disorder that is seen mainly in young women is bulimia. People who have **bulimia** (byoo LIM ee uh) go on uncontrolled eating binges followed by purging, or removing, the food from their bodies. They purge the food by making themselves vomit or by using laxatives.

**Health Risks** Most people with bulimia maintain a weight within their normal range. However, the cycle of bingeing and purging has a negative effect on their health. They may suffer from dehydration, kidney damage, and a lack of necessary vitamins and minerals. The stomach acid in vomit irritates the throat and erodes the enamel from teeth. People with bulimia often become depressed and may even think about suicide.

**Possible Causes** Many of the causes listed for anorexia also apply to bulimia. In addition, people who binge may use food as a way to feel better emotionally. Then they purge because they are concerned about gaining weight. **Bulimia may begin in connection with a diet, but the person soon becomes unable to stop the cycle of bingeing and purging.**

**Treatment** People who have bulimia are aware of what they are doing, but they are unable to control their behavior. They often are too ashamed of their behavior to seek help. If you know someone with the signs listed in Figure 8, offer your support in private. Then gently encourage the person to seek the help of a mental-health professional. There are many effective treatments for bulimia.

### Connect to YOUR LIFE

If you suspected that a friend was bingeing and purging, what would you say to your friend?

**FIGURE 8** Some athletes are at risk for an eating disorder because their sport has rules about weight. For example, a wrestler must be within a set weight range to qualify for a given weight class.

### Possible Signs of Bulimia

- Unable to control eating binges
- Eating too much food too quickly
- Eating in private
- Cycles of weight gain and loss
- Bathroom visits right after eating
- Hoarding or storing food



## Binge Eating Disorder

Have you ever eaten so much at a holiday dinner that you couldn't eat dessert? Or perhaps you ate all of your Halloween candy in a single evening. Everyone overeats once in awhile. But some people cannot control their compulsion to overeat. People with **binge eating disorder** regularly have an uncontrollable urge to eat large amounts of food. They usually do not purge after a binge. People with binge eating disorder cannot stop eating even when they are full. They may intend to eat two slices of bread and end up eating the entire loaf.

**Health Risks** Someone with binge eating disorder isn't going to starve to death or suffer the consequences of repeated purging. But there are health risks with binge eating. **The main physical risks of binge eating disorder are excess weight gain and unhealthy dieting.** When people gain an unhealthy amount of weight, they are at greater risk for illnesses such as diabetes, and physical disorders such as high blood pressure. To deal with the weight gain from binges, some people try extreme diets that promise rapid weight loss. The hunger caused by such diets can trigger more binges, which can trigger more dieting—a yo-yo effect.

**Possible Causes** Some people use binge eating to avoid dealing with difficult emotions, such as anger, or with stressful situations. The food may provide some temporary relief, but it can lead to other difficult emotions, such as guilt or depression.

**Treatment** People with binge eating disorder need help in learning how to control their eating. They may need to eat more slowly and deliberately. They often need to address underlying emotional problems.



**FIGURE 9** Someone with a binge eating disorder eats a large amount of food in a short amount of time. **Evaluating** Based on the containers, do you think the amount of food eaten qualifies as a binge? Explain.

## Section 2 Review

### Key Ideas and Vocabulary

1. What is an eating disorder?
2. What health risks are associated with anorexia? Why are people with anorexia unlikely to ask for help?
3. What is bulimia? Explain the connection between bulimia and dieting.
4. What health risks are possible for someone with binge eating disorder?

### Critical Thinking

5. **Comparing and Contrasting** How are bulimia and anorexia alike? How are they different?

## Health at School

**Eating Disorders and Athletes** Interview a coach or trainer about the role athletics may play in some eating disorders. Ask in which sports eating disorders are most often seen. Ask what a coach or trainer can do to help prevent eating disorders. Write a paragraph summarizing what you find out. **WRITING**

6. **Evaluating** When Brittany visits her aunt, her aunt insists that she take second helpings at dinner. To please her aunt, Brittany eats beyond the point that she feels full. Is this a sign that Brittany has an eating disorder? Explain your answer.

## Section 3

# Depression and Suicide

### Objectives

- ▶ **Explain** why it is important to identify and treat clinical depression.
- ▶ **Explain** why individuals might deliberately injure themselves.
- ▶ **Describe** one major risk factor for suicide.

### Vocabulary

- clinical depression
- cutting
- suicide
- cluster suicides

### Warm-Up

**Health Stats** What relationship is there between risk of depression and how connected teens feel to their school?

Connection to School	Risk of Depression
Very connected	Very low
Quite a bit	Low
Somewhat	Low to moderate
Very little	Moderate
Not at all connected	High

**WRITING** What could make someone feel very connected to school? What could make someone feel disconnected?

## Clinical Depression

Everyone feels depressed now and then. It is normal to feel depressed if you experience a significant loss or failure. For example, you would expect to feel depressed if someone you loved moved away or if you didn't make a team you tried out for. Usually, however, the feeling of depression lifts after a few days or weeks, and you get on with your life. Sometimes, however, feelings of depression linger.

**Defining Depression** Maria used to be energetic and happy. She had good grades and loved playing in the school band. But recently her grades have dropped and she quit the band. She cannot sleep and feels tired all the time. Feelings of despair have taken over Maria's life.

Maria has a mood disorder known as clinical depression. People with **clinical depression** may feel sad and hopeless for months. They are unable to enjoy activities that were once a source of pleasure. As the depression deepens, people often are unable to accomplish their daily tasks. **Depression can cause problems at school, at home, and in one's social life. If untreated, depression can also lead to substance abuse, serious behavior problems, and even suicide.**

**Recognizing Depression** For a teen to be moody, irritable, or tired at times is not unusual. So how do mental health experts distinguish the signs of depression from typical teenage moods and behaviors? Mental health experts use the symptoms listed in Figure 10 to diagnose depression. A person who has clinical depression will experience four or more of the symptoms nearly every day for at least two weeks.

About one out of 12 teens will experience clinical depression before they are 18. After age 15, females are twice as likely as males to suffer from depression. Some teens may have a single episode of clinical depression; others experience more than one episode of depression.

**Risk Factors** Depression sometimes seems to arrive “out of the blue,” but there are often explanations. The following risk factors have been identified for depression. It is important to know that having one or more risk factors doesn’t mean that you will become depressed.

- ▶ A parent or other close biological relative with a mood disorder
- ▶ A major life change or a prolonged stressful situation
- ▶ Being the victim of a violent crime or witnessing violence
- ▶ A previous bout of depression
- ▶ A sense of hopelessness

**Treatment for Depression** Medication is an effective treatment for clinical depression. Normally, chemicals in the brain control how signals pass from one nerve cell to another. When someone is depressed, the brain does not use these chemicals properly. Medication helps to restore normal brain function. Mental health experts can also help people who are depressed to learn new strategies for coping with their problems.

**Connect to  
YOUR LIFE**

**Do you have any of the signs of depression? Do you have any of the risk factors for depression?**

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LINKS™

**For:** Updates on depression  
**Visit:** [www.SciLinks.org/health](http://www.SciLinks.org/health)  
**Web Code:** ctn-2043

**FIGURE 10** People who are depressed often avoid being with others. However, doing things you enjoy on your own is not a sign of depression.

**Signs of Clinical Depression**

- ▶ Change in appetite; significant weight loss or gain
- ▶ Change in sleep patterns; difficulty sleeping or sleeping too much
- ▶ Change in activity level; sluggish (slow) or frantic (fast-paced)
- ▶ Loss of interest in usual activities
- ▶ Loss of energy; always tired
- ▶ Hopelessness; boredom
- ▶ Unexplained crying; easily annoyed
- ▶ Repeated thoughts of death and suicide



### If You Have the Urge to Cut

- Rub an ice cube on your skin.
- Take a shower.
- Write in your journal.
- Call a friend.
- Go for a walk or run.
- Listen to music that shifts your mood.
- Play with a pet.



**FIGURE 11** Some people with a mental disorder use cutting to cope with their emotions or anxiety.

## Self-Injury

When Nicole's mother asked about the cuts on Nicole's arms, Nicole said that her friend's cat scratched her. But the truth is that Nicole cut her arms with a razor blade. **Cutting** is the use of a sharp object to intentionally cut or scratch one's body deep enough to bleed. Cutting is one example of self-injury. Burning the skin on purpose with a lighted match or cigarette is another. Although cutting and burning leave scars, people often hide these signs of their behavior. For example, they may wear long-sleeved shirts even in warm weather. Self-injury occurs most often in young women, but it can occur in young men, too.

**Self-injury is an unhealthy way to cope with emotions, stress, or traumatic events.** People who self-injure are not usually trying to kill themselves. They are trying to feel better. They say that the behavior provides temporary relief from painful feelings. But self-injury doesn't address any of their underlying problems. Self-injury can be a symptom of a mood disorder, anxiety disorder, or eating disorder.

Self-injury isn't common, but it is a serious problem. The behavior may begin as an unplanned impulsive act, but it often turns into a compulsion. Someone who relies on cutting or burning to cope with emotions should tell a trusted adult. With the help of a mental health professional, they can learn better ways to cope with their problems.

## Suicide Prevention

**Suicide** is the intentional killing of oneself. Suicide affects all kinds of people: young, old, bright, average, rich, poor, female, male. In the United States, suicide is the third-leading cause of death among young people ages 15–24. Between 1950 and 1990, the teen suicide rate quadrupled. But since 1990, the rate has declined.

Is there any way to tell whether or not someone is going to attempt suicide? Mental health experts have identified factors that put people at risk for suicide. They have identified other factors that protect people from suicide. If people understand these risk factors and protective factors, they can take steps to further reduce the suicide rate.

**Risk Factors** Is there a connection between depression and suicide? **Mood disorders, such as depression, are a major risk factor for suicide.** Other factors that may put a person at risk for suicidal behavior include:

- ▶ A previous suicide attempt or a family history of suicide
- ▶ Having both a mental disorder and a substance abuse disorder
- ▶ Feelings of hopelessness or isolation
- ▶ Lack of access to mental health treatment
- ▶ Being influenced by the suicide of family members, peers, or celebrities

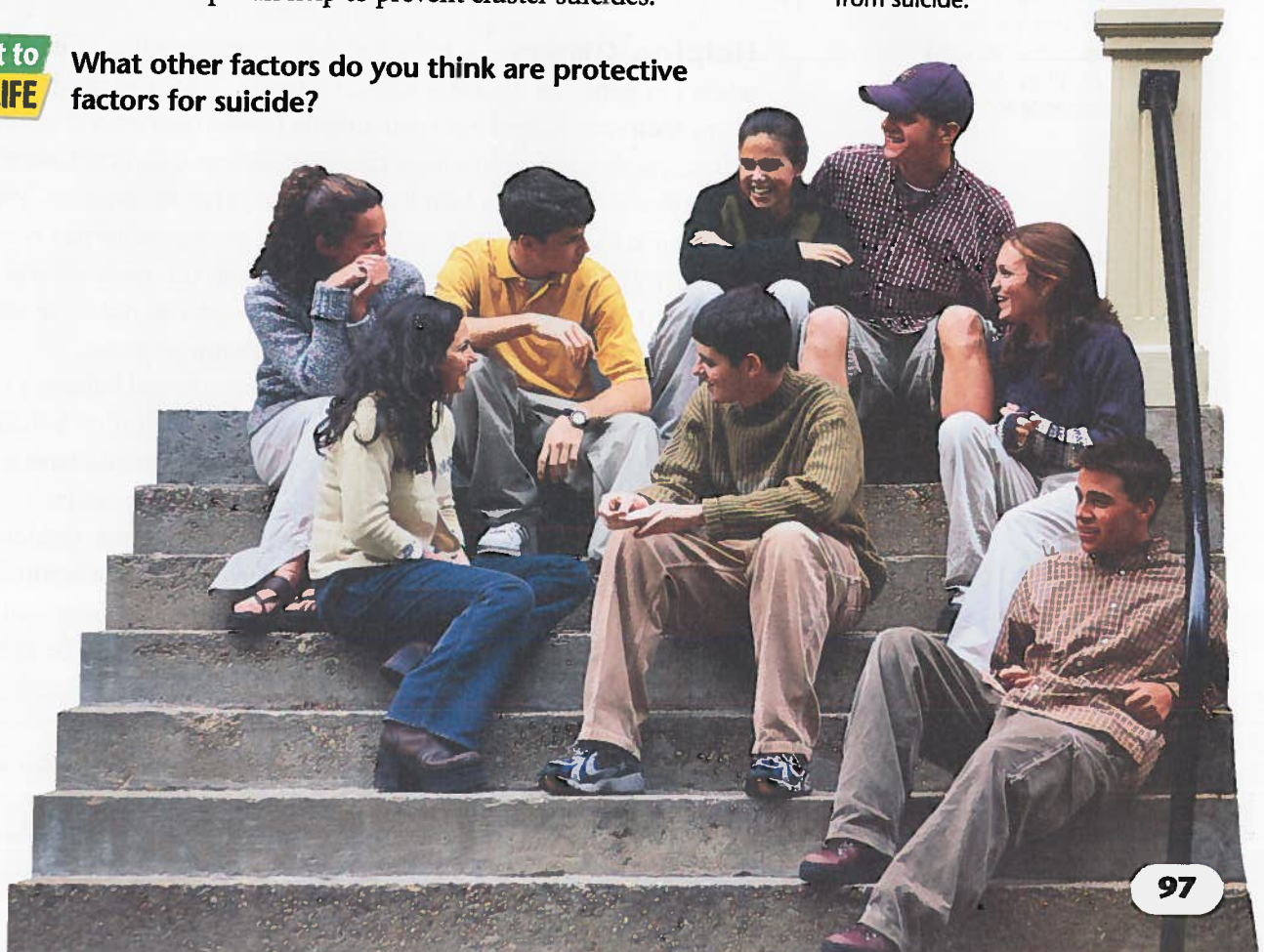
**Protective Factors** If a person is at risk for suicide, there are some factors that can help reduce the risk. The first is treating a person's mental disorders, especially depression. Getting treatment for the abuse of alcohol or other drugs is important. So is feeling connected to school and having close relationships with family, friends, and others in the community.

Another protective factor is having personal beliefs that discourage suicide. Knowing how to resolve conflicts in non-violent ways also lowers a person's risk for suicide.

**Cluster Suicides** Sometimes a suicide or an attempted suicide triggers other suicides, especially among teens. **Cluster suicides** are a series of suicides that occur within a short period of time in the same peer group or community. Some cluster suicides involve a pact between friends. Others occur in response to an initial suicide. Immediate counseling of peers after a suicide or a suicide attempt can help to prevent cluster suicides.

**Connect to YOUR LIFE** What other factors do you think are protective factors for suicide?

**FIGURE 12** Feeling connected to school helps protect teens from suicide.



## When a Friend Is Thinking About Suicide

### Do . . .

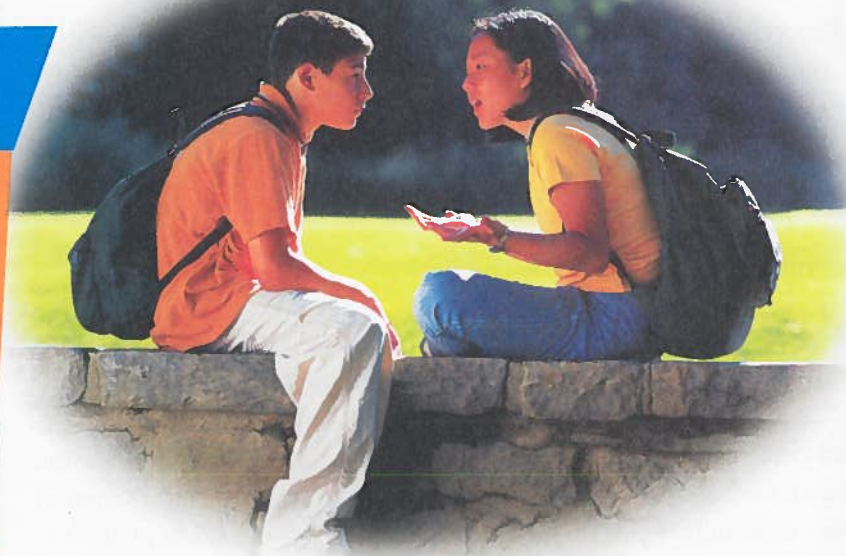
- trust your feelings.
- take the threats seriously.
- say how concerned you are.
- listen carefully.
- talk calmly.
- involve a trusted adult.
- stay until help arrives.

### Do Not . . .

- dare the person to go ahead with the suicide attempt.
- judge the person.
- analyze the person's motives.
- argue or offer reasons not to attempt suicide.
- leave the person alone.

**FIGURE 13** These lists identify things you can do and things you should avoid doing when a person is thinking about suicide.

**Evaluating** Which of the items on the list of things to do would you feel most able to do and why?



**Warning Signs** It would be very helpful if someone who was about to attempt suicide showed unmistakable warning signs. Unfortunately, most suicides occur without warning. Teens who attempt suicide usually don't talk about it in advance, write about it in school essays, or give away their possessions. A sudden drop in grades or an increase in drug abuse are warning signs of a problem, but that problem isn't always suicide.

So should you ignore radical changes in behavior that you observe in a friend? No, but you should proceed with caution. Don't assume you know what problem the person is dealing with. Offer your support and encourage the friend to talk to a trusted adult.

**Helping Others** A friend makes comments like "They'll be sorry when I'm gone" or "I have nothing to live for." What would you do? If you know that your friend has tried suicide before or if your friend describes a detailed plan of action, this is cause for serious concern. Your friend may make you promise not to tell anyone about his or her plan. Whether or not your friend realizes it, by confiding in you, your friend is asking you for help. To help your friend, you must break the promise and notify an adult that your friend is in danger. You should also notify an adult if you become aware of a suicide pact among a group of teens.

An important thing to remember is that suicidal behavior is a cry for help in dealing with problems that seem overwhelming. Suicidal people often feel that they have looked to others for support and have received no response. It is important that you show care and concern for the person. You can help by listening to and providing support for friends or family members who are feeling depressed, hopeless, or overwhelmed by stress. When the support you offer is backed by professional intervention, a life may be saved. Figure 13 offers suggestions about what to do and what not to do if you are faced with this situation.

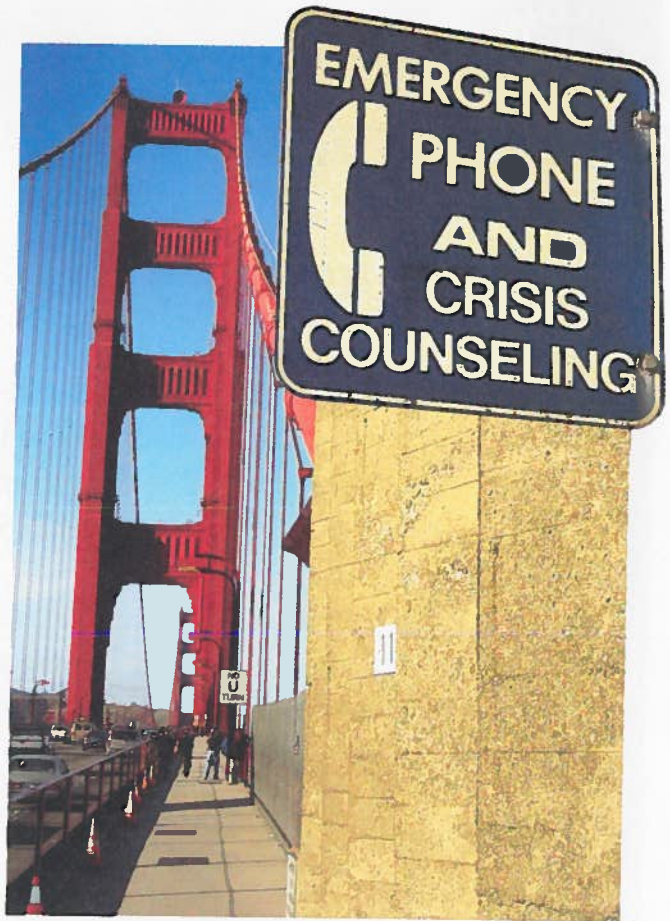
### Connect to YOUR LIFE

What would you do if someone told you about a plan to commit suicide?

**Helping Yourself** If you have been feeling depressed, remember that no matter how overwhelming the problems in your life may seem, suicide is never a solution. It is vital that you talk about your feelings with a trusted adult or mental health professional. Together, you will be able to find solutions that you may not have thought of on your own. No matter how isolated you may feel, you do not have to deal with your problems alone. No matter how hopeless you feel your situation is, there are positive steps that you can take.

Perhaps you are unable or unwilling to talk with an adult you live with. If so, consider talking with a family member who lives nearby, an adult friend of the family, or an adult in your faith community. There are also resources at your school that you can turn to—a school nurse, a social worker, a counselor, or a psychologist. These people are trained to screen for depression and suicide. If you are asked whether you have thought about or attempted suicide, tell the truth. That way, the person you are talking with will be able to get you the help you need.

Crisis centers and suicide-prevention hotlines are other resources you can use. These resources are staffed 24 hours a day. Look in the front of your local telephone directory or online for a listing of these hotlines. You can also get telephone numbers for crisis centers and hotlines in your area from the information operator, or directory assistance.



**FIGURE 14** People have jumped from the Golden Gate Bridge in San Francisco. So the city placed a phone on the bridge that connects people to a crisis center.

## Section 3 Review

### Key Ideas and Vocabulary

1. How do mental health experts diagnose **clinical depression**?
2. Why is it important to identify and treat clinical depression?
3. Describe the self-injury behavior known as **cutting**. Explain why individuals might injure themselves on purpose.
4. What is a major risk factor for suicide? What protective factor can help to reduce the effect of this risk factor?
5. What are **cluster suicides**? What can be done to prevent them?

## Health and Community

**Suicide Hotlines** Find out whether there are suicide hotlines in your community. Are the people who answer the phones employees or volunteers? What kind of training do people have before they are allowed to answer the phone? Are teens allowed to be volunteers? If so, what kind of role can they play? Write a paragraph summarizing what you find out. **WRITING**

### Critical Thinking

6. **Evaluating** Why do you think cluster suicides occur most frequently among teenagers?
7. **Applying Concepts** Your friend Bryan has shown some signs of clinical depression for a month. You are very worried about Bryan, but he refuses to talk to you about his feelings. What could you do to help Bryan?

## Dealing With Setbacks

Sarah stared at her coach with disbelief—she was no longer a starter on her soccer team! All of the friends she’s played soccer with for years would be on the field at the start of the game, but not her. “I’m such a failure. I can’t do anything right,” Sarah said to herself. “Why do bad things always happen to me?”

Like Sarah, everyone experiences setbacks in their lives. And, like Sarah, most people are discouraged by a setback, at least at first. But, what do you do next? Do you think of yourself as a failure or a victim? Or are you able to bounce back and move on? Here are some tips that can help you handle setbacks in positive ways.



### 1 Think of a setback as an isolated event.

If you experience a setback, remind yourself of its limits. In other words, don't think of a setback as evidence that you're a failure overall. Instead, tell yourself that you did not succeed at one thing at one particular time. By thinking this way, you keep the setback in the proper perspective. Otherwise, the setback can begin to affect other things you do.

### 2 Recognize that a setback is temporary.

Some setbacks have long-term effects, but many setbacks do not. Although a setback will probably alter your immediate plans and goals, you can view a setback as an opportunity. For example, Sarah could ask her coach for advice on how she could work toward becoming a starter again.

Also, remember that a setback doesn't mean that you need to abandon your original goal. Ask yourself these questions, which may help you discover a new path to pursue.

- ▶ Is there a different path I can take to reach my goal?
- ▶ Can I arrange for a second opportunity to try and reach my goal, either now or in the near future?
- ▶ Can I modify my goal somewhat?

### 3 Become aware of your "self-talk."

Pay attention to what you are thinking and saying to yourself about the setback. One way to monitor your thoughts is by jotting them down. Then, dispute each negative thought ("I can't do anything right") with a response ("I play guitar really well."). This will help you turn off the negative thinking.

### 4 Take action.

One key to bouncing back from a setback is to focus your energy in productive ways. For example, do you now have time to pursue a new interest? Can you view the setback as a challenge to work even harder at improving your skills? By looking ahead and focusing your efforts toward a new goal, you can put the setback behind you.



### Practice the Skill

1. Your friend, Sarah, just told you that she is no longer a starter on her soccer team. What could you say to help her view the setback as an isolated and temporary event?
2. For each of the negative thoughts below, write a response to yourself that disputes it.
  - a. "I never do anything right."
  - b. "Nobody likes me."
  - c. "I'm the stupidest person in the class."
3. Recall a setback you experienced recently. In a paragraph, describe how you handled the setback. Include details about what you were feeling and thinking, and what actions you took. In a second paragraph, describe other, more positive steps you could have taken to deal with the setback.

## Section 4

# Treating Mental Disorders

### Objectives

- ▶ **List** reasons that might prevent a person from seeking help for a mental disorder.
- ▶ **Identify** four types of mental health professionals.
- ▶ **Describe** some general types of treatment for mental disorders.

### Vocabulary

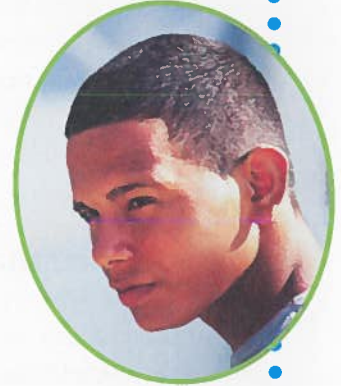
- psychiatrist
- neurologist
- clinical psychologist
- psychiatric social worker
- therapy

### Warm-Up

Dear Advice Line,

Lately, I spend a lot of time just staring at the ceiling or crying for no reason at all. I haven't told anyone about my problems. I don't want to be labeled as "a mental case."

**WRITING** What advice would you give to this person? What would you say about the person's fear of being labeled?



## Locating Community Resources

Each year, about 20 percent of Americans experience the symptoms of a mental disorder. However, the majority of these people do not seek help. What could keep a person with a mental disorder from getting the help he or she needs? **Sometimes people don't recognize the signs of a mental disorder. Or they may have been told that, with willpower alone, they can overcome the problem. Or they may not know where to go for help.**

The first step toward recovery is recognizing the need for help. Do not ignore the warning signs of mental disorders. But don't rely too much on your own diagnosis. Treat a mental disorder the same way you would treat a physical illness. If you have a physical illness, you should see a doctor to receive appropriate treatment. If you have a mental disorder, you should see a mental health professional for treatment.

Although it may be difficult, try to share your problems with an adult that you trust. This could be a parent, guardian, teacher, counselor, doctor, or religious leader. The adult can help you find mental health services in your community. A local hospital may have a mental health center. Some communities have mental health clinics or counseling centers. Others have drop-in centers for teens, where counselors provide help and guidance. For some types of treatment, you will need the consent of a parent or guardian. See the Building Health Skill on locating community resources in Chapter 25 for additional information.

## Types of Mental Health Professionals

Mental health professionals are trained to recognize mental disorders and to treat them. The type of treatment they offer depends upon their training. **Psychiatrists, clinical psychologists, social workers, and mental health counselors are four types of mental health professionals.**

**Psychiatrists** After medical school, doctors may get advanced training in the treatment of mental disorders. Their goal is to become a **psychiatrist** (sy KY uh trist), a physician who can diagnose and treat mental disorders. A psychiatrist will do a medical exam to rule out physical causes. Then, he or she will talk with a patient to find out what symptoms the patient has.

Psychiatrists use a variety of treatment methods. As physicians, they are able to prescribe medications. If they suspect that a patient's symptoms may have a physical cause, they may ask the patient to see a neurologist (NOO RAHL uh jist). A **neurologist** is a physician who treats physical disorders of the nervous system.

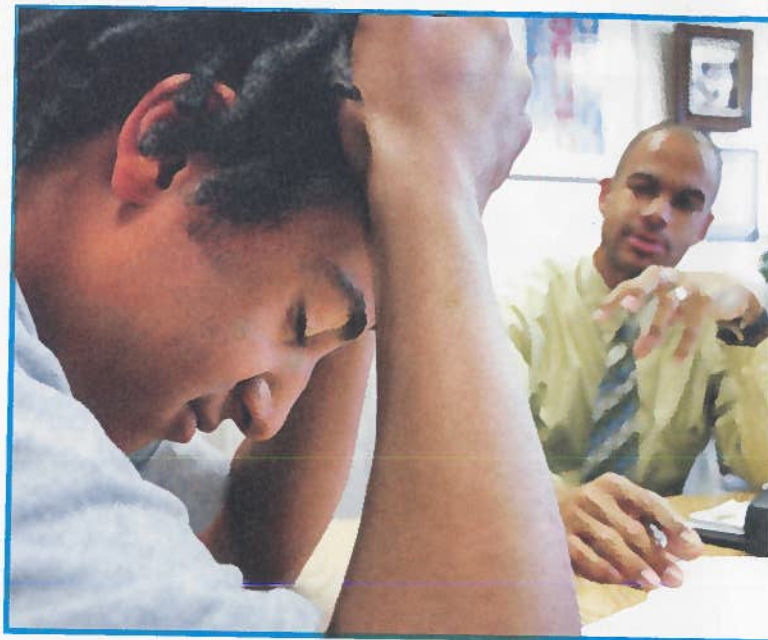
**Clinical Psychologists** A **clinical psychologist** is trained to recognize and treat behavior that is not normal. Clinical psychologists have a doctoral degree in psychology and at least two years of practical training in clinics or hospitals. A psychologist may help a psychiatrist to diagnose a patient's disorder. The psychologist may interview the patient or use a diagnostic test. In some states, clinical psychologists can prescribe medications.

**Social Workers** Social workers listen to and advise people. Often, they act as a link between people who need help and community resources that provide help. A **psychiatric social worker** helps people with mental disorders and their families to accept and adjust to an illness.

**Mental Health Counselors** Some mental health counselors focus on specific problems or work with specific groups of people. Substance abuse counselors, for example, work with people who have problems with alcohol or other drugs. School counselors work with students. Youth counselors work with teenagers. Members of faith communities often have practical training as counselors.

**Connect to  
YOUR LIFE**

**Are there mental health counselors at your school? If so, what type of problems do they deal with?**



**FIGURE 15** Talking about a problem can help a person identify the source of the problem.

**Predicting** What kinds of questions might a mental health professional ask?

**Go Online**  
HEALTH  
LINKS.

**For:** Updates on mental health  
**Visit:** [www.SciLinks.org/health](http://www.SciLinks.org/health)  
**Web Code:** ctn-2044



## Kinds of Treatments

How does a mental health professional decide which treatment method, or therapy, to use? Some disorders and some patients respond better to some treatments than to others. **Psychotherapy, drug therapy, and hospitalization** are three methods used to treat mental disorders.

**Psychotherapy** During psychotherapy (sy koh THEHR uh pee), a person talks with a therapist. These talks help people understand and overcome their mental disorders. Three types of psychotherapy are:

- ▶ **Insight Therapy** This type of therapy helps people better understand the reasons for their behavior. The hope is that, with this insight, they will be able to change some of their behaviors.
- ▶ **Cognitive and Behavioral Therapy** This type of therapy helps a person to identify situations, objects, or thoughts that trigger abnormal behaviors. The goal is for the patient to learn new ways to behave.
- ▶ **Group Therapy** In group therapy, people meet with other people who have similar disorders. A mental health professional leads the group. Group members work together to develop coping skills.

**Drug Therapy** Doctors prescribe drugs to treat many mental disorders. The drugs can relieve symptoms and allow patients to function normally. Drug therapy and psychotherapy may be used together.

**Hospitalization** Sometimes people with mental disorders need constant attention or are in danger of harming themselves or others. These people may have to be treated in a hospital. In the hospital, patients receive therapy. The staff helps patients prepare to leave the hospital. When patients return home, social workers often help them adjust to the change.



**FIGURE 16** One type of therapy is group therapy. The counselor works with a group of people who have similar mental disorders.

## Section 4 Review

### Key Ideas and Vocabulary

1. State three reasons why someone might not seek help for a mental disorder.
2. Briefly describe four types of mental health professionals.
3. What three general methods are used to treat mental disorders?

### Critical Thinking

4. **Relating Cause and Effect** Why might a person with a mental disorder end up in a hospital?

### Health at Home

**Views on Mental Illness** Talk with some adults in your family about their attitudes toward mental illness. Do they think of mental disorders in the same way that they think of other illnesses? Have their attitudes about mental illness changed over the years? Write a paragraph summarizing what you find out. **WRITING**

5. **Classifying** In what type of therapy are people most likely to discuss their childhood experiences? Explain.

**Starving for Control** What three things did you learn from the video about dealing with eating disorders?

## Section 1 Mental Disorders

### Key Ideas

- ✓ Mental health experts see abnormal thoughts, feelings, or behaviors as signs of a mental disorder.
- ✓ Physical factors, heredity, early experiences, and recent experiences can cause mental disorders.
- ✓ Anxiety disorders include generalized anxiety disorder, phobias, panic attacks, obsessive-compulsive disorders, and post-traumatic stress disorder.

- ✓ Some teens have mood disorders, schizophrenia, impulse-control disorders, or personality disorders.

### Vocabulary

- mental disorder (82)
- anxiety (84)
- anxiety disorder (84)
- phobia (84)
- obsession (85)
- compulsion (85)
- mood disorder (86)
- depression (86)
- schizophrenia (86)
- personality disorder (88)

## Section 2 Eating Disorders

### Key Ideas

- ✓ A person with anorexia can starve to death or die from a lack of essential minerals.
- ✓ Bulimia may begin in connection to a diet, but the person soon becomes unable to stop the cycle of bingeing and purging.

- ✓ The main physical risks of binge eating disorder are excess weight gain and unhealthy dieting.

### Vocabulary

- eating disorder (90)
- anorexia nervosa (90)
- bulimia (92)
- binge eating disorder (93)

## Section 3 Depression and Suicide

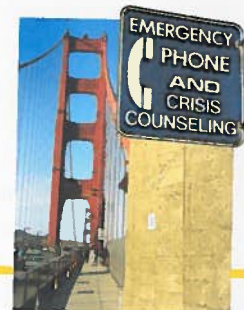
### Key Ideas

- ✓ Depression can cause problems at school, at home, and with one's social life. If untreated, depression can also lead to substance abuse, serious behavior problems, and even suicide.
- ✓ Self-injury is an unhealthy way to cope with emotions, stress, or traumatic events.

- ✓ Mood disorders are a major risk factor for suicide.

### Vocabulary

- clinical depression (94)
- cutting (96)
- suicide (96)
- cluster suicides (97)



## Section 4 Treating Mental Disorders

### Key Ideas

- ✓ Sometimes people don't recognize the signs of a mental disorder. Or they may not know where to go for help.
- ✓ Psychiatrists, clinical psychologists, social workers, and mental health counselors are four types of mental health professionals.

- ✓ Psychotherapy, drug therapy, and hospitalization are three methods used to treat mental disorders.

### Vocabulary

- psychiatrist (103)
- neurologist (103)
- clinical psychologist (103)
- psychiatric social worker (103)
- therapy (104)

## Reviewing Key Ideas

### Section 1

1. Claustrophobia is an example of a(n)
  - a. mood disorder.
  - b. anxiety disorder.
  - c. personality disorder.
  - d. impulse-control disorder.
2. An unreasonable need to behave in a certain way is called a(n)
  - a. obsession.
  - b. phobia.
  - c. compulsion.
  - d. panic attack.
3. Give an example of how an experience in a person's life could trigger a mental disorder.
4. What is the common factor in all personality disorders?
5. **Critical Thinking** Use the definition of a mental disorder to explain why schizophrenia is a serious mental disorder.

### Section 2

6. An eating disorder marked by bingeing and purging is
  - a. anorexia nervosa.
  - b. binge eating disorder.
  - c. bulimia.
  - d. yo-yo dieting.
7. What are some possible causes of anorexia?
8. How are bulimia and binge eating disorder similar? How are they different?
9. **Critical Thinking** Why do you think that eating disorders are classified as mental disorders? Do you agree with this classification? Explain.

### Section 3

10. A person with clinical depression
  - a. feels sad now and then.
  - b. feels extremely sad for a week.
  - c. feels sad or hopeless for months.
  - d. still tends to find enjoyment in life.
11. What is the link between depression and suicide?
12. How can having close relationships help you stay mentally healthy?
13. **Critical Thinking** You feel depressed at times, but always snap out of it quickly. Should you seek help? Why or why not?

### Section 4

14. Which mental health professional acts as a link between a patient and community resources?
  - a. psychologist
  - b. psychiatrist
  - c. social worker
  - d. neurologist
15. How are mental and physical disorders similar?
16. How are psychotherapy and drug therapy similar? How are they different?
17. **Critical Thinking** Families of people with mental disorders often need support and counseling. Why do you think this is so?



## Building Health Skills

18. **Analyzing Influences** Many works of fiction focus on characters with mental disorders. What positive or negative effects could reading about these characters have on readers?
19. **Communicating** People who are hospitalized for mental disorders may be released to "halfway houses." At the halfway house, they learn to readjust to life in the community. What would you say if someone objected to having a halfway house in your neighborhood?
20. **Setting Goals** Make a list of qualities that are important in someone you could confide in. Then use the list to evaluate yourself. Make an action plan to be a better confidant. Decide on steps you can take to improve your communication and listening skills. Monitor your progress and adjust your action plan, if necessary. **WRITING**

## Health and Community

**Suicide and Older Adults** The suicide rate is high among adults over age 65. One of the risk factors for older adults is a sense of isolation. What does your community do to reduce feelings of isolation among older adults? Are there ways you can help? Write a paragraph summarizing what you find out. **WRITING**

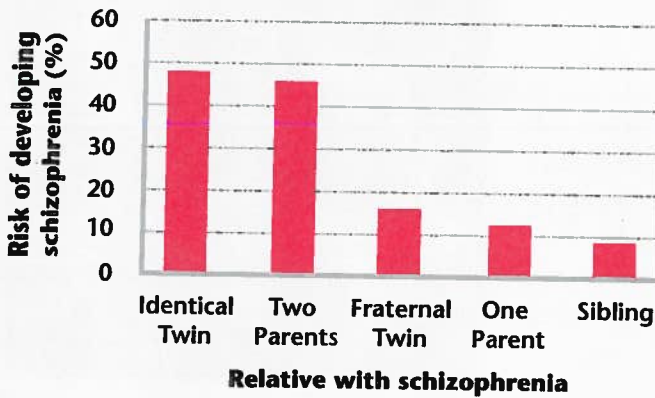


# Standardized Test Prep

## Math Practice

The risk of developing schizophrenia changes when different family members have the disorder. Use the graph to answer Questions 21–23.

**Heredity as a Risk Factor for Schizophrenia**



- What is the risk of developing schizophrenia if one parent has the disorder?  
A 9%                      B 12%  
C 16%                     D 45%
- When is a person at greatest risk for developing schizophrenia?  
F when one parent has the disorder  
G when two parents have the disorder  
H when any sibling has the disorder  
J when an identical twin has the disorder
- How does the risk of having an identical twin with schizophrenia compare to the risk of having a fraternal twin with schizophrenia?  
A The risk is the same.  
B The risk is twice as great.  
C The risk is three times as great.  
D The risk is four times as great.

## Test-Taking Tip

When taking a test, answer the easy questions first. This approach can boost your confidence.

## Reading and Writing Practice

Read the passage. Then answer Questions 24–27.

A lack of natural light can cause seasonal affective disorder (SAD). As the supply of natural light decreases in winter, people with SAD become depressed. Unlike some depressed people, who have trouble eating and sleeping, SAD patients may sleep up to 18 hours a day, crave starchy foods, and gain weight. Treatment for SAD involves phototherapy, exposure to a full range of bright lights, for 10–30 minutes a day. For 80 percent of SAD sufferers, the treatment restores the balance of chemicals in the body, which relieves the symptoms of SAD.

- What is the main idea of this passage?  
A Depression is caused by a lack of natural light.  
B A lack of natural light causes one kind of depression.  
C Phototherapy can cure all types of depression.  
D Phototherapy can cure all cases of SAD.
- From this passage, you can infer that a lack of natural light  
F decreases certain chemicals in the body.  
G increases certain chemicals in the body.  
H restores the balance of chemicals in the body.  
J upsets the balance of chemicals in the body.
- Which statement is supported by this passage?  
A Some symptoms of SAD are not typical of depression.  
B Most depressed people crave starchy foods.  
C Sleeping for 18 hours is a typical sign of depression.  
D SAD and clinical depression are similar disorders.

### Constructed Response

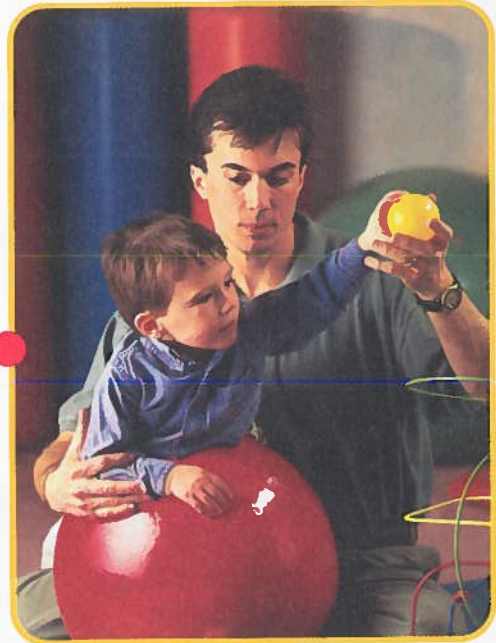
- There is a type of SAD that occurs in the summer when the hours of daylight increase. Write a paragraph predicting what the symptoms of summer SAD might be.

## Mental Health

Some mental health workers help treat people with mental disorders. Others help people deal with stress and anxiety.

### Recreational Therapist

Recreational therapists use activities as therapy. Activities can include art, dance, music, or sports. The goal may be to reduce anxiety, build confidence, and develop social skills. Recreational therapists help patients express themselves. For example, they may teach people to communicate their feelings through dance movements. This career usually requires a bachelor's degree, but some jobs require only an associate degree.

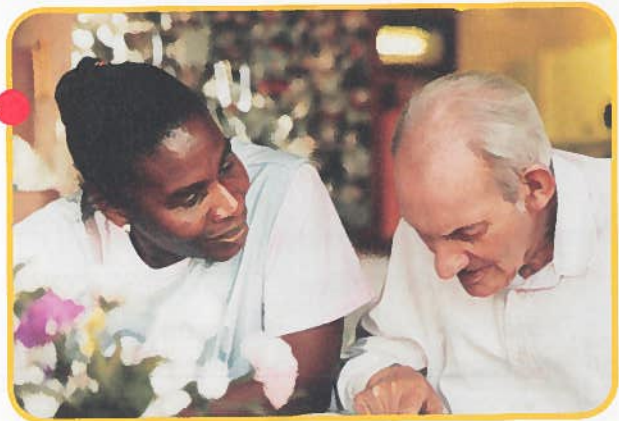


### Social Worker

Some social workers assist people with mental disorders by providing counseling for patients and their families. They may help people who have been in a hospital adjust to life back in the community. For example, a social worker may help a person find a job or enroll in school. Many social workers have a master's degree in social work and are licensed and certified by their states.

### Psychiatric Aide

A psychiatric aide helps care for people who have mental disorders. The aide helps patients with basic functions such as eating, dressing, and personal grooming. An important part of the job is to socialize with patients during activities and to observe their behavior. Entry into this career requires a high school degree.





## Sport Psychologist

Sport psychologists work with athletes to improve their performance. They teach athletes to use relaxation and mental rehearsal to cope with the stress of competition. They help athletes increase their motivation, confidence, and focus. A sport psychologist must know about both the mind and the body. This career requires at least a master's degree. Certification by the Association for the Advancement of Applied Sport Psychology (AAASP) is recommended.

## Career Focus

### Kirsten Peterson, Sport Psychologist for the U.S. Olympic Committee

#### How did you get interested in sport psychology?

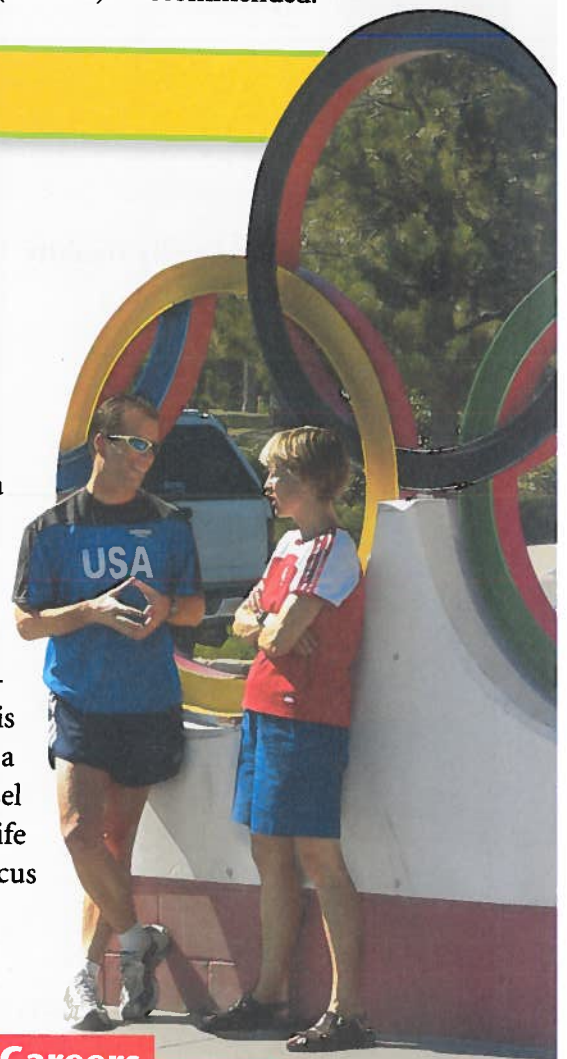
"In high school I was a softball pitcher. In college, I suddenly could not throw a strike. It was a very difficult experience and there was no one available to help me. I was studying psychology then when I learned about the field of sport psychology. I realized this was a way for me to help athletes deal with difficult sport experiences like mine."

#### Where do you work and which athletes do you work with?

"I work for the U.S. Olympic Training Committee in Colorado Springs. In the summer, I work with the wrestling teams. In the winter, I work with the bobsled and skeleton teams. I attend my teams' practices and I travel with the teams quite a lot."

#### What do you do as a sport psychologist?

"I help Olympic athletes develop their mental skills so they can perform at a higher level. I help them to recognize and manage their anxiety in competition. I teach athletes how to quickly refocus when difficult situations happen; this can save critical time in a competition. I also counsel them on their regular life issues so that they can focus and do their job."



## Health and Careers

**Careers in Mental Health** Research other careers in mental health. Choose a career that interests you and explain why your personality would be a good match for this career. **WRITING**