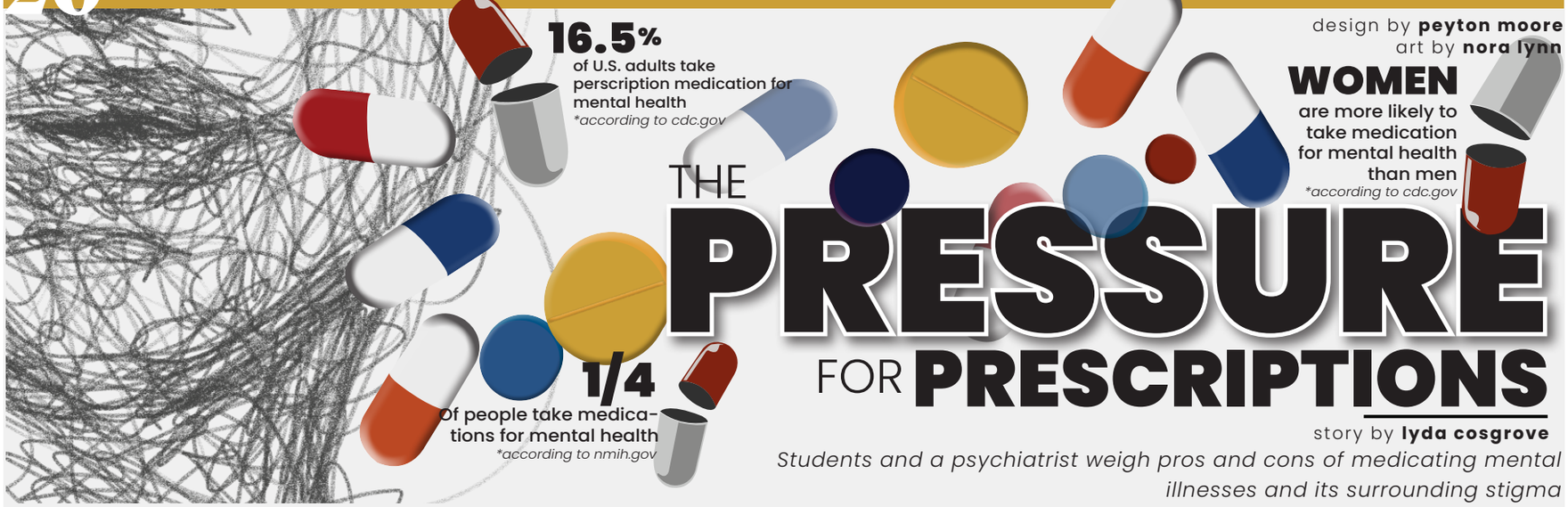

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THE PRESSURE FOR PRESCRIPTIONS

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Students and a psychiatrist weigh pros and cons of medicating mental illnesses and its surrounding stigma

FRESHMAN AIDEN COX went days without getting out of bed or brushing his teeth, objects strewn around his room after a depression-induced psychosis. Sophomore Ainsley Pyle described herself as a "ball of anxiety," unable to function in daily life. Junior Emma Kuhlman knew she'd reached her tipping point when she could no longer hang out with friends without her self-conscious thoughts taking control.

re•up•take

the reabsorption by a neuron of a neurotransmitter following the transmission of a nerve impulse acrosse a synapse9

The prescription of a pill changed the course of their lives.

Since Cox's doctor prescribed a daily dose of Fluoxetine, Hydroxyzine and Olanzapine, he's able to brush his teeth and get to school nearly every day. Pyle has gotten out of her comfort zone and found new passions like aerial silks. Kuhlman often feels more extroverted than she ever had before.

When it comes to treating mental illness, there are several options for medicinal treatments. Most medications work by blocking serotonin reuptake, and with less of this mood-regulating hormone passing messages between nerve cells, users experience a more stable mood. SSRIs and SNRIs are the most commonly prescribed types of these medications.

But not everyone has medication success stories. This is why board certified psychiatrist Dr. Christopher Van Horn, who has specialized in child and adolescent psychiatry for 20 years, says that medication for mental health issues should be reserved as a last resort in most cases. Because of potential side effects, adverse reactions from person to person and the lifestyle changes that need to be made before taking them, Van Horn recommends careful consideration of these factors before requesting a prescription.

For students like senior Bella Lynch, it takes months or even years of trial and error to find the right medication. After seven years of battling severe anxiety and four years of therapy, nothing was resolving Lynch's constant state of panic, so she turned to medication as a last resort. Her pediatrician prescribed Sertraline — commonly known as Zoloft — which came with a slew of unbearable side effects: dizzy spells, nausea and panic attacks even worse than before the medication.

After two months, she couldn't take it anymore — she switched to Fluoxetine, or ProZac, which has since changed her life. Though Lynch still deals with daily stressors and anxiety-inducing situations, whether a presentation in English class or uncomfortable social interaction, the combination of her medication and coping skills from working with a therapist allow her to push through these moments instead of shutting down.

"It changed the way that I approached situations and allowed me the chance to set myself in the right direction," Lynch said. "It gives me that extra something to get through the day, and that's something that I didn't know if I'd ever be able to have. It really has impacted my life and allowed me to actually do things and not feel so sick all the time."

The choice of which kind of medication, or whether to even medicate at all, depends on a number of factors that vary by mental illness. For example, those with mild to moderate depression won't respond to SSRIs, while someone with severe symptoms like suicidal ideations or hallucinations would likely be co-administered a combination of medication and psychotherapy according to Van Horn.

With generalized anxiety disorders, psychotherapy should always be the initial intervention, according to Van Horn. It's when a patient is clearly not responding to that intervention that they should consider medication, but only after the entire situation has been examined.

"You have to know what you're treating first," Van Horn said. "If you don't have a good idea of what a person's condition is, you can't appropriately treat it."

From her experience, Lynch agrees that medication is not the quick-fix or cure as it's often perceived to be. While antidepressants don't eliminate underlying causes of mental illness like an antibiotic would quickly cure an infection, they instead alter neurotransmitter levels and functions in the brain over time, without permanently changing brain structure or chemistry. And according to Van Horn, medication is only ever effective when in combination with adequate sleep, medical care, regular physical activity, sunlight exposure and a healthy diet.

"Medicines don't work in a vacuum," Van Horn said. "For example, if I'm taking Zoloft and I'm continuing to smoke pot three times a week, and drink alcohol on the weekends, I'm probably not going to respond to an antidepressant if I'm loading my body up with depressants, so there's some lifestyle issues that need to be taken into account."

Through years of openly discussing anxiety, depression and medication with peers, Pyle, Lynch and Kuhlman have grown familiar with criticism around to how, when or why someone medicates. For example, those who choose to medicate are often confronted with alternatives and blamed for taking "the easy way out," according to Lynch.

Kuhlman's been told to simply try journaling and Pyle's been told to take more deep breaths. Van Horn acknowledges that these solutions can be helpful in moments of panic or stress for any person, but not for those with chronic anxiety disorders where medication is often vital to their daily functions.

Some choose to avoid medication. But those who overcome struggles with natural approaches like CBD or herbal remedies, breathing exercises and coping skills are seen as invalid or that their struggles must "not be as bad" if they can handle it without the aid of medication.

"No matter what you do, somebody's gonna have an issue with it," Pyle said. "You either don't take medicine and people are like, 'It's not real, you're not taking medication for it, therefore it's obviously not bad enough.' Or you do take medication and people are like, 'Well, so you didn't try anything else. Your only fix to this is taking medicine?' They think the first thing that we jumped to was like, 'Yeah, let's just pump her full of medicine and that'll fix the problem.'"

Van Horn believes that the critical stigma around medication taints the way people with mental illnesses approach treatment compared to how they would approach non-mental-health-related prescriptions or medical treatments, like glasses and contacts or asthma medications.

"This has a lot more weight than that. People usually don't think twice about taking their asthma medications and there are some people out there who really, really need to be on psychiatric medication," Van Horn said. "And the stigma prevents them from being able to consistently do that."