



Rethinking Mental Health



Trigger Warning: the contents of this section mention suicide and other potentially distressing mental health issues

Defining the boundaries of mental health terms

by Molly George

Apr. 13 was a sunny spring Saturday. On Apr. 14, the weather took a January-style turn with a freak blizzard. The weather was back and forth, unpredictable, surprising, confusing... but it was not bipolar.

The headline “bipolar weather pattern” might get the point across of up and down weather, but it is not fair to use terms such as bipolar, triggered, and OCD as casual descriptors.

According to Kelsey Hoepfer, Suicide Prevention Educator at Elyssa’s Mission, “When we equate a mental health disorder (e.g. bipolar disorder) with the changing weather, we are assuming we know what it’s like to live with the disorder; the remarks are hurtful, and they keep people from seeking help and reassurance. These statements have the power to greatly diminish a person’s experience.”

Senior Michelle Capone explained that this is especially true with the word triggered.

“Neurotypical people can say that without having any trauma or any actual thoughts behind it.”

The connection to trauma is, “not something to make fun of,” Capone said, because every time a trigger comes up, “you go back and relive that trauma.”

The word loses its meaning when it is used so often, creating

the necessity of clarification and validation for a serious conversation.

Andrea Victor, Ph.D., clinical psychologist and co-founder of Chicago Neurodevelopmental Center in Northbrook, said we should be sensitive with these terms.

“When casually using these terms, it can invalidate the severity of the actual disorders. Many adolescents struggle with anxiety, depression, and OCD and it often feels that these are not taken seriously when people use the terms in such an insensitive way.”

While everyone has different ways of taking care of their own mental health, there is a movement toward discussing potential issues to spread awareness and prevention. Topics of mental health affect everyone, but are still difficult to discuss.

“Some people use humor to cope,” Capone qualified, explaining that dealing with actual experience makes it difficult to discuss in an environment where mental health is mistakenly joked about.

“Overall that makes it hard to have those conversations when you actually have mental health issues. High school should be a place where you feel safe talking about that,” said Capone.

If the goal is to create an environment where people can share, Capone argued that mistreatment of

the topic of mental health makes it impossible to differentiate serious problems from jokes.

Hoepfer explained that we may offhandedly call a friend “bipolar,” for example, if they are known to often change their minds, or they go from appearing “totally fine” to really angry and annoyed.

“First, it’s normal to have ups and downs; it’s common for teens to experience the occasional mood swings. People with bipolar disorder experience high and low moods, or mania and depression. These changes in mood can last anywhere from a few hours, days, weeks, to months.”

There is a difference between being a neat freak and having OCD, feeling anxious and having anxiety, changing your mind and being bipolar.

“Many people have these behavioral traits and it does not mean they have a mental health disorder,” explained Victor. “These behaviors become disorders when they begin to interfere with an individual’s ability to function in their daily life (e.g., school, home, friends).”

True mental health disorders are serious matters, and treatment is important. Talking about these struggles thoughtfully is an important step in addressing mental health.

What we can do, senior Edie Browne said, simply involves “not using words like bipolar if you don’t

know what it means. Just look it up or ask.”

Hoepfer explained that learning about mental health will help people empathize and be able to have informed and respectful discussions.

“Students, peers and adults can work together to educate themselves on what it is like to live with a mental disorder, and to gain understanding on the challenges and triumphs of those who have experienced mental health conditions, as well as available treatment options. The key is to understand what good mental health means to you, and then to talk about it in the same way we would talk about physical health.”

Beyond ignorance of the real definition, use out of context can be harmful to anyone who has experience with mental health struggles, because, “It downplays any struggles people with OCD have,” said Browne.

She pointed out the misuse and overuse of the term OCD in an instance of a classmate being extra particular and neat in class.

“The teacher said she’s OCD, so I asked if she has Obsessive Compulsive Disorder — and he brushed it off,” said Browne.

Capone elaborated, “You never know who has OCD and who doesn’t now.”

She explained that not knowing makes it easier to avoid the subject entirely to keep from offending

anyone.

People may be moving toward future understanding with the USA Today headline, “Target accused of trivializing mental illness with ‘OCD’ sweater.”

Though the product (a sweater branding OCD as ‘Obsessive Christmas Disorder’) was insensitive, pulling it from the shelves this past December was a step in the direction of informed dialogue about mental health.

So let’s use more specific vocabulary in our daily lives, and save these mental health terms for when we need them.

It may be convenient to use your interpretation of a mental health disorder to describe something unrelated, but it is more considerate to limit these terms to where they factually apply.

Victor emphasized the importance of talking about mental health concerns without teasing: “Students need to be open to hearing about the impact of mental health on their peers and think about ways they can better support each other. As students are more open to talking about their experiences, they will likely be more willing and able to get the help they need.”

Something doesn’t have to be “wrong” to seek help

by Danielle Kurensky

“What happened?” they ask me as their face turns to a look of pity; this is usually the response I receive when I tell someone that I am in therapy.

There is this widespread assumption throughout our society that in order for someone to be in therapy something must be “wrong.”

These responses are not only naive, they actually perpetuate harmful stereotypes about mental health and support the stigma surrounding it.

We can’t expect a change if we don’t make an effort and one major change we can make is to rethink how we view therapy.

First and foremost let’s talk about asking for help. As a culture, we don’t like to ask for help. There is the expectation that you should either already know how to do it or be able to figure it out on your own.

Trust me I understand how uncomfortable asking for help can be and it’s still something I struggle with.

There’s this mentality that’s rarely discussed but we are all aware of. It’s the idea that we are strong enough to handle it alone.

Pediatric mental illness is real.



In fact, 1 in 5 young people in the U.S. has a diagnosable mental health disorder. Chances are someone you know, or even someone in your family, is affected.

CHOC Children’s

Think about it for a second, if you feel you are strong enough to handle whatever it is on your own, then that implies others are weak for asking or receiving help (remember the look of pity I frequently get).

In reality, none of us can make it through life alone. We all need support for different struggles we face throughout our lives. Sure there might be something you could make

it through alone, but being in therapy allows you to accomplish it more comfortably rather than believing you have to do it on your own and white-knuckling the entire time.

Therapy can make us more comfortable in our own lives, but we aren’t able to experience this comfort if we think we are weak for asking for help.

Through therapy, I have learned

that the ways I thought were helping me deal with my anxiety, were actually feeding it. I’m aware not everyone will have a disorder, but we all struggle with mental health. Everyone gets anxious, depressed and experiences trauma, so if there was a way we could learn skills to make ourselves more comfortable, why not utilize it?

There’s strength in admitting that you don’t have all the answers and are actively looking for support to help you through.

Now I am aware that due to costs and insurance, therapy can become a luxury, and as much as I wish that wasn’t the case I can’t ignore the facts. But there are other options beyond the traditional one-on-one talk therapy if that is not possible for you.

Support groups are a main resource to use if therapy is not feasible. While some of them can be more niche and might not be applicable, there truly are support groups for almost everything and they are usually free of cost.

The Social Work Department offers support groups for those more niche circumstances like the loss of an immediate family member or children who are adopted, but there are also groups for more frequent

struggles like stress and anxiety to body image and sobriety.

While talking to a group of peers about something so personal can be incredibly intimidating (I was originally terrified of group therapy), there two crucial things to know before you cast it aside.

First is confidentiality. In any therapy setting there’s always confidentiality. In a group setting, this means that your participation in the group is confidential and you don’t discuss any one in the group or their struggles outside.

Second, while it is very scary to open up, the whole objective of a support group is the other members are struggling with similar issues making them able to provide advice as well as a sense of comfort knowing that you are not alone in your struggle.

So instead of just posting on Instagram some Pinterest quote you found for National Mental Health Day, take the time to consider if you might benefit from reaching out for help. Something doesn’t have to be “wrong” for you to receive help.

Just remember you are not weak for asking for help.

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