

THE HUCKLEBERRY

STUDENT VOICES



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Welcome!

Welcome back to our 4th edition of The HuckleBerry! In this edition we focused on mental health topics. We hope you enjoy it!

Have an idea you wish our staff would write about? Let us know! Send your email request to huckclasses@gmail.com with a subject line of "Journalism Request"!

Meet The Staff

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The Arc appears in each issue of The Huckleberry as a show of support for marginalized communities, featuring a story about the community in question.

Voice

By Cora Burch

The girl sighed as she turned off her phone and slipped it into a drawer in her desk. She had found that when she couldn't see the little demon it was easier to ignore.

The girl sat down on her bed, picking up a blue sketchbook and box of colored pencils from her floor. She opened the book to a blank page and began to sketch a landscape. *Keep your head outside, she thought to herself.* Her phone chuckled in the back of her mind.

"Aww, but it's nice with me," it pouted. "Now take me out of the desk drawer, will you?"

"No thanks," the girl replied, shaking her head slightly. She mapped out where the drawing would go next. *A few mountains here...more trees...maybe a river?*

"Why not just use that drawing app?" the phone suggested. "Your computer and I are BFFs. I know they miss you, too."

"Nope."

"Pleeeaaaase?"

"Sorry."

The girl added a couple more trees in the foreground and began sketching a small stream. Outside, a flock of city sparrows chirped and trilled happily. *Birds would be nice, too,* she decided, and sketched a few in the sky.

"Pinterest can have nice ideas, too," the phone suggested from the drawer. "Or maybe Instagram could inspire you. TikTok?"

The girl sighed tiredly.

She felt like a disappointed sibling. "Will you shut up?"

"Nope."

She groaned. "I'm gonna turn you off."

"You can barely put me in a drawer," the phone pointed out. "How're you gonna do that?"

"Like this," the girl said. She hopped out of bed, opened the drawer, and—

"Huh," she said, studying the blue case and abstract lock screen. There were two notifications, one from Instagram and one from TikTok. "So this is what addiction feels like," she said, laughing dryly. "This sucks."

"Ah, I wouldn't go that far," the phone whispered. Its tone felt menacing. She felt her hands go cold as she drifted back to her bed and mechanically unlocked the device. If phones could smile, this one did.

"There you go," it said appraisingly.

"Good—wait, what are you doing?" the phone asked as a small red X appeared above the innocent-faced logo.

She hesitated.

"Stop it!" the phone cried. Its voice took on a sad tone. "Please," it whimpered. "After all I've done for you? You met so many people through that app. It's such a wonderful community, and you want to throw it all away?"

"Don't guilt trip me," the girl said through gritted teeth, tapping the red X and clicking the confirm button. "I don't need an app to make friends."

The phone's voice suddenly got quieter by about 30%. "You didn't," it said. "You...you didn't."

The girl smiled. Then her eyes flicked over to the TikTok icon on the screen.

"No no no NO—"

“Yup.”

“I hate youuuu!” the phone whined as she deleted the app. The voice was almost inaudible now. “C’mon, that place was the best! You’re ruining your life!”

“Oh, just you wait,” the girl said. She clicked over to Pinterest.

“Oh my gosh,” the phone said, awed. “You’re actually gonna do it.”

“Yes I am,” she said, and pressed delete.

The phone fell silent. She held down the off button on the side of her phone until the screen went black. She exhaled as she stared at her reflection in the dark screen. She felt exhausted.

Okay, she thought to herself. That just happened, and you regret it, don’t you?

Yep, her brain replied honestly.

And that’s okay, she said.

Yep.

She took a deep breath. Then she put the phone back in her desk drawer, sat down on her bed, and picked up her sketchbook and pencil. The birds chirped outside. She sketched a few clouds.

Tips if You’re Feeling Anxious

1. Box Breathing:

inhale for four seconds, hold your breath for four seconds, exhale for for seconds, hold for four seconds, repeat)

2. Drink water

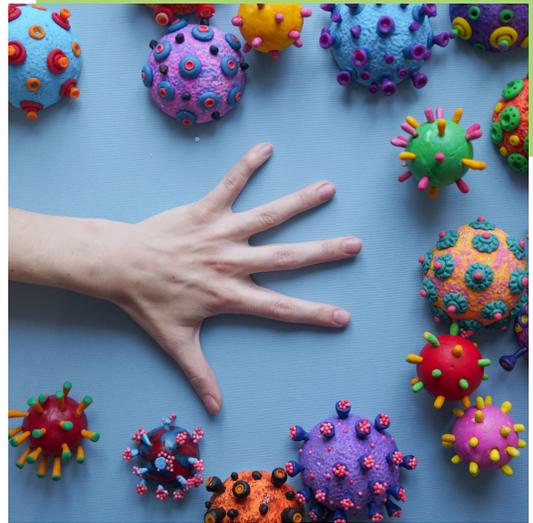
3. Go for a walk

EPISODE 4: THANKSCOVID-ING? NOVEMBER

By Ronan Berger

With the introduction of more friends in my life, I was busier than ever trying to satisfy their needs: *What's the answer for problem 5 on 3.3? Can we have a study call tonight? I'm really lost... Hey everyone, I need help with this history essay, is anyone down to talk?* Maybe having more friends in my life was a bad idea, because it seems like all they do is beg for answers (If you're reading this, you guys know I love you). It's kinda hard when you're trying to succeed in your own academics and then you get a notification from someone demanding help on theirs-sorry, I should probably get back on topic, if I wanted to rant on my friends I should do it somewhere else because this isn't anywhere near that place.

I'm kind of zooming by the fall here-to be fair, outside of the intense stress that the election created, not much of importance happened. I mean sure, BLM protests were still occurring, and thankfully those disgusting confederate monuments were being removed, so I guess you could definitely consider that important; however, watching the news every day was (and is) never a part of my agenda. In truth, despite all the hate I keep giving my classes, I am enjoying them immensely. By mid-November, my mind finally came to the conclusion that I wouldn't be spending Thanksgiving with anyone besides my parents. Even though that was true, it was probably one of the most important Thanksgivings I'll ever have: me, my family, my friends, my teachers - we were all surviving a deadly global plague together. I was more grateful this Thanksgiving than ever before: for their persistence, dedication,



The Covid Chronicles: A Review of A Teenager's Experience Of The 21st Century Black Plague

Disclaimer: some of this information may or may not be factual. Some of the situations have been warped so that the story flows easily. I've tried my best to keep my facts straight, but I can't make any guarantees. The quotes are likely rough estimates of what I think that person said, which might be a good thing? I don't know. Well, uh, anyways, enjoy my satiric version of events. It's not meant to be taken seriously, and its purpose is to be offensive and humorous while telling a story.

and commitment to treating this virus seriously, just the same as, er, me. Generally, I really didn't consider Thanksgiving an important holiday - to be entirely honest, I only enjoyed it because of the food-with the introduction of 2020, I had realized how thankful I was for the positive influences in my life. I was so grateful for my friends that day, because before I thought I was always "fine" with one or two. Opening my boundaries was a great decision on my behalf because now I can't imagine quarantine without them. In many ways, I believe COVID has shaped me as a person-it's tested my limits and patience, shown me what truly matters and life, and most of all, taught me how to relinquish an addiction to Domino's pizza. We'll get into serious stuff later though.

BULLYING

A PROBLEM THAT NEEDS A SOLUTION

By Maya Turin

Many lives are changed by the experience of bullying. Most of the population experiences bullying at least once in their lives, which can lead to serious mental health issues and concerns. When a person of any age experiences bullying, they are being given a negative view of themselves and all of their flaws are magnified by the aggressor. This can inflict extreme issues with the self-esteem and overall well-being of the victim. If someone steps into an environment where they are constantly being harassed with negativity, they may be constantly pestered with the awful mental image of themselves drawn by the harasser. Nina Mercer, licensed Marriage and Family Therapist (LMFT), mentions that kids who have gone through bullying are very likely to develop depression, anxiety, lack of sleep, and even bad eating habits.

Why one would bully another is a complex and multifaceted issue, and the motivation to do so differs on a case-by-case basis. A bully can be built by their surroundings, for example, if someone has picked up negative habits from someone at home, or is constantly exposed to that kind of behavior outside of school, they may feel the need to exercise the same attitude at school towards others. This is because that is the way that they have always been taught to act. Someone from their home could be communicating with the child poorly, which could lead to the child having the misconception that those actions are acceptable to bring to school and to act that way towards their peers. Mercer gives her opinion on this, saying that, "The motivation behind bullying can be that kids want to feel powerful or cope with difficult emotions such as loneliness or anger." In many cases, bullying happens when a child fails to express their emotions properly or has a large amount of built-up anger that they have no idea how to communicate. Kids who are bullied can develop extremely unhealthy long-term behaviors as a result of their scarring past. Some issues a child who gets bullied may encounter later in life are, according to Mercer, "anxiety, depression, difficulty in interpersonal relationships, low self-esteem, higher incidence of drug and alcohol abuse and self-harming behaviors." If a child has been bullied, there can be tremendous issues much later in life for them. Being exposed to constant negativity when one is in their younger years has an immense effect on them in their adult or later teenage years. Most bullies do not even understand that the hurtful things they're doing have such a tremendous effect on the recipient of their aggression. In some cases, bullies believe that their actions are acceptable and that their behavior is perfectly normal, as that is what they have always grown up hearing. In most cases, children who bully at a young age never dispose of that attitude, and treat individuals poorly as adults.

In some cases, children who experience bullying hold onto some of the horrible things that have been said to them, and still struggle with it when they grow older. Bullying is not something that can be forgotten quickly or easily, and many people still struggle with what was said to them in the past, which can cause many more serious issues down the line.

VIDEO GAMES & SOCIETY

By Holden Wilbur

The Correlation and Society: How we leveled up

With over 66% of people in the US playing video games in 2018, it's no wonder that video games have become one of the most popular activities. Video games are a regular entity in the daily life of many households around the world. With so many young people playing video games, many have wondered: are they safe? How do they affect our mental health? Throughout the past two decades, video games have faced some controversy, such as being associated with addiction and gun violence, but claims relating video games to addictions and gun violence are debatable.

Video games have greatly impacted our culture in the near 70 years since their creation. Back in 1958, scientist William Higinbotham made a simplistic game similar to Pong—effectively creating the first "modern-day" video game. It was simple, not too addictive, and was a stepping stone leading to many more advanced games. In the early 70s, video games increased in popularity. Then came Galaxy Game, Computer Space, and the Magnavox Odyssey, an ancestor of modern-day consoles like Playstation or Xbox. Many of these games were in arcades, a foreign and past-tense phenomenon for many modern-day gamers.

As interest in video games continued, games increasingly became more realistic. In the early 2000s, video games became much more realistic. Artists figured out how to turn blurry pixelated figures into sharp player models, making video games more realistic and engaging, but maybe too engaging... This led to some unique problems. In 2018, gaming disorder was added to the list International Classification of Diseases by the World Health Organization. However, as of March 21st, 2020, The American Psychiatry Association's manual (the DSM-5) failed to address this issue. In the DSM-5, gambling is the only activity that counts as an addiction. The DSM-5 does have some symptoms that could be signs of "problem gaming". They are as follows:

- Thinking about gaming all or a lot of the time
- Feeling bad when you can't play
- Needing to spend more and more time playing to feel good
- Not being able to quit or even play less
- Not wanting to do other things that you used to like
- Having problems at work, school, or home
- Playing despite these problems
- Lying to people close to you about how much time you spend playing
- Using gaming to ease bad moods and feelings

If a person has 5 or more of these symptoms within the span of 1 year, they may have a problem.

But America isn't the only place where gaming is a potential problem. In mid-2020, China peaked at nearly 665 million gamers. The Chinese government considered this a big problem for their country. Unlike the US, the government can go to extreme measures to measures "fix" video game addiction. China has proposed a bill that requires gamers below the age of 18 to have a curfew, which would be between 10:00 pm and 8:00 am the following day. This ensures that minors get a whole night of rest. Those under 18 will be also be restricted to 90 minutes of gaming on weekdays, and three hours on holidays/weekends.

China has one of the world's largest gaming markets, yet they've also gone the farthest to limit it. Additionally, China also proposed a bill that prohibits gamers from ages 8 to 16 from spending more than \$29.99 (USD) on their gaming accounts, and \$60.00 for gamers aged 16-18.

Beyond the issue of addiction, there is also a conversation in the US that video games are a primary contributor to gun violence, including school shootings. But can this claim be made? In the US, guns are extremely easy to obtain. This has become a serious problem for many politicians, and they're faced with the option of either making guns harder to obtain and annoying gun enthusiasts, or blaming the gun problem on something else and not solving the problem. Although video games can be violent and desensitize us to violence, so can movies and TV. We need to figure out all of the roots of violence and solve that problem.

Although there are many reasons that cause gun violence, one still has to set boundaries to keep oneself from getting addicted to video games and social media. It is important to take breaks and try your best to not constantly stimulate yourself by being online all the time. Video games can cause a person's mental health to deteriorate, so it's important to make sure that gaming isn't the only thing that you find joy in.

In 2016, popular horror film director M. Night Shyamalan released *Split*, a loose sequel to his 2000 supernatural feature *Unbreakable*. *Split*, starring James McAvoy, centers around a man suffering from dissociative identity disorder (DID), an extremely rare form of mental psychosis that was previously known as “split personality disorder”. McAvoy’s character rapidly and uncontrollably switches between 24 identities (known as “alters”), one of which manifests as a nonhuman entity with super-strength. The character’s struggles with his mental illness prompt him to kidnap and torture 3 teenage girls, 2 of which die in the process.

While *Split* made \$40 million in the box office and McAvoy was praised for his haunting yet captivating performance, the film received a good deal of backlash from both medical professionals and those living with DID, many of which stated that Shyamalan inaccurately represented individuals with DID and stigmatized a disorder that is already elusive in the public eye. “You’re going to upset and potentially exacerbate symptoms in thousands of people who are already suffering,” psychiatrist Dr. Garrett Marie Deckel told CNN. Deckel specializes in the study of dissociative identity disorder at Mount Sinai’s Icahn School of Medicine, and speaks of an incident only days after Shyamalan’s film came out in which “...a patient of mine with DID emailed me and asked, ‘Do I ever scare you?’” Mental health experts and patients alike warn against watching the film without heavily researching DID first, out of concern that viewers will allow this negative connotation to affect their perception of the disorder.

Dissociative identity disorder was formerly referred to as “split personality disorder” or “multiple personality disorder” until more research was conducted in the late 2000s. DID is described by the National Alliance on Mental Illness (NAMI) as, “a disorder that forms when someone, often a child, is unable to cope with their current or past reality -- often because they experience a traumatic situation such as abuse.” In order to cope with trauma, the brain can form separate states of consciousness that take turns operating the body. This operation is known as “fronting.”

DISSOCIATIVE IDENTITY DISORDER: MYTH VS. REALITY

By Bella Horn

These states of consciousness, known as “alters,” often have separate names, gender/sexual identities, traits, mannerisms, and memories from the state of consciousness that the body was born with, known as the Host. Alters are each separate beings that operate within one body, and their collective existence is referred to as “a System.” While every System does have an “original” alter—DID is a disorder that develops through trauma and not one you can be born with—these are referred to as Hosts instead of “originals” out of respect for the legitimacy of the other alters. Nin, a Host of a DID System and owner of the DID activism platform DissociaDID, explains this through the following tasteful metaphor: “If a plate drops and breaks, which is the original piece? None of them. And it isn’t a functional plate until all the pieces are put together. That’s the way Systems are.”

To read more about alters, their roles, and why specific alters are created, click [here](#).

Shyamalan’s film was accurate in the ways it depicts the basics of DID: James McAvoy’s character underwent crippling childhood trauma, and formed his 24 alters as ways to cope and live with that trauma. While the alters are all aware of one another’s existence and one may refer to the others while fronting, the character’s alters each possess different amounts of information about the inciting trauma. This is all representative of what the disorder is actually like. However, one component is blatantly inaccurate.

In the film, the system’s 24th alter is a nonhuman creature with supernatural abilities. It is completely incapable of human function including empathy, and is shown climbing walls, ripping metal with its bare hands, and killing two young girls through cannibalistic methods.

While clearly designed to scare the audience and not offend, this plot device sends both inaccurate and harmful messages about DID to the audience. While the disorder may seem “supernatural” to some, DID does not give people enhanced or nonhuman abilities. Suggesting that this is possible adds a fear component to the public’s already limited knowledge of this disorder. People are often afraid of or unnerved by things they don’t understand, and adding inaccurate information into the mix isn’t helpful to anyone.

So what can be done about it? As with everything, the key to abolishing DID stigma is more education and awareness! While only 2% of Americans and 1% of global citizens struggle with dissociative identity disorder, hundreds of thousands of individuals live with this complex disorder. It’s important to understand that people with DID are members of society just like everyone else, and the more that can be done to help them function efficiently the better. This starts with diminishing fear-based stigma through a greater knowledge of DID causes, characteristics, and terminology.

Social Media Accounts With Helpful Information:

- DissociaDID (YouTube)
- MultiplicityAndMe (YouTube)
- “I Spent A Day With People With DID” - An Interview by Anthony Padilla (YouTube)
- @the_lunarsystem (TikTok)
- @gliitches (TikTok)



3 EASY-TO-FOLLOW RECIPES FOR WHEN YOU'RE FEELING DOWN (WITH A PINCH OF SARCASM)

By Ronan Berger

Staying positive can be tough, but why not hone your cooking skills while making a delicious snack or meal? Here are three easy-to-follow recipes I totally did not steal from my mom's cookbook. Also, I'm by no means a cook whatsoever, although I can make a mean grilled cheese that I'm extremely proud of.

1. Griddle Hamburgers/ Cheeseburgers / Veganburgers

Serves 4 | 30 minutes

Ingredients:

1½ pounds (80% lean) ground beef (for vegetarians/vegans, I recommend impossible "meat" patties--I'm not even vegetarian, but I've had them before and they're legitimately good+healthy and still have protein)

1 teaspoon salt

2 teaspoon vegetable oil

8 slices of a cheese of your choice (optional),

Recommended Cheeses:

Monterey Jack--classic burger feel and taste, lowkey feels like you grabbed the burger from Santa Monica or Ventura.

Smoked Gouda--my personal favorite, it gives the-your-dad's-barbeque-vibe if you know what I mean.

American Cheese--For some reason most people like this cheese on burgers, not much else to say.

1 copy of the Communist Manifesto (Karl Marx) (optional)

Back to the recipe

-Throw the salt, pepper, and meat in a bowl and mix. Using Leninism and The Communist Manifesto (Karl Marx), divide the beef into four equal pieces for each general in your milit-I mean, family members.

-Shred your cheese of choice.

-Take a pan or skillet and dump your oil in. Heat the oil on medium/high until smoking. Don't let it smoke too long, or the fire alarm will go off and you'll receive semi-permanent ear damage and your family might hate you. Put the burger portions in the skillet until the bottoms are dark brown (around 3 mins.), then flip them over and wait another 3 mins., or longer if you prefer a different style.

-Assemble your burger faster than when the Avengers show up in Endgame, and ration out each burger to your family members. Additionally, you can eat them all and go Mussolini mode.

2. Spaghetti+Meatballs (aka Swaggetti and Memeballs/Swaggetti Yolognese)

Serves 4 | 45 minutes

Ingredients:

2 slices sandwich bread (or pretty much any bread)

⅓ cup buttermilk

¾ pound ground beef

¼ cup grated Parmesan cheese

2 tablespoons minced parsley (optional, to be honest it's just for looks and/or your Instagram stories)

1 egg yolk

1 garlic clove minced (if you have little to no experience mincing things, make your parents do it until you can safely do it without chopping your fingers off)

Salt+pepper

Vegetable oil

4 cups tomato sauce (From tomato town, or brand of choice)

1 pound Spaghetti (Swaggetti)

1 T-34-85 tank (optional)

-Dump 4 quarts of water in a big pot.

-Methodically dismantle the outer crust of the bread and discard. Then tear the bread into small pieces (like when Thanos snapped his fingers in Infinity War and half the world population disintegrated into little pieces, yeah that small). Mix the buttermilk and bread pieces with a fork in a bowl until you get a smooth paste.

Get your beef, pork, Parmesan, parsley, yolk, garlic, $\frac{1}{8}$ teaspoon pepper, and $\frac{3}{4}$ teaspoon salt and yeet them into the bread mixture bowl. Stir until combined and the meat is completely covered in paste. Form your memeballs (usually makes 12) by rolling them between your palms. Alternatively, you can utilize your local T-34-85 tank to roll out and shape the memeballs. Your 12 memeballs should have a diameter of $1\frac{1}{4}$ - $1\frac{1}{2}$.

-Take your 2000-year-old ancient authentic Italian vegetable oil that you paid over \$500,000 to import to the U.S., and pour onto a skillet until it's about $\frac{1}{4}$ of an inch deep. Heat until simmering at medium to high heat. Take your recently T-34-85 rolled memeballs and put them in the pan until golden brown on all sides. Transfer them onto a baking pan or a plate.

-Empty the skillet of oil (or slurp it since it was extremely expensive, don't burn your mouth though). Get your (just wiped out) tomato town sauce and simmer at medium heat. Drop the heat down to low once simmering, and then add your memeballs. Keep simmering for another 5-7 minutes.

-Improve your declining multitasking skills by starting the swaghetti while the memeballs simmer. Put your swaghetti in the pot mentioned at step 1 and add 1 tablespoon of salt while stirring. You'll know you're a genuine Italian once your pasta is soft on the outside but somewhat firm on the inside--"Al Dente". *Does the Italian hand thing*

Continue to stir.

-Drain your swaghetti and put it back in the pot. Stir your tomato sauce into the spaghetti and equally divide into 4 bowls or dishes (not using the Communist Manifesto this time, we

are in fascist Italy anyway). Top with memeballs, Parmesan, and parsley.

3. Cookie Dough (non salmonella variant)

6 servings (aka gone within 3 days) | 15 minutes

There might as well be a dessert in here, and who doesn't love cookie dough? I wanted to keep it simple this time so here we go...

Ingredients:

$\frac{3}{4}$ cups white flour

$\frac{1}{3}$ cup salted butter

$\frac{1}{3}$ cup brown sugar

3 tablespoons white granulated sugar

1 teaspoon pure vanilla extract (put 2 in because you can never have enough vanilla)

1 tablespoon milk (1%, 2%, whole, it doesn't matter)

$\frac{1}{3}$ cup mini chocolate chips

1 CD of Smooth Criminal - Michael Jackson (optional)

-Preheat your oven to 350F and spread the flour on a baking sheet

-Melt the butter in a pan until it's about 75% melted and set aside in a bowl to cool similarly to your priorities

-Toast the flour for 5-7 minutes like when Anakin burned on Mustafar; let cool until room temperature

-Combine the melted room temperature butter with the brown and white sugar in a medium bowl. Using your newly found smoothness knowledge, stir until smoother than criminal (good song) and then add your vanilla, salt, and milk. Continue to stir, then put the flour and chocolate chips. Combine and then either cool the dough or eat it straight away. I'm personally a cooled fan (like you care), but you do you.



ONE IN FIVE...

By Antioch Cho

A typical 8th grade classroom of 30 students may have six of them living with a serious mental health condition. There is an extremely high chance that every day you go to school, you sit next to someone who struggles with a mental health condition; or maybe that someone is you.

In fact, according to the U.S. News & World Report: *One in every five children is living with a serious mental health condition...Approximately 50 percent of students age 14 and older with a mental illness drop out of high school. Ninety percent of all suicides are due to treatable mental health conditions. Suicide is the second leading cause of death in teens and young adults.*

There are multiple types of mental health conditions that afflict youth, and many believe that medication is an effective way of treating many of them. However, there are some parents that disagree and point to the side effects of these medications. This article will be delving into the side effects of mental health medications in children. To understand the many effects that mental health medication may have in children, it is important to be informed on the various categories.

ANTIDEPRESSANTS

Antidepressants are a type of medication generally used to treat clinical depression, but can also be used for anxiety, pain, or insomnia. According to the [National Institute of Mental Health](#), "all antidepressant medications work about as well as each other to improve symptoms of depression and to keep depression symptoms from coming back." Additionally, some respond better to antidepressants than others for reasons doctors do not yet understand. Because of this, it is essential to know that some may need to try several different medicines to find the one that works for them. In some cases, people taking antidepressants may feel as if their symptoms have faded or that they are "cured," and stop taking the medication too soon without consulting their doctor, possibly causing their depression to return.

While people do not typically get addicted to antidepressants, stopping too abruptly may cause withdrawal symptoms. Moreover, certain antidepressants may cause more side effects than others so doctors prescribe various medications to find the one that decreases patients' symptoms and only causes side effects that they are able to personally manage. Some serious side effects include: thoughts about suicide or dying, new or worsening depression or anxiety, panic attacks, mania, or other unusual changes in behavior or mood.

ANTI-ANXIETY

Another class of medications are anti-anxiety medications, which help reduce the symptoms of anxiety such as panic attacks, or extreme fear and worry. The most common type of anti-anxiety medications are called benzodiazepines, which are used to treat generalized anxiety disorder, or as second-line treatments used in conjunction with antidepressants to treat panic disorder or social phobia. They are effective at alleviating anxiety and take effect quicker than antidepressants but the problem with benzodiazepines is that people may gain increased tolerance and require higher doses to achieve the intended result, causing people to become dependent on this medication. To avoid running into these issues, doctors usually prescribe benzodiazepines for short periods of time. Because of this, benzodiazepines, like antidepressants, should be weaned off of slowly to avoid withdrawal or a resurgence of anxiety. Like all medications, benzodiazepines can cause varying levels of side effects. Some worrying side effects of anti-anxiety medications are: yellowing of the skin or eyes, seizures, depression, or thoughts of suicide or harming yourself.

STIMULANTS

Stimulants increase a user's alertness, attention, and energy, but also elevates their blood pressure, heart rate, and respiration. Stimulants are primarily prescribed to people diagnosed with Attention Deficit Hyperactivity Disorder (ADHD), a condition where people have difficulty paying attention, since it has a focusing and calming effect. It is also prescribed to people with narcolepsy, and depression in rare cases. Although stimulants are supposed to be safe when used under a doctor's supervision, some children may feel strange or slightly different, and parents worry that stimulants can lead to drug abuse or dependence.

However, research has shown that teenagers with ADHD who took stimulants are less likely to abuse drugs or other addictive substances than those who did not take them. Stimulants may cause some side effects, which lessen or disappear with a lowered dosage. Some alarming side effects of stimulants include: difficulty falling asleep or staying asleep, motor tics or verbal tics, or personality changes, such as appearing flat or without emotion.

ANTIPSYCHOTICS

The primary focus of antipsychotics is to manage psychosis, conditions of the mind, where patients lose touch with reality and experience delusions or hallucinations. Psychosis can be caused by a physical condition or a mental disorder like schizophrenia, bipolar disorder, and psychotic depression. Antipsychotics are often given with a cocktail of other medications to alleviate symptoms of dementia, delirium, and mental health conditions including: Attention-Deficit Hyperactivity Disorder (ADHD), Psychotic Depression, Eating Disorders, Post-traumatic Stress Disorder (PTSD), Obsessive-Compulsive Disorder (OCD), and Generalized Anxiety Disorder. It is important to keep in mind that antipsychotics do not exactly cure these conditions. Rather, they help to relieve symptoms and improve the patient's quality of life. With antipsychotics, different symptoms go away at different times, from within days to a few weeks or more for complete effects to take place. Everyone responds differently to medications, so it may take a series of trial and error to find the one that works best for that specific situation. A common problem occurs with patients having a relapse, where symptoms return or worsen. Relapses generally occur when the patient halts the usage of their medication, take it inconsistently, or the incorrect required amount. When stopping antipsychotics, one should gradually taper off and not rush. Antipsychotic medications have a multitude of different side effects and risks, some being more serious than others.

Some of the side effects that parents may be concerned about are: low blood pressure, uncontrollable movements, such as tics and tremors, seizures, a low number of white blood cells, which fight infections, rigidity, and persistent muscle spasms.

MOOD STABILIZERS

The primary use of mood stabilizers are to treat bipolar disorder, mood swings associated with other mental disorders, and to sometimes augment the effect of other medications used to treat depression. Lithium, an effective mood stabilizer, is approved to treat mania and is a maintenance-treatment for bipolar disorder. Mood stabilizers work by decreasing abnormal activity in the brain and can be used to treat depression (usually along with an antidepressant), Schizoaffective Disorder, disorders of impulse control, and certain mental illnesses in children. Mood stabilizers can cause several side effects, some very serious, especially at excessively high blood pressure levels so patients should be monitored to avoid thyroid or kidney damage. Some of the most concerning side effects of Mood Stabilizers include: fast, slow, irregular, or pounding heartbeat, blackouts, changes in vision, seizures, and hallucinations.

PARENTAL CONCERNS

Research shows that these medications are a useful and effective facet of treatment for many mental health conditions. Yet, doctors are sometimes met with extreme parental concern and sometimes even anger. This is due to a certain stigma that surfaces whenever mental health medications are mentioned. Different religions and schools of thought have different reasonings as to why they have a disdain for mental health medications. Certain religious organizations oppose the idea of mental illness, while other opponents are concerned about antidepressants in particular because they have been linked to increased suicidal thoughts in some cases.

However, according to U.S. News & World Report, “untreated depression is linked to completed suicide.” This means that while antidepressants may cause suicidal thoughts and, as a result, suicide, untreated depression has the same effect. A large reason why parents may dislike stimulants is that they fear that their child’s personality will be altered by the medication. Another important factor is the addictive quality of stimulants, and that some believe that taking prescription stimulants leads to later substance abuse. These claims about stimulants are partially true; however, other factors may come into play as well.

INTERVIEW WITH AN EXPERT

Bradley Ogden Hudson, PsyD, ABPP, is a Board Certified Child and Adolescent Psychologist, and Clinical Professor of Pediatrics in the Department of Pediatrics of the Keck USC School of Medicine. What he had to say about the addictiveness of stimulants was that, “Psychiatrists should also be trained to treat drug or alcohol problems. So those physicians should be very good at making sure addiction doesn’t happen.” He also highlights a sometimes overlooked benefit of proper treatment, saying, “Research shows that kids that need ADHD medicines have less likelihood of having problems with drug or alcohol addiction if they get the proper treatment when they are young.”

Another worry parents commonly have is that their child’s personality might be changed by stimulants. According to the [Child Mind Institute](#):

ADHD medications should not change a child’s personality. If a child taking a stimulant seems sedated or zombie-like, or tearful and irritable, it usually means that the dose is too high and the clinician needs to adjust the prescription to find the right dose. If a child is taking the lowest possible dose that’s effective for him, and still gets moody or irritable, some other kind of treatment should be tried. There is a small subset of children who react this way, and it usually happens right away, as soon as they start taking the medication, and goes away immediately when they stop taking it.

The above article highlights the importance of

taking mental health medications under the strict supervision and guidance of a doctor or mental health professional. Moreover, a study conducted by the Seattle Children’s Hospital has shown that combining multiple mental health medications at the same time can cause more side effects. When asked about the effects of combining multiple medications, Dr. Hudson states, “Medications have a lot of interactions with one another, and they need to be managed really carefully, as you don’t want to overwhelm the body with too many different medications at once. Very few mental health conditions go all alone by themselves, we call them coexisting problems.” He elaborates on this, using depression as an example of a coexisting problem, saying, “Depression doesn’t usually just go by itself, it goes along with other problems, from anxiety to ADHD to cancer.” He also points out the qualifications needed to treat these problems adequately, saying, “So these things can pile up on top of one another, and then the medicines can pile up on top of one another. The doctor must be qualified to make sure these medications can coexist. Experts that have specialized training are the ones you’d generally want to see.”

OTHER METHODS OF TREATMENT

Up until now, this article has only considered medication, but there are multiple ways to tackle mental health conditions. The first step is always to understand the problem, as mental health issues are more complex than a simple cut on your hand, which is superficial and can be easily treated. Conversely, mental health problems generally come with a multitude of factors that are not easily seen on the surface. Once the condition has been identified, the two most common forms of treatment for children are counseling and medication used in conjunction. Hudson gives an example of this, saying:

The most common mental health condition in children is anxiety, and if the kid has anxiety and needs more treatment, there are two paths. One of which being Cognitive Behavioral Therapy, where the therapist and the child talk about their feelings and try to change the way they feel by changing the way they think. This works 70 percent of the time. The anxiety does not go away, which is a good thing, as the goal

isn't to get rid of it; but to make it bearable. On the other side of the coin, medication is used, which also has very positive outcomes, with 70 percent effectiveness again.

Practitioners know of these statistics, and that it can be helpful to use both medication and counseling on a patient, but there has not been much research on how to sequence it. Meaning that we are generally unsure whether to use medication first, or to begin with Cognitive Behavioral Therapy, or to start both at the same time, and so on. This is being researched by Children's Hospital Los Angeles, with a three-year research project titled the SMART study. Dr. Hudson is proud to be a part of this project studying children aged 8-17, from all across LA County. He points out the extraordinary amount of work these students have to do, saying, "It's a lot of work for the students, because not only do they have to do the therapy or take the medication, but they have to do things like fill out research questionnaires every week or two. So the study is called the SMART study because it stands for Sequential Multiple Assignment Randomized Trial, but also because we believe our children are very smart."

It is evident that mental health medications can be tremendously useful and effective in the treatment of mental health conditions. It is also clear that they can have serious side effects and must be taken under the supervision and guidance of a qualified professional. However, medications are only one facet of mental health treatment and other methods or treatments exist and explore factors such as: diet, hormonal imbalances, spirituality, family dynamics, emotional issues, exercise, and more, and are worthwhile to look into.

YOU CAN'T HATE SOMEBODY ELSE

By Cora Burch

Body-shaming is a major issue among teenage girls, who often experience extreme criticism due to the added pressure society puts on women to look “perfect.” This form of bullying, common in schools and “friend groups,” can be the cause of anything from self-hate to an eating disorder. Although bullies often single out the over or underweight to body-shame, the perfectly healthy can be driven to an incredibly unhealthy state with minimal effort from bullies. Even small, thoughtless comments pointing out a difference in weight or clothing can cause far more damage than many people think.

“It was mostly about my appearance,” 13-year-old Hannah Malley says about her experience with bullying in elementary and middle school. “Now that I think about it, it was almost always about my appearance...about my face, or my body, or something like that.” Malley explained that her friends’ criticism of her appearance influenced her to dress and act differently in third grade, but she didn’t start altering her diet until middle school. “At the end of fifth grade...it became about my body...about how I looked ‘pregnant’...In the beginning of eighth grade, I started to try to change myself by not eating, going on diets and exercising to a really unhealthy point.”

According to National Association of Anorexia Nervosa and Associated Disorders (ANAD), a nonprofit dedicated to helping those with eating disorders, **46% of 9-11 year olds are often on diets, and around 40% percent of adolescent girls “engage in crash dieting, fasting, self-induced vomiting, diet pills, or laxatives.”**

Billboard or social media ads for unhealthy fat-removal treatments, diet suggestions or simple “beauty hacks” aren’t helping; these are very common contributors to the poor mental and physical health of young women.

When asked if any of her friends were bullied, Malley explained that she heard about her friends’ experiences “after the fact.” She said that, “all the people [she] [knew] that were bullied...now have serious problems with eating or just a lot of self-hate in general.” Two of her friends were sent to hospitals for help when their parents began to notice problems. “They were almost dead,” Malley said. “They were all bones...it was very self-destructive.”

While her friends did not actively seek help, Malley did. “I think I’m probably lucky...I was aware enough to realize that I needed help.” She explained that her parents didn’t notice she was struggling, so she started trying to eat more regularly. “I kind of had to take action myself.” Malley said.

Those dealing with eating disorders often don’t open up about the problem, allowing issues to go unnoticed and the disorder to get worse and harder to control. **Girls especially are often pressured to keep issues like this private.** This is often because they don’t want to be seen as an “attention-seeker” or if bullying is the cause of their eating disorder, they fear that they will lose who might be their only friends (even if their friends are the ones bullying them). Some people with eating disorders can also find the idea of seeking help undesirable, if they believe that the unhealthy dieting is necessary. I asked Malley what she thought schools could be doing to protect their students from eating disorders, by stopping things before they spiraled too far down. Malley said that, “If [teachers] notice something, even something that seems a little off, they should probably try to do something about it. I know that seems simple, but a lot of schools don’t care.” It is important that people dealing with eating disorders are getting access to the help they need; there are hundreds of organizations offering assistance, but not everyone knows where to go. Schools could be providing resources here.

I asked Malley if she had any advice for people dealing with eating disorders. “I have...*body dysmorphia*,” Malley said. “If you’re struggling with an eating disorder, a lot of people also struggle with body dysmorphia, so I would just say, try to look at yourself as a different person. When you look in the mirror...think that the person in your head is different from the person that you see outside, because you can’t hate somebody else.”