Mental Health References and Information

Mental Health is Health

School of Mathematics DEI Committee
Mental Health Workshop
May 3, 2022
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Someone Is Here For You Right Now

Additional Mental Health Resources Available at the School of Math DEI website
https://sites.gatech.edu/somdei/

- If you need to speak with someone right now call 1-800-273-8255. The National Suicide Prevention Lifeline provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week. Online crisis chat is also available at https://suicidepreventionlifeline.org

- Georgia Tech students experiencing a crisis that requires immediate attention may contact C.A.R.E. and speak with a counselor at any time 24 hours a day, 7 days a week. During regular business hours, students may call 404-894-3498 or walk-in to the C.A.R.E. office located at the Charles A. Smithgall, Jr. Student Services Building, 353 Ferst Drive, Atlanta, GA 30332-0285. After business hours, please call either 404-894-2575 or 404-894-3498 and select the option to speak to the after-hours counselor.

- Available to all University Systems of Georgia Employees: Up to four counseling sessions are available for issues affecting employees. Individuals may speak with a professional counselor by phone, and the Employee Assistance Program (EAP) will provide a referral to see a local counselor at no cost. 24/7/365 Toll-free access to licensed clinical caring professionals at 1-844-243-4440. For additional information about EAP or KEPRO please visit https://usg.mylifeexpert.com/login

- Help is available 24 hours a day, 7 days a week and 365 days a year for problems with developmental disabilities, mental health, drugs or alcohol. Please call the Georgia Crisis and Access Line (GCAL) at 1-800-715-4225. GCAL professionals will:
  - Provide telephonic crisis intervention services
  - Dispatch mobile crisis teams
  - Assist individuals in finding an open crisis or detox bed across the State
  - Link individuals with urgent appointment services
• Speak with a trained crisis intervention volunteer by calling 1-800-442-HOPE (1-800-442-4673). Online crisis chat is also available on their website at https://www.imalive.org

• Text HOME to 741741 to connect with a Crisis Counselor. https://www.crisistextline.org/

• The Veterans Crisis Line connects Service members and Veterans in crisis, as well as their family members and friends, with qualified Department of Veteran’s Affairs (VA) responders through a confidential toll-free hotline, online chat, or text messaging service. Dial 1-800-273-8255 and Press 1 to talk to someone or send a text message to 838255 to connect with a VA responder. You can also start a confidential online chat session at https://www.veteranscrisisline.net/get-help-now/chat/

Upcoming Lifeline: 988 Available July 16, 2022
988 has been designated as the new three-digit dialing code that will route callers to the National Suicide Prevention Lifeline. This dialing code will be available to everyone across the United States starting on July 16, 2022. When people call, text, or chat 988, they will be connected to trained counselors that are part of the existing National Suicide Prevention Lifeline network. These trained counselors will listen, provide support, and connect the caller to resources if necessary.
Helping Struggling Students
Dean's Office Referrals

Has a student in your class stopped attending? Missed assignments? Or are they coming to class looking distraught? Have you sent multiple emails that have not been read or returned?

If you feel that one of your students is in a crisis situation, you may wish to refer them to the Dean's Office. The Dean's referral form can be found at this link:

https://referral.studentlife.gatech.edu/referral-form

Please have the following information handy before completing this form:

• the student's full name
• the student's GTID (if they are enrolled in a course with you, you can find this information on Canvas)
• the student's GT email address

You will also have space to enter information as to why you are concerned about this student.

The Dean's Office typically follows up with the student within 24-48 hours, but you may not hear back from them or be provided with details about their findings. Should you wish to reach back out to the Dean's Office, here are some staff members who may be able to assist:

• Dean John Stein, Dean of Students Chair, john.stein@vpss.gatech.edu
• Dean Colleen Riggle, Associate Dean of Students, colleen.riggle@studentlife.gatech.edu
• Dean Stephanie Ray, Associate Dean of Students, stephanie.ray@studentlife.gatech.edu
• Dean Melanie DeMaeyer, Assistant Dean and Director of the Women's Center, melanie.demaeyer@studentlife.gatech.edu
## Tips for Helping a Distressed Student

### Common Warning Signs of Student Distress

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### Suggestions for Making an Intervention

- Talk to the student privately to help minimize embarrassment and defensiveness.
- Avoid making promises to keep information shared confidential.
- Listen carefully to the student and respond to both the content and the emotion of the situation.
- Discuss your observations and perceptions of the situation directly and honestly with the student.
- Express your concern in a nonjudgmental way. Respect the student's value system, even if you don't agree with it.
- Help the student identify options for action and explore the possible consequences.
- Be frank with students about the limits of your ability to help them and let them know that you can help them get to experts who can help them address their concerns.
- Contact the Counseling Center or GTPD immediately if the student appears to be in imminent danger of hurting himself or others. Do not promise to keep threats to themselves or others secret.

### How to Make a Referral

#### Emergency Referrals (when students are in danger of hurting themselves or others)

If the emergency occurs within Counseling Center business hours, call 404.894.2575, and ask to speak to a Counseling Center administrator or the therapist who is on duty for such calls.

Provide the therapist with a description of the situation that has led to your concern.

The therapist will advise you of appropriate actions to take to most effectively help the student.

If the emergency occurs outside of Counseling Center business hours, call 404.894.2575, and follow the prompts to contact the therapist who is staffing the crisis consultation line.

#### This is appropriate if the student or another person is in immediate danger, or when you believe the student is out of control.

- For students who may need additional support, the Fulton County Mental Health Hotline number is 404.730.1600. The Georgia Crisis & Access Line is 800.715.4225

#### Non-Emergency Referrals

Encourage the student to contact the Counseling Center directly to schedule an initial appointment.

Offer to let the student call from your office if you believe they may need extra support and encouragement.

It might be helpful to share with the student that the Counseling Center is staffed by psychologists and counselors, and that the services are free and confidential.

### SOURCE

Counseling Center:
Suite 238, Smithgall Student Services Building
404.894.2575
counseling.gatech.edu

### RESOURCE

Stressed or Distressed:
A Video Resource for Georgia Tech Faculty Regarding Student Stress:
studentlife.gatech.edu/content/stressed-or-distressed

Teaching at Georgia Tech: A Guide for Faculty, Instructors, and Teaching Assistants
Action Steps for Helping Someone in Emotional Pain

Suicide is a major public health concern and a leading cause of death in the United States. Suicide affects people of all ages, genders, races, and ethnicities. Suicide is complicated and tragic, but it can be preventable. Knowing the warning signs for suicide and how to get help can help save lives.

Here are 5 steps you can take to #BeThe1To help someone in emotional pain:

1. ASK:
   “Are you thinking about killing yourself?” It’s not an easy question but studies show that asking at-risk individuals if they are suicidal does not increase suicides or suicidal thoughts.

2. KEEP THEM SAFE:
   Reducing a suicidal person’s access to highly lethal items or places is an important part of suicide prevention. While this is not always easy, asking if the at-risk person has a plan and removing or disabling the lethal means can make a difference.

3. BE THERE:
   Listen carefully and learn what the individual is thinking and feeling. Research suggests acknowledging and talking about suicide may in fact reduce rather than increase suicidal thoughts.

4. HELP THEM CONNECT:
   Save the National Suicide Prevention Lifeline number (1-800-273-TALK) and the Crisis Text Line (741741) in your phone so they’re there if you need them. You can also help make a connection with a trusted individual like a family member, friend, spiritual advisor, or mental health professional.

5. STAY CONNECTED:
   Staying in touch after a crisis or after being discharged from care can make a difference. Studies have shown the number of suicide deaths goes down when someone follows up with the at-risk person.

For more information on suicide prevention:
www.nimh.nih.gov/suicideprevention
www.bethe1to.com
My Mental Health: Do I Need Help?

First, determine how much your symptoms interfere with your daily life.

Do I have mild symptoms that have lasted for less than 2 weeks?

- Feeling a little down
- Feeling down, but still able to do job, schoolwork, or housework
- Some trouble sleeping
- Feeling down, but still able to take care of yourself or take care of others

If so, here are some self-care activities that can help:

- Exercising (e.g., aerobics, yoga)
- Engaging in social contact (virtual or in person)
- Getting adequate sleep on a regular schedule
- Eating healthy
- Talking to a trusted friend or family member
- Practicing meditation, relaxation, and mindfulness

If the symptoms above do not improve or seem to be worsening despite self-care efforts, talk to your health care provider.

Do I have severe symptoms that have lasted 2 weeks or more?

- Difficulty sleeping
- Appetite changes that result in unwanted weight changes
- Struggling to get out of bed in the morning because of mood
- Difficulty concentrating
- Loss of interest in things you usually find enjoyable
- Unable to perform usual daily functions and responsibilities
- Thoughts of death or self-harm

Seek professional help:

- Psychotherapy (talk therapy)—virtual or in person; individual, group, or family
- Medications
- Brain stimulation therapies

For help finding treatment, visit www.nimh.nih.gov/findhelp.

If you are in crisis, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), or text the Crisis Text Line (text HELLO to 741741).
Everyone feels stressed from time to time, but what is stress? How does it affect your overall health? And what can you do to manage your stress?

Stress is how the brain and body respond to any demand. Any type of challenge—such as performance at work or school, a significant life change, or a traumatic event—can be stressful.

Stress can affect your health. It is important to pay attention to how you deal with minor and major stressors, so you know when to seek help.

Here are five things you should know about stress.

1. Stress affects everyone.

Everyone experiences stress from time to time. There are different types of stress—all of which carry physical and mental health risks. A stressor may be a one-time or short-term occurrence, or it can happen repeatedly over a long time. Some people may cope with stress more effectively and recover from stressful events more quickly than others.

Examples of stress include:

- Routine stress related to the pressures of school, work, family, and other daily responsibilities.
- Stress brought about by a sudden negative change, such as losing a job, divorce, or illness.
- Traumatic stress experienced during an event such as a major accident, war, assault, or natural disaster where people may be in danger of being seriously hurt or killed. People who experience traumatic stress may have very distressing temporary emotional and physical symptoms, but most recover naturally soon after. Read more about Coping With Traumatic Events (www.nimh.nih.gov/copingwithtrauma).

2. Not all stress is bad.

In a dangerous situation, stress signals the body to prepare to face a threat or flee to safety. In these situations, your pulse quickens, you breathe faster, your muscles tense, and your brain uses more oxygen and increases activity—all functions aimed at survival and in response to stress. In non-life-threatening situations, stress can motivate people, such as when they need to take a test or interview for a new job.

3. Long-term stress can harm your health.

Coping with the impact of chronic stress can be challenging. Because the source of long-term stress is more constant than acute stress, the body never receives a clear signal to return to normal functioning. With chronic stress, those same lifesaving reactions in the body can disturb the immune, digestive, cardiovascular, sleep, and reproductive systems. Some people may experience mainly digestive symptoms, while others may have headaches, sleeplessness, sadness, anger, or irritability.

Over time, continued strain on your body from stress may contribute to serious health problems, such as heart disease, high blood pressure, diabetes, and other illnesses, including mental disorders such as depression (www.nimh.nih.gov/depression) or anxiety (www.nimh.nih.gov/anxietydisorders).
4. There are ways to manage stress.

If you take practical steps to manage your stress, you may reduce the risk of negative health effects. Here are some tips that may help you cope with stress:

- **Be observant.** Recognize the signs of your body’s response to stress, such as difficulty sleeping, increased alcohol and other substance use, being easily angered, feeling depressed, and having low energy.

- **Talk to your health care provider or a health professional.** Don’t wait for your health care provider to ask about your stress. Start the conversation and get proper health care for existing or new health problems. Effective treatments can help if your stress is affecting your relationships or ability to work. Don’t know where to start? Read our Tips for Talking With Your Health Care Provider (www.nimh.nih.gov/talkingtips).

- **Get regular exercise.** Just 30 minutes per day of walking can help boost your mood and improve your health.

- **Try a relaxing activity.** Explore relaxation or wellness programs, which may incorporate meditation, muscle relaxation, or breathing exercises. Schedule regular times for these and other healthy and relaxing activities.

- **Set goals and priorities.** Decide what must get done now and what can wait. Learn to say “no” to new tasks if you start to feel like you’re taking on too much. Try to be mindful of what you have accomplished at the end of the day, not what you have been unable to do.

- **Stay connected.** You are not alone. Keep in touch with people who can provide emotional support and practical help. To reduce stress, ask for help from friends, family, and community or religious organizations.

- **Consider a clinical trial.** Researchers at the National Institute of Mental Health (NIMH) and other research facilities across the country are studying the causes and effects of psychological stress as well as stress management techniques. You can learn more about studies that are recruiting by visiting www.nimh.nih.gov/joinastudy or www.clinicaltrials.gov (keyword: stress).

5. If you feel overwhelmed by stress, ask for help from a health professional.

You should seek help right away if you have suicidal thoughts, are overwhelmed, feel you cannot cope, or are using drugs or alcohol more frequently as a result of stress. Your doctor may be able to provide a recommendation. You can find resources to help you find a mental health provider by visiting www.nimh.nih.gov/findhelp.

**Call the National Suicide Prevention Lifeline**

Anyone can become overwhelmed. If you or a loved one is having thoughts of suicide, call the confidential toll-free National Suicide Prevention Lifeline at 1-800-273-TALK (8255), available 24 hours a day, 7 days a week. Lifeline chat is available at https://suicidepreventionlifeline.org.

The service is available to everyone.
Depression and College Students

Answers to college students' frequently asked questions about depression

College Students and Depression
Many people experience the first symptoms of depression during their college years. Unfortunately, many college students who have depression aren’t getting the help they need. They may not know where to go for help, or they may believe that treatment won’t help. Others don’t get help because they think their symptoms are just part of the typical stress of college, or they think that treatment is too expensive or too embarrassing. In reality, depression is a medical illness that can be treated effectively with proper diagnosis and treatment. Early diagnosis and treatment of depression can relieve depression symptoms, prevent depression from returning, and help students succeed in college and after graduation. This booklet addresses common questions about depression and how it can affect students attending college.

Q. What is depression?

Depression is a common but serious mental illness typically marked by sad or anxious feelings. Most college students occasionally feel sad or anxious, but these emotions usually pass quickly—within a couple of days. Untreated depression lasts for a long time, interferes with day-to-day activities, and is much more than just being “a little down” or “feeling blue.”

Q. How does depression affect college students?

In 2011, the American College Health Association—National College Health Assessment (ACHA-NCHA)—a nationwide survey of college students at 2- and 4-year institutions—found that about 30 percent of college students reported feeling “so depressed that it was difficult to function” at some time in the previous year. Students reported seriously considering suicide, and about 12 percent reported suicide ideation. The survey also found that the warning signs can be different in men vs. women. Young adults age 15 to 24, college students, and non-college students are more likely to experience suicide ideation, while students are more likely to experience suicide attempts. Students who have depression are more likely to smoke, drink, or engage in other risky behaviors.

Depression can affect your academic performance in college. Students with depression are more likely to smoke, drink, or engage in other risky behaviors. Students who have depression are more likely to have problems related to academic performance, such as struggling in class, missing class, and having difficulty understanding material. Depression can affect your ability to get through college and succeed. Students with depression are more likely to drop out of college or to have lower grades than their peers.

Depression is also a major risk factor for suicide. More than 6 percent of college students reported seriously considering suicide in the previous year. Suicide is the third leading cause of death for teens and young adults, and it is much more than just being “a little down” or “feeling blue.” Students who have depression are more likely to attempt suicide, and they are more likely to experience problems related to academic performance, such as struggling in class, missing class, and having difficulty understanding material. Depression can affect your academic performance in college. Students who have depression are more likely to drop out of college or to have lower grades than their peers.

Depression is also a major risk factor for suicide. Students who have depression are more likely to drop out of college or to have lower grades than their peers.
I. Are there different types of depression?

Yes. The most common depressive disorders are:

- Major depressive disorder
- Dysthymic disorder
- Minor depression
- Psychotic depression
- Seasonal affective disorder
- Bipolar disorder

II. What are the signs and symptoms of depression?

- Sad
- Anxious
- Empty
- Hopeless
- Guilty
- Worthless
- Helpless
- Irritable
- Restless
- Loss of interest in activities
- Lack of energy
- Problems concentrating, remembering, or making decisions
- Problems with sleep (too much or too little)
- Loss of appetite or eating too much
- Thoughts of suicide or suicide attempts
- Problems sleeping, nightmares
- Aches, pains, headaches, cramps, or digestive problems
- Fatigue, weakness
- Loss of appetite or eating too much
- Feeling of worthlessness
- Loss of interest in activities

III. Bipolar disorder

Bipolar disorder is also called manic-depressive illness. It is not as common as major depression or dysthymia, but it is more disabling. People with bipolar disorder may have episodes of depression that occur in cycles, with periods of mania or hypomania. Treatment is important to prevent further episodes and to manage the symptoms.
Q. What causes depression?

Depression does not have a single cause. Several factors can lead to depression. Some people carry genes that increase their risk of depression. But not all people with depression have these genes, and not all people with these genes have depression. Environment—your surroundings and life experiences, such as stress, also affects your risk for depression.

Stresses of college may include:
- Living away from family for the first time
- Missing family or friends
- Feeling alone or isolated
- Experiencing conflict in relationships
- Facing new and sometimes difficult school work
- Worrying about finances.

Q. How can I find out if I have depression?

The first step is to talk with a doctor or mental health care provider. Your family doctor, campus health center staff, or other trusted adult may be able to help you find appropriate care. He or she can perform an exam to help determine if you have depression or if you have another health or mental health problem. Some medical conditions or medications can produce symptoms similar to depression. A doctor or mental health care provider will ask you about:
- Your symptoms
- Your history of depression
- Your family's history of depression
- Your medical history
- Alcohol or drug use
- Any thoughts of death or suicide
- Academic or daily use
- Your medical history
- Your family history of depression
- Your history of depression
- Your symptoms

A doctor or mental health care provider will ask you about:

1. Condition or medications can produce symptoms similar to depression. If you have another health or mental health problem, your medical provider may be able to help you figure out if you have depression.

2. The first step is to talk with a doctor or mental health care provider. Your family doctor, campus health center staff, or other trusted adult may be able to help you find appropriate care.

Q. How is depression treated?

A number of very effective treatments for depression are available. The most common treatments are antidepressants and psychotherapy. Some people find that a combination of antidepressants and psychotherapy works best. A doctor or mental health care provider can help you find the antidepressants and psychotherapy that work best for you. A doctor or mental health care provider can help you find the antidepressants and psychotherapy that work best for you.

Q. What are antidepressants?

Antidepressants work on brain chemicals called neurotransmitters. Scientists have found that these chemicals are involved in regulating mood, but they are unsure of the exact ways that they work.

Q. If a doctor prescribes an antidepressant, how long will I have to take it?

Always follow the directions of the doctor or health care provider when taking medication. You will need to take regular doses of antidepressants and the full effect of these medications may not take effect for several weeks or months. Some people need to take antidepressants for a short time. If your depression is long-lasting or comes back frequently, you may need to take antidepressants longer.

Q. What is psychotherapy?

Psychotherapy involves talking with a mental health care professional to treat a mental illness. Types of psychotherapy that have been shown to be effective in treating depression include:
- Cognitive-behavioral therapy (CBT), which helps people change negative thoughts about themselves and their environment
- Interpersonal therapy (IPT), which helps people change negative thinking about relationships
- Other antidepressants work on brain chemicals called neurotransmitters.

Depending on the type and severity of your depression, a mental health professional may recommend short-term therapy, lasting 10 to 20 weeks, or longer-term therapy.
Q. If I think I may have depression, where can I get help?

A. Most colleges provide mental health services through counseling centers, student health centers, or both. Check out your college website for information.

Counseling centers offer students free or very low-cost mental health services. Some counseling centers provide short-term or long-term counseling or psychotherapy, also called talk therapy. These centers may also refer you to mental health care providers in the community for additional services.

Student health centers provide basic health care services to students, including basic health care services. If your college does not provide all of the mental health care you need, your insurance may cover additional mental health services. Many college students have insurance through their colleges, parents, or employers. If you are insured, contact your insurance company to find out about your mental health care coverage.

Q. How can I help myself if I am depressed?

A. If you have depression, you may feel exhausted, helpless, and hopeless. But it is important to realize that these feelings are part of the illness. Treatment can help you feel better.

To help yourself feel better:

- You can help a friend who is depressed.
- Stay with him or her and call your friends or relatives. You may need to help your friend find a doctor or therapist. You may need to help your friend find a doctor or therapist.
- Talk to your friends and listen carefully.
- Other support, understanding, patience, and encouragement are important to you.
- You have depression, and you need help. Let your friends know how they can help you.
- You can help your friend who is depressed. You can help him or her get health care coverage.
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Q. What if I or someone I know is in crisis?
A. If you are thinking about harming yourself or having thoughts of suicide, or if you know someone who is, seek help right away. Call your doctor or mental health care provider. Call 911 or go to a hospital emergency room to get immediate help, or ask a friend or family member to help you do these things. Call your campus suicide or crisis hotline. Call the National Suicide Prevention Lifeline’s toll-free, 24-hour hotline at 1-800-273-TALK (1-800-273-8255) or TTY: 1-800-799-4TTY (1-800-799-4889) to talk to a trained counselor. Call your college counseling center or student health services. If you are in crisis, make sure you are not left alone. If someone else is in crisis, make sure he or she is not left alone.

Q. How can research help college students who have depression?
A. The National Institute of Mental Health (NIMH) sponsors research on the causes, diagnosis, and treatment of depression, including studies focused on adolescents and young adults. NIMH is sponsoring research on the effectiveness of mental health programs for college students. NIMH is also funding research on new strategies to help students adjust to college life and to reduce suicidal thinking and behavior. And funding research to help students adjust to college and to reduce suicidal thinking and behavior. And funding research to help students adjust to college and to reduce suicidal thinking and behavior.

You can find more information about the causes, diagnosis, and treatment of depression, including research related to adolescents and young adults, on the National Institute of Mental Health (NIMH) website.

Information about Depression:
http://www.nimh.nih.gov/health/

You can also connect with NIMH through social media:
NIMH Facebook:
http://www.facebook.com/nimhgov
NIMH Twitter:
http://twitter.com/nimhgov
NIMH YouTube:
http://www.youtube.com/nimhgov

Citations

FREQUENTLY ASKED QUESTIONS

About Suicide

Suicide is a leading cause of death in the United States and a major public health concern. When a person dies by suicide, the effects are felt by family, friends, and communities. This brochure, developed by the National Institute of Mental Health (NIMH), can help you, a friend, or a family member learn more about the warning signs of suicide, ways to help prevent suicide, and effective treatment options.

IF YOU KNOW SOMEONE IN CRISIS:
Dial 911 in an emergency. Or call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), 24 hours a day, 7 days a week, or use the Lifeline Chat at https://suicidepreventionlifelin
What is suicide?

**Suicide** is when people harm themselves with the goal of ending their life, and they die as a result.

A **suicide attempt** is when people harm themselves with the goal of ending their life, but they do not die.

Avoid using terms such as “committing suicide,” “successful suicide,” or “failed suicide” when referring to suicide and suicide attempts, as these terms often carry negative meanings.

Who is at risk for suicide?

People of all genders, ages, and ethnicities can be at risk for suicide.

The main risk factors for suicide are:

- A history of suicide attempts
- Depression, other mental disorders, or substance use disorder
- Chronic pain
- Family history of a mental disorder or substance use
- Family history of suicide
- Exposure to family violence, including physical or sexual abuse
- Presence of guns or other firearms in the home
- Having recently been released from prison or jail
- Exposure, either directly or indirectly, to others’ suicidal behavior, such as that of family members, peers, or celebrities

Most people who have risk factors for suicide will not attempt suicide, and it is difficult to tell who will act on suicidal thoughts. Although risk factors for suicide are important to keep in mind, someone who is showing *warning signs* of suicide may be at higher risk for danger and need immediate attention.

Stressful life events (such as the loss of a loved one, legal troubles, or financial difficulties) and interpersonal stressors (such as shame, harassment, bullying, discrimination, or relationship troubles) may contribute to suicide risk, especially when they occur along with suicide risk factors.
What are the warning signs of suicide?

Warning signs that someone may be at immediate risk for attempting suicide include:

- Talking about wanting to die or wanting to kill themselves
- Talking about feeling empty or hopeless or having no reason to live
- Talking about feeling trapped or feeling that there are no solutions
- Feeling unbearable emotional or physical pain
- Talking about being a burden to others
- Withdrawing from family and friends
- Giving away important possessions
- Saying goodbye to friends and family
- Putting affairs in order, such as making a will
- Taking great risks that could lead to death, such as driving extremely fast
- Talking or thinking about death often

Other serious warning signs that someone may be at risk for attempting suicide include:

- Displaying extreme mood swings, suddenly changing from very sad to very calm or happy
- Making a plan or looking for ways to kill themselves, such as searching for lethal methods online, stockpiling pills, or buying a gun
- Talking about feeling great guilt or shame
- Using alcohol or drugs more often
- Acting anxious or agitated
- Changing eating or sleeping habits
- Showing rage or talking about seeking revenge

Does asking someone about suicide put the idea in their head?

No. Studies have shown that asking people about suicidal thoughts and behaviors does not cause or increase such thoughts. Asking someone directly, “Are you thinking of killing yourself?” can be the best way to identify someone at risk for suicide.
Do certain groups of people have higher rates of suicide?

According to the Centers for Disease Control and Prevention (CDC), women are more likely to attempt suicide than men, but men are more likely to die by suicide than women. This may be because men are more likely to attempt suicide using very lethal methods, such as firearm or suffocation (e.g., hanging), and women are more likely to attempt suicide by poisoning, including overdosing on prescribed or unprescribed prescription drugs. However, recent CDC data suggest that the leading means of suicide for women may be shifting toward more lethal methods.

CDC data also show that suicide rates vary by race, ethnicity, age, and gender. American Indian and Alaska Native men have the highest rates of suicide, followed by non-Hispanic White males.

Although the rate of suicide death among preteens and younger teens is lower than that of older adolescents and adults, it has increased over time. Suicide now ranks as the second leading cause of death for youth ages 10 to 14. For children under age 12, research indicates that Black children have a higher rate of suicide death than White children.

NOTE: After steadily increasing for many years, the overall suicide rate decreased slightly from 2018 to 2019. You can learn more about this finding on the CDC website, at www.cdc.gov/nchs/products/databriefs/db398.htm. Researchers are examining whether this decrease occurred across different racial, ethnic, gender, and age groups, and whether it will continue over time.

Looking for more data and statistics? For the most recent statistics on suicide and more information about suicide risk, please visit the CDC website at www.cdc.gov/suicide and the NIMH suicide statistics page at www.nimh.nih.gov/health/statistics/suicide.

Do people ‘threaten’ suicide to get attention?

Suicidal thoughts or actions are a sign of extreme distress and an indicator that someone needs help. Talking about wanting to die by suicide is not a typical response to stress. All talk of suicide should be taken seriously and requires immediate attention.
What treatment options and therapies are available?

Effective, evidence-based interventions are available to help people who are at risk for suicide:

- **Cognitive Behavioral Therapy (CBT):** CBT is a type of psychotherapy that can help people learn new ways of dealing with stressful experiences. CBT helps people learn to recognize their thought patterns and consider alternative actions when thoughts of suicide arise.

- **Dialectical Behavior Therapy (DBT):** DBT is a type of psychotherapy that has been shown to reduce suicidal behavior in adolescents. DBT also has been shown to reduce the rate of suicide attempts in adults with borderline personality disorder, a mental illness characterized by an ongoing pattern of varying moods, self-image, and behavior that often results in impulsive actions and problems in relationships. A therapist trained in DBT can help a person recognize when their feelings or actions are disruptive or unhealthy and teach the person skills that can help them cope more effectively with upsetting situations.

- **Brief Intervention Strategies:** Research has shown that creating a safety plan or crisis response plan—with specific instructions for what to do and how to get help when having thoughts about suicide—can help reduce a person’s risk of acting on suicidal thoughts. Staying connected and following up with people who are at risk for suicide also has been shown to help lower the risk of future suicide attempts. Research also has shown that increasing safe storage of lethal means can help reduce suicide attempts and deaths by suicide. In addition, collaborative assessment and management of suicidality can help to reduce suicidal thoughts.

- **Collaborative Care:** Collaborative care is a team-based approach to mental health care. A behavioral health care manager will work with the person, their primary health care provider, and mental health specialists to develop a treatment plan. Collaborative care has been shown to be an effective way to treat depression and reduce suicidal thoughts.
What should I do if I am in crisis or someone I know is considering suicide?

If you notice warning signs of suicide—especially a change in behavior or new, concerning behavior—get help as soon as possible.

Family and friends are often the first to recognize the warning signs of suicide, and they can take the first step toward helping a loved one find mental health treatment.

If someone tells you that they are going to kill themselves, do not leave them alone. Do not promise that you will keep their suicidal thoughts a secret—tell a trusted friend, family member, or other trusted adult.

Call 911 if there is immediate danger, or go to the nearest emergency room.

In a crisis, you also can contact:

- **National Suicide Prevention Lifeline**
  - [https://suicidepreventionlifeline.org](https://suicidepreventionlifeline.org)
  - Call 1-800-273-TALK (8255); En español 1-888-628-9454
  - The Lifeline is a free, confidential crisis hotline that is available to everyone 24 hours a day, 7 days a week. The Lifeline connects people to the nearest crisis center that provides crisis counseling and mental health referrals.

- **Crisis Text Line**
  - [www.crisistextline.org](http://www.crisistextline.org)
  - Text “HELLO” to 741741
  - The Crisis Text Line is available 24 hours a day, 7 days a week. This confidential service helps anyone, in any type of crisis, connecting them with a crisis counselor who can provide support and information.

What if I see suicidal messages on social media?

Knowing how to get help when someone posts suicidal messages can help save a life. Many social media sites have a process to get help for the person posting the message. To learn more, visit [https://suicidepreventionlifeline.org/help-someone-else/safety-and-support-on-social-media](https://suicidepreventionlifeline.org/help-someone-else/safety-and-support-on-social-media).

If you see messages or live-streaming content that suggests someone is actively engaging in suicidal behavior, call 911 or call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).
Children and Mental Health
Is This Just a Stage?

From the NATIONAL INSTITUTE of MENTAL HEALTH

Mental Health in Childhood

Raising a child can be challenging. Even under the best circumstances, their behaviors and emotions can change frequently and rapidly. All children are sad, anxious, irritable, or aggressive at times, or they occasionally find it challenging to sit still, pay attention, or interact with others. In most cases, these are just typical developmental phases. However, such behaviors may indicate a more serious problem in some children.

Mental disorders can begin in childhood. Examples include anxiety disorders, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, depression and other mood disorders, eating disorders, and post-traumatic stress disorder (PTSD). Without treatment, these mental health conditions can prevent children from reaching their full potential. Many adults who seek mental health treatment reflect on the impact of mental disorders on their childhood and wish they had received help sooner.

When to Seek Help

How can you tell the difference between challenging behaviors and emotions that are a normal part of growing up and those that are cause for concern? In general, consider seeking help if your child’s behavior persists for a few weeks or longer; causes distress for your child or your family; or interferes with your child’s functioning at school, at home, or with friends. If your child’s behavior is unsafe, or if your child talks about wanting to hurt themselves or someone else, seek help immediately.

Young children may benefit from an evaluation and treatment if they:
- Have frequent tantrums or are intensely irritable much of the time
- Often talk about fears or worries
- Complain about frequent stomachaches or headaches with no known medical cause
- Are in constant motion and cannot sit quietly (except when they are watching videos or playing video games)
- Sleep too much or too little, have frequent nightmares, or seem sleepy during the day
- Are not interested in playing with other children or have difficulty making friends
- Struggle academically or have experienced a recent decline in grades
- Repeat actions or check things many times out of fear that something bad may happen

Older children and adolescents may benefit from an evaluation and treatment if they:
- Have lost interest in things that they used to enjoy
- Have low energy
- Sleep too much or too little or seem sleepy throughout the day
- Are spending more and more time alone and avoid social activities with friends or family
- Diet or exercise excessively, or fear gaining weight
- Engage in self-harm behaviors (such as cutting or burning their skin)
- Smoke, drink, or use drugs
- Engage in risky or destructive behavior alone or with friends
- Have thoughts of suicide
- Have periods of highly elevated energy and activity and require much less sleep than usual
- Say that they think someone is trying to control their mind or that they hear things that other people cannot hear

Learn more about warning signs at www.nimh.nih.gov/children.

Get Immediate Help

If you, your child, or someone you know is in immediate distress or is thinking about hurting themselves, call the National Suicide Prevention Lifeline toll-free at 1-800-273-TALK (8255) or the toll-free TTY number at 1-800-799-4TTY (4889). You also can text the Crisis Text Line (HELLO to 741741) or go to the National Suicide Prevention Lifeline website at https://suicidepreventionlifeline.org.
First Steps for Parents

If you are concerned about your child’s mental health, you can start by talking with others who frequently interact with your child. For example, ask their teacher about your child’s behavior in school, at daycare, or on the playground.

You can talk with your child’s pediatrician or health care provider and describe the child’s behavior, as well as what you have observed and learned from talking with others. You also can ask the health care provider for a referral to a mental health professional who has experience and expertise in treating children. (See the section, Choosing a Mental Health Professional, for additional information.)

Choosing a Mental Health Professional

When looking for a mental health professional for your child, you may want to begin by asking your child’s pediatrician for a referral. If you need help identifying a provider in your area, you can call the Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Referral Helpline at 1-800-662-HELP (4357). You also can search SAMHSA’s online Behavioral Health Treatment Services Locator (https://findtreatment.samhsa.gov), which lists facilities and programs that provide mental health services. It’s especially important to look for a mental health professional with training and experience treating children, particularly your child’s specific problems.

Asking questions and providing information to your child’s health care provider can improve your child’s care. Talking with the health care provider builds trust and leads to better results, quality, safety, and satisfaction. Here are some questions you can ask when meeting with prospective treatment providers:

- Do you use treatment approaches that are supported by research?
- Do you involve parents in the treatment? If so, how are parents involved?
- Will there be “homework” between sessions?
- How will progress be evaluated?
- How soon can we expect to see progress?
- How long should treatment last?

To find ideas for starting the conversation with your health care provider, visit the Agency for Healthcare Research and Quality website (www.ahrq.gov/questions) and the National Institute of Mental Health (NIMH) website (www.nimh.nih.gov/talkingtips). Additional information about finding a qualified mental health professional is available at www.nimh.nih.gov/findhelp and through other organizations listed in the More Information and Resources section of this fact sheet.

Assessing Your Child’s Behavior

An evaluation by a mental health professional can help clarify problems underlying your child’s behavior and provide reassurance or recommendations for the next steps. An evaluation offers an opportunity to learn about your child’s strengths and weaknesses and to determine which interventions might be most helpful.

A comprehensive evaluation of a child’s mental health includes the following:

- An interview with the parents to discuss the child’s developmental history, temperament, relationships with friends and family, medical history, interests, abilities, and any prior treatment. It is important for the mental health professional to get a picture of the child’s current situation—for example, a recent change in schools, an illness in the family, or another change that affects the child’s daily life.
- Information gathering from the child’s school, such as standardized tests and reports on behavior, capabilities, and difficulties.
- If needed, an interview with the child and the mental health professional’s testing and behavioral observations.

Treatment Options

The mental health professional will review the evaluation results to help determine if a child’s behavior is related to changes or stresses at home or school or if it’s the result of a disorder for which they would recommend treatment. Treatment recommendations may include:

- Psychotherapy (“talk therapy”). There are many different approaches to psychotherapy, including structured psychotherapies directed at specific conditions. For more information about types of psychotherapies, visit the NIMH website at www.nimh.nih.gov/psychotherapies. Effective psychotherapy for children always includes:
- Parent involvement in the treatment
- Teaching the child skills to practice at home or school (between-session “homework assignments”)
- Measures of progress (such as rating scales and improvements on “homework assignments”) that are tracked over time.

**Medications.** As with adults, the type of medicines used for children depends on the diagnosis and may include antidepressants, stimulants, mood stabilizers, or other medications. For general information on specific classes of medications, visit [www.nimh.nih.gov/medications](http://www.nimh.nih.gov/medications). Medications are often used in combination with psychotherapy. If multiple health care providers or specialists are involved, treatment information should be shared and coordinated to achieve the best results.

**Family counseling.** Including family members in treatment can help them to understand how a child’s challenges may affect relationships with parents and siblings.

**Support for parents.** Individual or group sessions for parents that include training and the opportunity to talk with other parents can provide new strategies for supporting a child and managing difficult behavior in a positive way. The therapist also can coach parents on how to communicate and work with schools on accommodations.

To find information about treatment options for specific disorders, visit the NIMH website at [www.nimh.nih.gov/health](http://www.nimh.nih.gov/health). Researchers continue to explore new treatment options for childhood mental disorders; the Participating in a Research Study for Children section in this fact sheet provides information on participating in clinical research.

### Working With the School

Children who have behavioral or emotional challenges that interfere with success in school may benefit from plans or accommodations provided under laws that prevent discrimination against children with disabilities. Your child’s health care providers can help you communicate with the school.

A first step may be to ask the school whether accommodations such as an individualized education program may be appropriate for your child. Accommodations might include measures such as providing a child with a tape recorder for taking notes, allowing more time for tests, or adjusting seating in the classroom to reduce distraction. There are many sources of information on what schools can and, in some cases, must provide for children who would benefit from accommodations and how parents can request evaluation and services for their child:

- There are Parent Training and Information Centers and Community Parent Resource Centers located throughout the United States. The Center for Parent Information and Resources website ([www.parentcenterhub.org/find-your-center](http://www.parentcenterhub.org/find-your-center)) lists centers in each state.
- The U.S. Department of Education website ([www.ed.gov](http://www.ed.gov)) has detailed information on laws that establish mechanisms for providing children with accommodations tailored to their individual needs and aimed at helping them succeed in school. The Department also has a website on the Individuals with Disabilities Education Act ([https://sites.ed.gov/idea](https://sites.ed.gov/idea)), and its Office for Civil Rights ([www.ed.gov/about/offices/list/ocr/frontpage/pro-students/disability-pr.html](http://www.ed.gov/about/offices/list/ocr/frontpage/pro-students/disability-pr.html)) has information on other federal laws that prohibit discrimination based on disability in public programs, such as schools.
- Many of the organizations listed in the section, More Information and Resources, also offer information on working with schools as well as more general information on disorders affecting children.
More Information and Resources

Information on specific disorders is available on the NIMH website (www.nimh.nih.gov/health).

The following organizations and agencies have information on symptoms, treatments, and support for childhood mental disorders. Some offer guidance for working with schools and finding mental health professionals. Participating in voluntary groups can provide an avenue for connecting with other parents dealing with similar issues.

Please Note: This resource list is provided for informational purposes only. It is not comprehensive and does not constitute an endorsement by NIMH, the National Institutes of Health (NIH), the U.S. Department of Health and Human Services, or the U.S. government.

- Association for Behavioral and Cognitive Therapies (www.abct.org)
- Centers for Disease Control and Prevention, Children’s Mental Health (www.cdc.gov/childrensmentalhealth)
- Child Mind Institute (https://childmind.org/topics-a-z)
- Mental Health America (www.mhanational.org)
- National Alliance on Mental Illness (www.nami.org)
- National Federation of Families (www.ffcmh.org)
- Society of Clinical Child and Adolescent Psychology, Effective Child Therapy (https://effectivechildtherapy.org)
- StopBullying.gov (www.stopbullying.gov)

Research on Disorders Affecting Children

NIMH conducts and supports research to help find new and improved ways to diagnose and treat mental disorders that occur in childhood. This research includes studies of risk factors—including those related to genetics, experience, and the environment—which may provide clues to how these disorders develop and how to identify them early.

NIMH also supports efforts to develop and test new interventions, including behavioral, psychotherapeutic, and medication treatments. Researchers are also seeking to determine whether the beneficial effects of treatment in childhood continue into adolescence and adulthood.

Participating in a Research Study for Children

Children are not little adults, yet they are often given medications and treatments that have been tested only in adults. Research shows that, compared to adults, children respond differently to medications and treatments, both physically and mentally. The way to get the best treatments for children is through research designed specifically for them.

Researchers at NIMH and around the country conduct clinical trials with patients and healthy volunteers. Talk to your health care provider about clinical trials, their benefits and risks, and whether one is right for your child. For more information about clinical research and how to find clinical trials being conducted around the country, visit www.nimh.nih.gov/clinicaltrials.

For More Information

MedlinePlus (National Library of Medicine)
https://medlineplus.gov
(En español: https://medlineplus.gov/spanish)

ClinicalTrials.gov
www.clinicaltrials.gov
(En español: https://salud.nih.gov/investigacion-clinica)

National Institute of Mental Health
Office of Science Policy, Planning, and Communications
Science Writing, Press, and Dissemination Branch
Phone: 1-866-615-6464
Email: nimhinfo@nih.gov
www.nimh.nih.gov

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What to Know About 4-7-8 Breathing

WebMD
Medically Reviewed by Dan Brennan, MD on June 09, 2021

The 4-7-8 breathing technique is based on pranayama breathing exercises. Pranayama is the ancient yogic practice of controlling your breath. These types of mindful breathing exercises have been shown to have many benefits for stress reduction and relaxation. The 4-7-8 breathing technique was developed by Dr. Andrew Weil. He refers to it as a "natural tranquilizer for the nervous system".

How to Practice 4-7-8 Breathing

You can practice 4-7-8 breathing anywhere and at any time. When you're first learning, try to practice at least twice a day, but you can do it as often as you want. Only do it for four cycles in a row in the beginning. After you get used to it, you can work up to eight cycles. You may feel lightheaded at first, but this will pass.

1. Find a comfortable place to sit with your back straight.
2. Place your tongue against the back of your top teeth and keep it there.
3. Exhale completely through your mouth around your tongue, making a whoosh sound. Purse your lips if it helps.
4. Close your lips and inhale through your nose for a count of four.
5. Hold your breath for a count of seven.
6. Exhale completely through your mouth making a whoosh sound for a count of eight.
7. This completes one cycle. Repeat for three more cycles.

Do 4-7-8 breathing anytime you feel stressed. It will become more powerful as you use it. Practice doing it before you respond to an upsetting situation and whenever you're having trouble getting to sleep.

Benefits of Deep, Slow Breathing

Mindful breathing practices such as 4-7-8 breathing can produce what Harvard cardiologist Dr. Herbert Benson called the relaxation response. You have a natural stress response that's designed to help you deal with dangerous situations. This fight-or-flight response can help you survive but can take a toll on your health when it's overused for everyday stresses.
This stress response suppresses your immune system and can cause other health problems, including high blood pressure, depression, and anxiety. The relaxation response interrupts this stress response with a profound sense of rest. Other benefits may include:

**Reduced anxiety.** A study of college students showed that practicing pranayama reduced test anxiety in students. Another study of senior citizens showed decreased anxiety after two months of deep breathing exercises.

**Lower blood pressure.** Slow deep breathing for five minutes has been shown to reduce blood pressure and heart rate in people who practice it.

**Improved sleep.** One of the negative side effects of stress can be trouble sleeping. It can be almost impossible to fall asleep when your body is caught up in the stress response. Practicing deep, slow breathing techniques such as 4-7-8 breathing can trigger your body's relaxation response and help you get to sleep.

**Less pain.** A study of 16 healthy people found that those who practiced relaxed deep breathing experienced less pain than those who practiced deep breathing that required a lot of sustained attention. Both groups experienced less tension, anger, and depression.

**Improved concentration.** A 2017 study examined the effect of eight weeks of deep, slow, abdominal breathing on attention, emotions, and stress levels. After training, the people in the deep breathing group performed better on tests of attention and had fewer negative emotions.

### How Deep, Slow Breathing Affects Your Body

The sort of deep breathing practiced as part of the 4-7-8 breathing technique helps calm your body by activating your parasympathetic nervous system. Your body's automatic functions, such as your heartbeat and digestion, are controlled by your automatic nervous system. This system has two parts, the sympathetic nervous system and the parasympathetic nervous system.

The sympathetic nervous system controls your body's stress response. The parasympathetic nervous system controls your body's rest and relaxation response. When you activate one of these, you suppress the other. This is why deep breathing is so effective at causing the relaxation response.

The 4-7-8 breathing technique is one method of deep breathing that you can use to reap all of these benefits. However, the particular method you use doesn't matter. If the 4-7-8 method doesn't work well for you, you can try another. You should experience the relaxation response with any breathing method that is slow and deep.