

# CHAPTER

# MENTAL HEALTH

#MentalHealthMatters

"It is during our darkest moments that we  
must focus to see the light."

– Aristotle, *ancient Greek philosopher*

**MY STORY:** Emma Paola, 15 years old, she/her, USA

*In the last couple of years, I've dealt with major depression, an eating disorder, a drug problem, and three suicide attempts. To say I'm lucky to be alive is an understatement!*

*I think it really started during my freshman year of high school. I'm sure that these issues were bubbling beneath the surface before then, but the pandemic struck and everything about my life went out of whack. I think I started to restrict my eating as a way to gain control over my life, which felt like it was spinning out of control. But the less I ate, the more I hated myself. My mind just couldn't function properly – for that matter, neither could my body! I really couldn't tell when I was hungry and before I knew it, I was eating very little and I was diagnosed with anorexia.*

*I didn't start to get treatment for my eating disorder until the first time I tried to take my own life. I'm not sure why I did it, but I really didn't want to live. That first hospitalization was short and not all that helpful. But when I ended up in the hospital again after another attempt, I started to get scared. In intensive care treatment, there were other patients in far worse shape than I was. I could see that things could get worse if I didn't actually try to get better.*

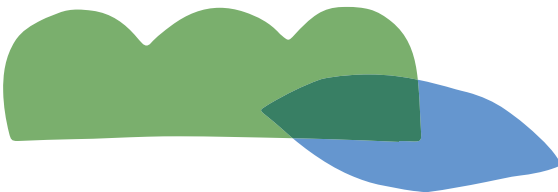
*My road to recovery has been rocky. It was when I ended up in a treatment center the last (third) time that healing began to set in. I really bonded with some of the providers and the other girls there. The company of the other patients was really welcome and for one of the first times in my life I felt like I wasn't the only "crazy" person I knew. One of the nutritionists at the center would eat lunch with us. She talked with us while we ate and focused a lot on how food was needed to nourish our bodies. She explained the biology and also reminded me that my body had never done anything bad to me and I needed to take care of it – not starve it. I also learned about radical acceptance during treatment and came to start to accept my body and myself.*

*The psychological aspects of my treatment have been important, but I think the real turning point for me was when I started to take*

*lithium. My mom is from Afghanistan and had very strict Middle Eastern parents, which left her with very strong and adamant beliefs about some things, including medical intervention when it isn't "necessary." But it became obvious that I needed help beyond what therapy or even a treatment center could offer. When I'm not on lithium, my suicidal ideation gets worse. In an interesting way, lithium also helped my eating disorder recovery. Not only could I deal with life better, but I need to eat to take the medication, or I'll get a really upset stomach. Now my mom refers to the "before Emma" and the "after Emma" – before and after lithium. She understands how much medication has helped me (which isn't to say that this is a "cure" for everyone I know).*

*My relationship with my parents has been through a lot these past couple of years. My dad was always the rock in our family; he was always happy and stable. My mom and I are more similar and used to fight a lot. Through treatment, I've come to understand that when a kid does stupid stuff like develop an addiction to weed, her parents are going to try to protect her and get her to change her behaviors. I hated my parents for getting involved in my life, but I came to respect them and understand their perspective. My parents and I found a way to release our resentments and rebuild our relationship.*

*When I was consumed by mental illness, I was so angry. I felt anger towards everyone and everything. Recovery has required me to focus more on other people's perspectives and to have empathy for both myself and others. We're all imperfect. I had to forgive myself for being imperfect. I also had to forgive others. Perhaps, the biggest lessons I've learned are that we all struggle, we all need help, and we all deserve love and forgiveness.*



Although most of us are unlikely to struggle with our mental health the way that Emma has, many of us have mental health vulnerabilities and may need support to maintain good mental health across our lives. In this chapter, I discuss mental health beyond eating disorders, because our body image and mental health are intricately linked. One inevitably affects the other. I focus on some common mental health problems that are likely to be associated with body image: depression, anxiety, and substance use disorders.

### IN THIS CHAPTER YOU'LL LEARN

- about the causes and symptoms of depression, anxiety, and substance use disorders,
- how these mental health problems are associated with body image, and
- treatment options for depression, anxiety, and substance use disorders.

## Prevalence

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Mental health conditions are incredibly common, especially when it comes to teenagers and young adults these past few years. The pandemic that began in 2020 has had a serious effect on mental health.

Even before the pandemic, there was an increase in mental health concerns among young people. For example, from 2009–2019 the number of 14- to 18-year-olds in the USA who reported feeling sad or hopeless increased by 40%, and those that reported considering suicide increased by 36%. Some research suggests that depression and anxiety doubled among youth around the world during the pandemic; one in four reported symptoms of depression and one in five reported symptoms of anxiety. In fact, mental health issues are leading causes of illness and disability among youth and suicide is a leading cause of death among 15- to 19-year-olds.

Body image is linked with nearly every mental health concern young people experience and is important to understand because of its contributions to mental health in general.

## What is depression?

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I'm sure you've felt sad before, and maybe even depressed. **Depression** is the most common psychological disorder, and it can be incredibly debilitating, resulting in physical, cognitive, and emotional symptoms. Symptoms

may include feeling tired all the time or being unable to sleep, extreme hunger or a lack of appetite, changes in weight, headaches and nausea, or irritability and moodiness. Depression may lead a person to have a difficult time concentrating or completing tasks. Depression is often revealed in feelings of worthlessness and despair, as if life is not worth living. It can be mild and last for a few months, or it may be severe and last for years. Sometimes depression comes and goes across a person's life and sometimes it follows intense life experiences, such as loss of a loved one. Women are much more likely to experience depression than men.

A mental health concern similar to depression that you may have heard about is **bipolar disorder** (aka, manic-depression). An individual who experiences bipolar disorder may alternate between relatively extreme mood states: sadness, low energy, and despair and periods of high energy and mania. It is also typical for people with bipolar disorder to experience periods of "normal" mood, known as **euthymia**. Bipolar disorders may manifest differently for different people and may involve a variety of complex symptoms.

## Depression–body image connections

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For many years, doctors and scientists have investigated connections between depression and body image. There has appeared to be a chicken and egg problem – which comes first, the depression or body dissatisfaction? It seems that both may be true; depression may cause body dissatisfaction and body dissatisfaction may cause depression. Certain personal qualities and circumstances can lead us to be vulnerable to both.

One recent study suggests that body dissatisfaction leads to depression, but this is more likely to be true for people who are relatively heavy and dissatisfied with their bodies. There is also evidence that puberty is a trigger for both body image and depression, particularly among girls. Puberty leads girls to gain weight and become curvier, but these are not necessarily welcome physical changes for all girls. It also appears that body dissatisfaction and depression are more common among women who have recently had a baby. The complex physical and hormonal changes that accompany pregnancy are likely part of why this occurs. As women age and their bodies continue to change during menopause (a transition that typically begins during women's 40s and may continue into their 50s), body dissatisfaction can contribute to depression.

Not only do physical changes heighten body dissatisfaction and depression; some of us are just more prone to experience both. Some research suggests that people who are more sensitive and prone to worry are more likely to experience body dissatisfaction and depression, while being extraverted may be protective. Further, social support – for example, loving, supportive parents and friends – may prevent or ease body dissatisfaction and depression.

## Treatment options for depression

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The development of depression (or any mental illness) is not a person's fault. No one wants to suffer from sadness, hopelessness, or any of the other symptoms that accompany depression. Fortunately, there are effective treatments for depression.

If you or someone you know is experiencing depression, the first treatment option worth pursuing is therapy. There are many different types of therapists and approaches to therapy, but what is most important is finding a therapist that you are comfortable with. It is valuable to ask a potential therapist about his or her training, therapeutic orientation, and experience treating depression. There is a great deal of research to suggest that **cognitive behavioral therapy** is among the most effective approaches to treating depression. This form of therapy focuses on changing thoughts (cognitions) and behaviors that contribute to depression. It is a practical approach to therapy in that it focuses on the here and now and how to improve people's current mental health. There is limited (if any) focus on early developmental experiences in cognitive behavioral therapy.

Sometimes the start of therapy can be difficult and people find discussion of their problems challenging and emotional. It is usually important to stick with therapy for several weeks (if not months or years!) to fully reap the benefits. For some people, even a few sessions of therapy may be helpful, however.

**Antidepressant medication** can be helpful in addition to (or sometimes instead of) therapy. You've probably heard of different brands of antidepressants including Prozac, Zoloft, Lexapro, and Effexor, but there are many other options as well. Different types of antidepressants are designed to affect different neurotransmitters in the brain (e.g., serotonin), which then tend to lead to improvements in mood. Most antidepressants can take at least four weeks to take effect. There are varied benefits and side-effects associated with different antidepressants. Common side-effects include nausea, headaches, and dizziness. Most people adjust to these side-effects and benefit

from antidepressants. They may feel more optimistic, less sluggish, and of course, happier. Some people need to try a few antidepressants before they find one that works well for them without bothersome side-effects. People who experience bipolar disorder are often treated with different medications that have a more mood stabilizing effect; this is part of why proper diagnosis is so important. Although many primary care doctors will prescribe antidepressants, for some people it is helpful to meet with a psychiatrist (a medical doctor especially trained in the treatment of mental illness) to discuss symptoms, side-effects, dosage, and different types of medications.

### MYTHS AND MISINFORMATION:

People only commit suicide when they are seriously depressed, so it is pretty predictable.

Depression and suicide are most definitely linked. But it isn't accurate to say that suicide is predictable or *always* a result of depression.

Suicide is viewed as a real public health concern and there's some evidence that the rates of suicide have risen in the twenty-first century. According to the Centers for Disease Control and Prevention in the USA, suicide rates increased 30% between 2000 and 2018. Further, suicide is the second leading cause of death in the USA among tweens, teens, and young adults (ages 10–34; of course, this is partly because other causes of death that become prevalent with age such as cancer, stroke, and heart disease are unlikely among young people). Further, according to the World Health Organization, every year more than 800,000 people worldwide die by suicide. Researchers suspect that for every one person who dies by suicide, 25 people attempt suicide. Suicide is preventable and it is important to know the signs to look for.

Depression, schizophrenia, and bipolar disorder are all serious mental illnesses that have been associated with suicidality. Further, substance use disorders, experiences of violence and victimization, and poverty place individuals at risk for suicidality. Improvements to social support systems and increased access to medical and mental health care can reduce the negative effects of poverty, violence, and mental health problems. These sorts of societal changes are difficult to enact, however.

If you or someone you know is struggling with serious mental illness or any of the other risk factors I've mentioned, it is critical to seek help. Both therapy and medication are likely necessary for successful treatment. It is also essential that anyone who may be considering suicide does not have access to guns or medications that may facilitate death by suicide.

## How Depressed Are You?

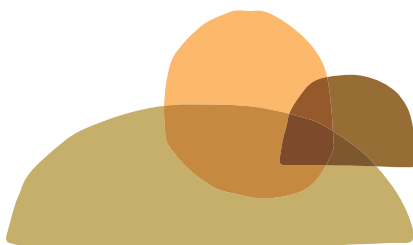
You can assess your own depression the way that scientists measure depression using the Center for Epidemiologic Studies Depression Scale. Read each item and indicate how often you've felt this way **during the past week**.

	Rarely or none of the time (less than 1 day)	Some or little of the time (1–2 days)	Occasionally or a moderate amount of the time (3–4 days)	Most or all of the time (5–7 days)
1. I was bothered by things that usually don't bother me.	0	1	2	3
2. I did not feel like eating, my appetite was poor.	0	1	2	3
3. I felt that I could not shake off the blues even with the help from family or friends.	0	1	2	3
4. I felt like I was just as good as other people.	3	2	1	0
5. I had trouble keeping my mind on what I was doing.	0	1	2	3
6. I felt depressed.	0	1	2	3
7. I felt that everything I did was an effort.	0	1	2	3
8. I felt hopeful about the future.	3	2	1	0
9. I thought my life had been a failure.	0	1	2	3
10. I felt fearful.	0	1	2	3



	Rarely or none of the time (less than 1 day)	Some or little of the time (1–2 days)	Occasionally or a moderate amount of the time (3–4 days)	Most or all of the time (5–7 days)
11. My sleep was restless.	0	1	2	3
12. I was happy.	3	2	1	0
13. I talked less than usual.	0	1	2	3
14. I felt lonely.	0	1	2	3
15. People were unfriendly.	0	1	2	3
16. I enjoyed life.	3	2	1	0
17. I had crying spells.	0	1	2	3
18. I felt sad.	0	1	2	3
19. I felt that people dislike me.	0	1	2	3
20. I could not “get going.”	0	1	2	3

*To score this measure, sum up your responses. The possible range of scores is 0–60, with higher scores indicating more symptoms of depression. A cutoff score of 16 is often used to indicate mild but significant depression.*



**EXPERT ADVICE:**

Dr. Deborah Sepinwall, clinical psychologist, Providence Psychological Services, USA

*“As a psychologist, one of the common struggles I explore with my clients, many of whom are college age, is the difficulty they have seeing themselves as they are. This is especially true in the context of body image issues. I am reminded of a bumper sticker I once saw which read, ‘don’t believe everything you think.’ However well meaning, our minds are not always our most trusted guides. Anxiety can be protective and adaptive or excessive and erroneous. Relating to our misguided thoughts as though they are the same as the truth creates a downward spiral of negative thinking, reactivity, and emotional pain. My goal as a therapist is to help my clients understand the mechanisms of their anxious minds so that they can become more discerning consumers of it and operate from a place of greater perspective. In doing so, they are free to live a life in service of their values and not in service of their anxiety.”*

## What is anxiety?

**Anxiety** and depression can go hand in hand (vulnerability to one may increase vulnerability to the other), but they are distinct mental health problems. Being anxious about something like speaking in public does not usually mean that you have anxiety; most people feel anxious before they speak in public. The experience of anxiety – for example, muscle tension, a racing heart, trouble concentrating – is familiar to most of us. If you feel this way often, however, this is obviously a very difficult way to live.

There are different types of anxiety disorders including generalized anxiety disorder (characterized by heightened anxiety often), panic disorder (characterized by intense panic attacks), phobias (fear of certain situations or objects), and social anxiety disorder (anxiety pertaining to certain social situations and interactions). Anxiety disorders share some common symptoms in that they tend to affect people’s ability to concentrate and focus, disrupt sleep, affect eating habits (leading people to eat more or less than is typical for them), and have a negative impact on people’s day-to-day

lives. People suffering from anxiety often experience a great deal of worry and muscle tension and have a difficult time keeping up with their daily routines at home, work, or school.

## Anxiety–body image connections

The reasons for a link between body image and anxiety are not entirely clear. It seems most likely that when people feel uncomfortable with themselves, they are more likely to feel that the world is a frightening place. In contrast, a sense of personal security that accompanies feeling comfortable in one's own skin can make the rest of the world a lot more approachable. One large study of adolescents found that body dissatisfaction was associated with later development of generalized anxiety and panic disorder. Other research suggests that anxiety leads to body dissatisfaction.

### EXPERT ADVICE:

Dr. Annie Aimé, psychologist and professor at the Université du Québec en Outaouais, Québec, Canada

*“In my clinical practice with individuals who report body image concerns, I often notice a relationship with anxiety and depressive symptoms. In fact, people dissatisfied with their body tend to fear what others may think of them or to believe they will be judged for not being able to ‘control’ their weight. Such fears are sometimes reflective of past body shaming and stigmatizing experiences. Thus, a big part of my work is to help them feel more positive and compassionate about themselves.”*

## Treatment options for anxiety

Similar to depression, anxiety can be treated with therapy, medication, or some combination of the two. Talking with a therapist can be a good first step towards coping with anxiety. A therapist can help you think through what's making you anxious and help you change habits and behaviors that may contribute to your anxiety. Cognitive behavioral therapy (CBT) is one of the therapeutic approaches with the most evidence suggesting its effectiveness for reducing anxiety. CBT can be effective in a relatively short

period of time; even as little as a few sessions or a few months' worth of sessions can be very effective. Finding a therapist that a person likes, feels comfortable with, and has some expertise treating anxiety is important to successful treatment.

Often, antidepressants are used to treat anxiety because they are effective treatments with relatively few side-effects. **Anti-anxiety medication** may also prove helpful. Similar to antidepressant medication, anti-anxiety medication seems to alter the chemicals in a person's brain and can make a person feel calmer and, well, less anxious. There are different types of medication that can be used to treat anxiety that is either chronic (generalized anxiety) or more acute (panic attacks). Medication can work wonders to alleviate anxiety, but often needs to be taken consistently across weeks to be effective and can cause side-effects including headaches, upset stomach, and drowsiness.

Stress management techniques, such as yoga and other approaches to mindfulness, can also help to reduce anxiety, but many people need more than this to cope with serious anxiety. It's important that you consider all these options if you are struggling with anxiety and seek out the support that makes the most sense for you. Oftentimes, people may want to "wait and see" if their anxiety or other mental health problems will resolve on their own because it can feel difficult or even embarrassing to ask for help. However, it is best to pursue treatment before a psychological problem becomes worse or affects more aspects of life.

## What are substance use disorders?

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Addiction, or **substance use disorders**, occur when a person is unable to control their use of legal (for example, alcohol or nicotine – the substance found in cigarettes) or illegal (for example, cocaine) drugs or medication. People with these disorders most likely use the substance they are addicted to daily or even several times a day. They tend to find themselves taking more of the substance over time to get the same "high" that used to come from taking less of it. People who experience addiction spend a lot of time, money, and energy getting their drugs of choice. Their addiction tends to interfere with their relationships with family and friends and may impede their ability to stay in school or hold down a job. People with addictions often engage in unsafe behaviors, such as driving while under the influence, and they may need to keep taking the substance they are addicted to in

order to avoid symptoms of physical withdrawal such as nausea, vomiting, body shakes, or body aches. Addiction may lead to accidental death (e.g., a drug overdose, alcohol poisoning, or a car accident) and is linked with a wide range of health problems such as liver disease.

## Substance use–body image connections

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The link between substance use and body image may not seem obvious, but substance use has been shown to be related to body dissatisfaction. Some scientists have suggested that body dissatisfaction may contribute to a lack of self-respect and self-care, which in turn can lead to everything ranging from disordered eating and sedentary habits to smoking, drinking, and drug use. When people don't value their body – or they've been taught by others that it is not valuable – they may be less inclined to engage in healthy habits and behaviors such as exercise and avoiding substances.

A more direct link between substance use and body image emerges when people use substances to try to alter their bodies, in particular, their muscularity. This is more common among boys and men than girls and women, but the use of supplements and even drugs such as anabolic steroids has become increasingly common in recent years; some research suggests that about 6% of the population uses steroids. Some people use steroids to improve their athletic performance, but others take these drugs *just* to alter the appearance of their bodies. However, at least one recent study indicates that steroid use may not even improve body image over time. Steroids are drugs with the potential to become addictive and, like all drugs, they can do tremendous physical and psychological harm to users.

Although not popularly conceptualized as “drugs,” diet pills (i.e., supplements you'd find in a pharmacy or vitamin shop) and prescription medications for weight loss are increasingly used by people who are dissatisfied with their bodies. Research suggests that 8% of adolescents have used these products. However, these pills can pose a number of health risks; side-effects including severe gastrointestinal distress have been reported. The bottom line is that there are good reasons to believe that these products are not safe for use among young people (and, in many cases, people of any age), and although they may not be addictive per se, they may pose physical health risks.

## MYTHS AND MISINFORMATION:

If you drink alcohol on the weekends with friends but don't drink during the week, you are just a social drinker and don't have a problem.

Problems with substance use are not always easy to define. There are definitely people who drink socially – a couple of drinks with friends a couple of times a week. However, it is easy to cross the line from social, unproblematic drinking to problematic drinking.

Just because you are drinking only on the weekends, does not mean that you don't have a problem. In particular, young people who compartmentalize their alcohol use – not drinking ever on certain days and drinking heavily on other days – may be more apt to binge drink. **Binge drinking** is defined as four drinks within two hours for women and five drinks within two hours for men. Binge drinking is sometimes referred to as alcohol *misuse* as opposed to *abuse*, but it is associated with neurobiological changes that can have serious consequences. For example, some recent research indicates that adolescents and young adults who drank more literally had smaller brains (especially the frontal lobe, which is responsible for planning, impulse control, problem solving, social interaction, and many other functions that allow individuals to become successful adults). In other words, substance use has the potential to detract from young people's ability to mature into capable, competent adults.

Alcohol consumption can lead to poor choices ranging from the decision to get in a car and drive while intoxicated to the decision to have unprotected sex. Most problematic is the link between binge drinking or alcohol misuse and later life substance use disorders. Young people sometimes think that they can just stop drinking when Monday rolls around or they graduate from college. But addiction doesn't work this way and it's hard to know when misuse will become addiction and a person's life will become seriously derailed.

If you find that drinking adversely affects other aspects of your life, leaves you feeling unwell, or seems to be a means of coping (e.g., with anxiety or body dissatisfaction), be sure you seek out treatment.



## Treatment for substance use disorders

Treatment from trained medical professionals, therapists, and even treatment centers is often necessary for a person to recover from an addiction. Although some people have success giving up an addictive substance like alcohol on their own, most people need professional help. For some people, a process of detoxification is necessary at the start of treatment. Detoxification involves ridding the body of the addictive substance and can result in withdrawal symptoms that may need to be treated using medication. Mental health counseling and behavioral therapies are the most common treatments for substance use disorders, whether the substance is alcohol or steroids. The aims of these approaches include understanding what led to the addiction, what contextual factors make the addiction possible, and development of strategies to avoid circumstances that may make avoiding the substance difficult. Therapeutic approaches challenge people with addictions to adopt new patterns of thoughts and behaviors that allow for a healthy, substance-free lifestyle.

In addition to the use of medication to manage withdrawal symptoms such as insomnia, headaches, body tremors, nausea, and irritability, some drugs can be used to manage cravings and to prevent relapse. Sometimes medication for depression or anxiety is an essential component of addiction treatment. If an individual is self-medicating with alcohol or drugs to cope with another mental health problem, whether it be depression or body dysmorphic disorder, treating the other mental health problem is essential.

### EXPERT ADVICE:

Dr. Diane Rosenbaum, professor, body image researcher, clinical psychologist, USA

*"We often compare our bodies to others that we see – on social media, in everyday situations, in movies, you name it! Focusing on what we believe we lack compared to other people can take a toll on our mental health. Research has shown that this type of thinking is associated with more negative emotions, less satisfaction with our bodies, and disordered eating. However, we have the power to make changes in how we think about our bodies. Loving our bodies, focusing on how much they do for us each day, and appreciating how they function is associated with positive mental health and well-being."*

## Mental health is health

Although this chapter only scratches the surface in its coverage of mental health, hopefully you have picked up on some themes throughout the chapter. Mental health is health. Mental health problems are common, partly biologically determined, and no one should be blamed or shamed for developing a mental health issue. Mental health problems are often comorbid, meaning that vulnerability to one (e.g., depression) places a person at risk of vulnerability to other disorders (e.g., eating disorders, substance use disorders). Mental health problems often require professional treatment, just like any other health problem. You deserve to feel good about yourself and positive about your life; if you don't, you deserve help.

### MY STORY: Lara Mia, 32 years old, she/her, UK

*I think that my body image is better than it used to be, but probably not as good as it could be. In the past, I felt that it was a failure to not feel good about myself, but now I think that feeling neutral is a better expectation for myself. Focusing on body neutrality means just not thinking about my body as much and not letting my dissatisfaction take up so much mental space.*

*My body dissatisfaction began early in life, and I've struggled with my mental health for many years. I grew up in a very diet-centric household. I have a vivid memory of being only eight years old and learning how to use a Weight Watchers "diet wheel" that showed foods that were "red" (bad), "yellow" (OK sometimes), and "green" (good). Of course, this wasn't what led me to develop an eating disorder, but the categorization and moralization of foods from an early age likely didn't help.*

*I was diagnosed with severe depression when I was 13 and during treatment for depression it became clear that my relationship with food was dysfunctional. At 15, I experienced inpatient mental health treatment for the first time, and this was when I remember*



really feeling heard and understood; however, I've struggled with depression and eating disorders for nearly 20 years. For so much of my adulthood, life has felt like hard work.

At 25, I was diagnosed with bipolar disorder. I had experienced mostly depression of varying intensity for years; manic episodes were few and far between, but they became more common as I got older. My fluctuations in my moods were more apparent to others and I had some intense manic episodes in my early 20s. During one of these episodes, I didn't sleep for days, I bought a car, I redecorated parts of my home, I set up a small business on Etsy, and I started to write a children's book. Emerging from that episode was like waking up the morning after a drunken night and trying to piece together what you've done. Since then, medication has helped to stabilize my moods.

I began taking medication in my early teens for my depression, but a change in medication in my 20s helped my moods to remain more even; they fluctuate but much more like a normal person's moods. I can still feel depressed sometimes and feelings of depression definitely impact my body image and self-esteem. I also notice that when I'm depressed, I don't always want to eat because it feels like a lot of work. When I'm manic, I also don't seem to want to eat because I'm distracted and busy doing a million different things. My mood and eating disorders can affect each other in ways that require me to be vigilant and engaged in treatment.

Fortunately, these days my boyfriend is an important source of support in my recovery. It also helps that I've gotten better about talking about my mental health and asking him for help. I wish I could tell my younger self that people want to help – let them help! I also wish I'd understood that the ground can fall away very quickly when disordered eating begins. Getting help right away is important and everyone deserves help. You don't need to be really ill to deserve mental health treatment.

### SUMMING UP #MENTALHEALTHMATTERS:

- Depression, anxiety, substance use disorders, and other mental health problems are often associated with body image, and are fairly common, especially among teenagers and young adults.
- Genetic and environmental factors can increase your risk of experiencing a mental health problem. It is not your fault if you have any mental health problem.
- There are effective treatments for depression, anxiety, substance use disorders and other mental health problems. Treatment can include therapy, medication, or both.

### FIND OUT MORE:

- General information about mental health can be found at the Centers for Disease Control and Prevention: [www.cdc.gov/mentalhealth/learn/index.htm](http://www.cdc.gov/mentalhealth/learn/index.htm) and The Health Foundation's website: [www.health.org.uk/publications/reports/improving-children-and-young-peoples-mental-health-services](http://www.health.org.uk/publications/reports/improving-children-and-young-peoples-mental-health-services).
- To find a therapist you can search the directory at Psychology Today: [www.psychologytoday.com/us](http://www.psychologytoday.com/us) (in the USA) and [www.psychologytoday.com/gb](http://www.psychologytoday.com/gb) (in the UK). Be sure to check a therapist's education, background, expertise, and cost before scheduling an appointment.
- Questions to consider before pursuing therapy and additional resources about mental health can be found here: <https://therapyhelps.us/resources/>.
- References that support this chapter's content and additional resources about mental health can be found on the companion website for this book: [www.TheBodyImageBookforLife.com](http://www.TheBodyImageBookforLife.com).



