Mental health is a taboo to today's society. People see mental health issues in the news when a tragic event has happened, such as the Aurora movie theater shooting or the Newtown Elementary shooting. Both shooters suffered from mental illness such as anxiety, schizophrenia, and obsessive compulsive disorder. However, the public is blind to an overwhelming increase in another form of mental illness, especially among emerging adults, depression. Depression is a common experience. Everyone has felt 'depressed' about something, sometimes one feels “down” for no reason. However, depression can become an illness when the mood state is severe, that mood lasts for 2 weeks or more, and it interferes with the ability to function at home or at work. There are multiple scholarly articles about depression among emerging adults who are in college. Most of them focus on the factors that increase the prevalence of depression among college students. The majority of media portrays depression poorly and as if depression is only a sadness that lasts a period of time. There are few movies and social articles that portray depression as it truly is . . .a disabling illness. However, these sources are not well known to the average person. The taboo around depression in the United States needs to be addressed and taken away. Mental health awareness needs to be taught around the nation just as much as sex education is taught. People need to know resources, outlets, coping methods, and the basic information about mental illnesses such as depression. Hopefully, this would decrease the prevalence of mental issues and make transitions easier to different situations like the transition from high school to college.

One of the most commonly used test for assessing depressive symptom severity is the Beck Depression Inventory Second Edition (Whisman, Richardson, 2015). The BDI-II is a 21-item, self-reporting questionnaire that is designed to measure how severe the symptoms are that adolescents and adult might be having (Beck et al., 1996). The questions relate to symptoms of depression with and are
rated on a scale ranging from 0 to 3 (Beck et al., 1996). Each question is totaled to create a score from 0-63, with higher scores indicating greater severity of depression (Whisman, Richardson, 2015). Dozois, Dobson, and Ahnberg established cutoff values for the BDI-II of less than 13 means not depressed, 13-19 means mildly depressed, and greater than 20 means majorly depressed (Dozois, Dobson, Ahnberg, 1998). The results showed 74% of undergraduates were not depressed, 14% were mildly depressed, and 12% were majorly depressed (Whisman, Richardson, 2015). This study found that one out of every eight college students were depressed which is consistent with other research findings concerning the widespread prevalence of depressive symptoms in college students and supports the need for effective methods for detecting and ultimately treating depression (Whisman, Richardson, 2015).

Depression is a serious public health problem in today’s society. It can significantly contribute to physical, financial, and social problems for people suffering from the condition, as well as for their families and friends (Chatterjee et al., 2014). There are many negative outcomes of being depressed, ranging from a lack of productivity, to various bodily harms such as suicide. According to the American Association of Suicidology (AAS), suicide is the third leading cause of death within the age group of 15-24 year olds (AAS, 2008). More than 1000 college students commit suicide every year and one in twelve of them make a plan to attempt to commit suicide (AAS, 2008). Beginning college is a transitional period equivalent to entering adulthood. Research on students in higher education such as college often shows a high prevalence of psychological distress and depression (Dyrbye et. al, 2006). This introduces the question on whether or not major chosen predicts the amount of depression symptoms a student might experience. Recent research has provided more light on occupational and mental health and the psychological wellbeing of nursing students (Chatterjee et al., 2014). This study included a 21 question questionnaire which modeled the Beck Depression Inventory and its scoring system (Chatterjee et al., 2014). According to the BDI scores, depression was found in 63.9% of the students (Chatterjee et al., 2014). The majority, 42.2%, had a mild degree of depression and 20.6% had a moderate degree of depression while 36.1% were not suffering from any depression (Chatterjee et al., 2014). The findings of the study indicate that depression is a serious problem among nursing students since more than half of the students showed signs of depression. One way to combat depression and its symptoms among students is to increase teacher to student relationships. As the teachers are in closest contact to the
students, they need to take a major responsibility for mentoring, guiding, and counseling the students. This may improve the overall mental status of the students who will be entering into the nursing profession (Chatterjee et al., 2014).

Researchers have found that there is a significant relationship between perfectionism and depression and anxiety (Zhou et al., 2013). The variables that influence the relationship between perfectionism and depression/anxiety, such as self-esteem, coping styles, and self-efficacy have been taken into account to determine the connection (Zhou et al., 2013). While researching the connection, social support was also considered among the variables (Zhou et al., 2013). A positive relationship between perfectionism and depression has been found in many studies, meaning a high perfectionism score leads to an increased level of depression (Zhou et al., 2013). Similarly, poor emotional support is considerably related to anxiety and depression (Zhou et al., 2013). Results found that social support may have a potentially protective effect in preventing perfectionists from experiencing depression and anxiety (Zhou et al., 2013). People considered perfectionists who think that they have a low level of social support, are more likely to experience anxiety and depression (Zhou et al., 2013). In opposition, perfectionists who believe that they have a high level of social support are less likely to experience symptoms of anxiety and depression (Zhou et al., 2013).

Depressive symptoms in college students cause academic impairment due to the lack of engagement people who have these symptoms feel (Hill, Yaroslavsky, & Pettit, 2014). Many universities have executed depressive symptom screening programs to identify students in need of mental health services and provide appropriate follow-up evaluations, prevention, and treatment resources (Hill, Yaroslavsky, & Pettit, 2014). However, the number of students in need of services following result upon screening, exceeds available mental health resources of the university (Hill, Yaroslavsky, & Pettit, 2014). A recent study identified distinct courses of depressive symptoms after following college students who screened positive on a depression symptom measure for a 12-month period (Hill, Yaroslavsky, & Pettit, 2014). A two-phase screening process was used, intended to mimic a general depression screening approach (Mackenzie et al., 2011) followed by a more in-depth assessment prior to service utilization. Students first completed a brief depressive symptoms screen and those who reported elevated symptoms
were invited to participate in a more in-depth assessment (Hill, Yaroslavsky, & Pettit, 2014). Students who reported elevated symptoms at the in-depth assessment were re-assessed at three subsequent evaluations over a one year period (Hill, Yaroslavsky, & Pettit, 2014). Two depressive symptom courses were identified upon conclusion of this study: a persistently elevated depressive symptoms course and a decreasing depressive symptoms course (Hill, Yaroslavsky, & Pettit, 2014). Baseline social disconnection and negative feedback-seeking both significantly predicted membership in the persistently elevated depressive symptoms course (Hill, Yaroslavsky, & Pettit, 2014). Cut-scores that robustly discriminated between the two symptom courses were identified (Hill, Yaroslavsky, & Pettit, 2014). These findings can inform approaches to identifying college students most in need of mental health services for depressive symptoms based on the presence of social disconnection and/or negative feedback-seeking (Hill, Yaroslavsky, & Pettit, 2014). Screening cut-points on social disconnection and negative feedback-seeking measures can reduce the number of cases identified as needing mental health services while retaining the majority of cases who will experience a persistent depressive symptom course (Hill, Yaroslavsky, & Pettit, 2014).

Depression has increasingly been diagnosed in the college age population, with the American College Health Association reporting that 16% of all college students suffer from depression at some point in their college years (ACHA, 2014). College students are faced with competitive settings with fewer job opportunities after graduation, which may increase their stress level and symptoms of depression (Dusselier, Dunn, Wang, Shelley, Whalen, 2005). The ACHA has recognized stress as the primary cause of decreased academic performance (ACHA, 2014). One study explored the experience of college students who had been diagnosed with depression, their sources of stress, and how they coped with their feelings (Aselton, 2012). Students who were diagnosed with depression were asked in an online survey the following: when were you first diagnosed with depression, tell me something about your family and where you grew up, what was your early schooling like, how did you end up at college, do you remember feeling depressed before college, describe your past treatment for depression, if any, what are some of your current sources of stress, how do you cope with stress, how do you cope with depressive symptoms, and looking back on your own experience, how would you advise someone who may be struggling with depression (Aselton, 2012). Sources of stress in the college students asked were
roommate issues, academic problems, financial and career concerns, and family pressure (Aselton, 2012). Results showed that the most effective ways of coping with depression and stress included: having someone to talk to, talk therapy, physical activity, self-talk and deep breathing, music, and journaling (Aselton, 2012).

Social media depicts depression through rose colored glasses. Online communities such as Tumblr, are spreading ideas of “beautiful suffering,” confusing what it means to be clinically depressed (Bine, 2013). This idea is easily joined, anyone can take a picture, put a filter on it, add a sad quote, and then be satisfied with compassion and pity from followers of the Tumblr blog. Tumblr is not the only social media outlet that has this issue. Adolescents and emerging adults seek out self-affirmation and recognition from others, and reach out to unknown internet users who they feel they have something in common with. Identifying with people with similar views of depression, reinforces that feeling of depression. For people with a fragile mind, online communities provide support, understanding, and acceptance (Bine, 2013). However, to be accepted by this community, people must advertise their suffering. The depression many teenagers and emerging adults, like those on Tumblr, say they have is one that’s linked to a concept of “beautiful” suffering (Bine, 2013). This issue stems from a lack of credible information. Young adults get their information from friends or the media because depression and other mental illnesses are not taught within the school system. Girls are affected more than boys by this, between 2008 and 2010, 12 percent of teenage girls suffered from a major depressive episode (Bine, 2013). However, only 4 percent of males suffered from a major depressive episode, according to a report by the Substance Abuse and Mental Health Services Administration in 2012 (Bine, 2013). A reason for this disproportion is that girls and boys in modern society are socialized differently. Boys are socialized to take action. While not always helpful in managing their problems, it helps get their mind off of them for a time. Girls are pushed to dwell on their experience, leading to more depressive symptoms. Social media exaggerates depression. It portrays a biased view of the mental illness, making it “beautiful suffering”. However, depression is anything but beautiful, it is disabling and should not be glorified.

There are some forms of media that do portray depression accurately and in an unbiased view. In the 2001 film, Prozac Nation, Elizabeth Wurtzel is a teenager accepted into Harvard with a scholarship
in journalism (Niederhoffer, 2001). She was raised by her divorced mother, but she misses her father and feels deprived and depressive. When she begins college, she finds it hard to have interest in relationships. Her means of isolating herself is not a passive withdrawal or silence. Instead, she finds friends, attracts boys, and works hard at her writing. But she lashes out viciously at each person who gets close to her, driving them away with multiple angry outbursts. Elizabeth can’t stop driving people away from her even though she knows it is not something she particularly enjoys. There are episodes of deep depression when she’s in a trance-like state. Her writing slows and she can’t meet magazine commitments or finish her class work. Her mother sends her to an expensive psychiatric treatment with Dr. Sterling who prescribes her Prozac to help manage her symptoms of depression. There’s no final resolve or end to her depression as Elizabeth learns to manage her depression but still suffers quite a lot from its symptoms. This movie was adapted from a true story written by Elizabeth Wurtzel in 1994. Based on the research gathered, this is consistent with the information that social support can increase or decrease the likelihood of depression. Elizabeth did not have the support of her absent father, making her vulnerable to depression symptoms. Upon the transition to college, Elizabeth found it hard to manage her depression along with her school workload. She was not introduced to resources at Harvard that could have helped her cope and she could not form relationships with peers and professors that could have provided the social support she desperately needed. This movie and others like it are not well known to the public. The issue of depression is not a popular topic to an audience.

Mental illnesses such as depression need to have the silent stigma around it, be dropped and replaced by light. Approximately 40% of 18- to 24-year-olds in the United States are enrolled in college (Whisman, Richardson, 2015). American College Health Association (ACHA)–National College Health Assessment II survey found that 35% of female and 28% of male participants report that they “felt so depressed it was difficult to function” sometime within the last 12 months, and 14% of female and 8% of male participants report that they were diagnosed or treated by a professional for depression within the last 12 months (ACHA, 2014). Many depressed college students do not receive treatment for multiple reasons such as lack of resources or lack of initiative to seek out resources. A recent study found that 85% of students with moderately severe to severe levels of depressive symptoms were not receiving any form of psychiatric treatment (Whisman, Richardson, 2015). Depression is a serious mental health issue
in today’s emerging adults, especially among college students. Many popular media sources falsely portray depression as romantic and beautiful while little popular media sources portray the reality of depression. Mental health awareness needs to be taught around the nation just as much as sex education is taught. People need to know resources, outlets, coping methods, and the basic information about mental illnesses such as depression. This in turn would decrease the prevalence of mental issues and make transitions easier to different situations like the transition from high school to college.
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