

# Emotional Health & Your College Student

**A Guide for Parents** 

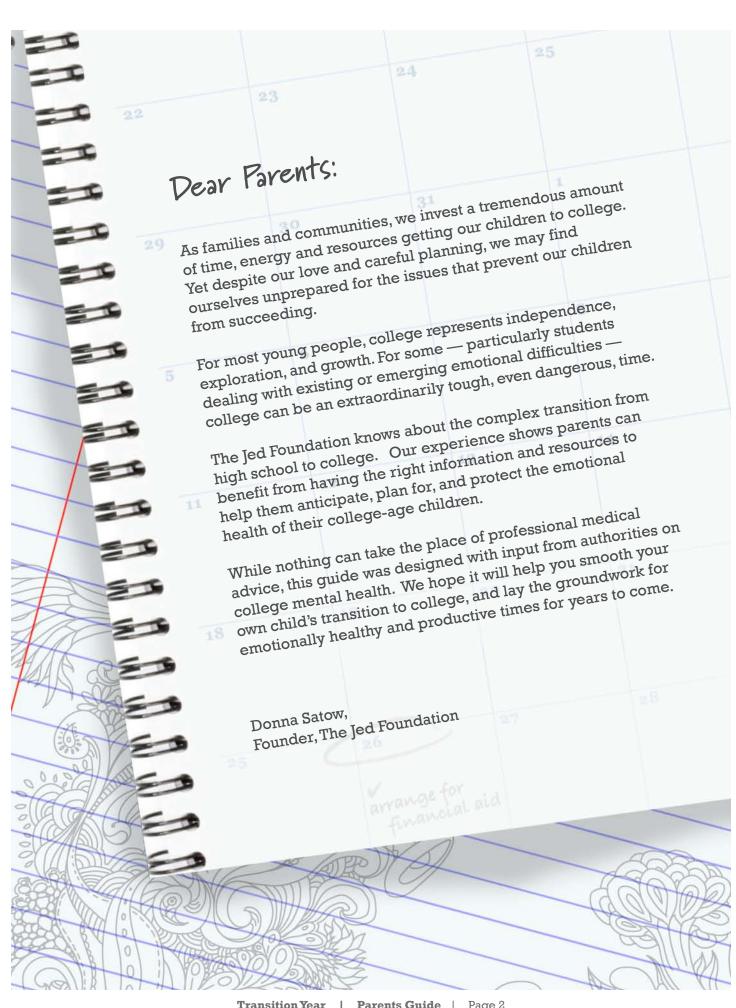


# **Table of Contents**

# Emotional Health & Your College Student: A Guide for Parents

Letters to Parents	1-2
Four Things Every Parent Must Know	3
Choosing a College	5
The Push-Pull of Independence	13
Adjusting to Student Life	16
Signs of Stress	20
How to Help	24
Mental Health Conditions	31
College Suicide	42
Students with Diagnosed Mental Health Problems	45
The Proactive Parent	51
Everyone Graduates	53
Thanks & Acknowledgements; Important Resources	54







# **Four Things Every Parent Must Know**

### Four Things Every Parent Must Know About Emotional Health

#### 1. IT AFFECTS YOU:

Most of us assume that our children — as they move into the excitement and opportunity of their college years — are emotionally healthy and thriving. It's easy to think of illnesses such as depression, addiction or even suicide as problems that affect other families... not our own. In reality, studies show that emotional issues, from stress and anxiety to conditions like depression and eating disorders, are a leading impediment to academic success among college students today.

In a study commissioned for this project, most parents stated that any teenager can develop a mental health problem. But nearly two-thirds of these parents didn't think their child was likely to experience one.

#### Then who will?

It's very likely that all college-age students will deal with emotional health issues in some way, whether themselves or with a friend. Take time to better understand the emotional pitfalls college students can face — and the role you can play in protecting your child's emotional health. This is vital for every parent and family.

#### 2. THE SOONER, THE BETTER:

When young people are struggling emotionally, it can be tough to differentiate between those who need better coping skills or a stronger support network, and those who may be dealing with a larger mental health issue. Either way, it's prudent to reach for help at the first signs of trouble so that communication, lifestyle changes and, if necessary, treatment can begin before a student is in distress. If you are concerned about your child or another young person, talk to them, and seek help before the situation worsens.

#### 3. THE STAKES ARE HIGH:

For many students, emotional problems mean missing out on academic and social opportunities. For others, the stakes are much higher. Unaddressed mental health issues can lead to substance abuse and other dangerous behaviors; even suicide. Suicide is the second leading cause of death among college students. If you are concerned about a young person in your life, don't put off addressing the issue — there's far too much at risk.

# Four Things ..., cont'd

#### 4. YOU CAN HELP:

Talking about issues like mental health and suicide can be tough. Studies show most parents are less comfortable talking with children about mental health than about other health topics. But you have the power to make a profound difference in your child's life by starting a dialogue today. Remember, illnesses like depression, ADHD, bipolar disorder and anxiety disorders are real, treatable medical conditions. Helping someone address a problem and seek help is the first step to ensuring they survive and thrive.



# Choosing a College

### What's Inside?

This chapter deals with the college selection process. It highlights questions to ask about a school's approach to emotional wellness - and its resources - something families often overlook in their traditional school search.

# Finding the Right Fit

Choosing a college is a personal, and stressful, decision for students and their families. You want your son or daughter to have the best college experience possible, academically, socially and emotionally.

Yet of all the college guidebooks and admissions pamphlets families review during the application process, very few will comprehensively address the mental health resources you'd want to have in place for your child if and when needed. Many families never give it more than a passing thought.

When choosing a college, other considerations naturally take precedence. What major is the student thinking about? How do his or her SAT scores measure up? What are the costs of tuition

**Fast Fact** 

More than half of all parents say a school's mental health services had little or no influence on their family's college selection process.<sup>1</sup>

and room and board? As the process moves forward, other criteria become part of the equation. A large number of these factors do in fact have the potential to significantly affect your child's emotional health at college. Taking the time to focus on emotional wellness when looking at prospective schools — and thinking about your child's transition — can be critical in preventing or addressing potential problems.

# **Consider This**

It's important to have an open dialogue with your child about how the characteristics of a school may affect his ability to acclimate, navigate and thrive. You know your child best; help him assess his needs, personality and comfort level.

#### **COLLEGE SIZE**

Does your child feel most comfortable surrounded by people? Does sitting in big classes feel less pressured? Or does she prefer a quieter environment, with more potential for one-one attention?

# Choosing a College, cont'd

#### COLLEGE LOCATION

Does your child prefer being in a major city, with all that metropolitan areas have to offer? Have previous big city experiences been energizing or unnerving? Does your child's intended major or extracurricular activities suggest an urban or rural setting? Is it important that your child remain close to home?

#### STUDENT COMMUNITY

Does your child require a close-knit student community with people who feel "just like me?" Or would your child appreciate being part of an ethnically, culturally or racially diverse environment? Would being part of a group of under-represented minorities create feelings of discomfort? Is it important that your student be part of an atmosphere that's accepting of his or her sexual orientation?

#### **SOCIALIZATION**

Is your child choosing a school where his high school friends will be present; or are the students going in different directions? Examine together the emotional dynamics of those arrangements. When looking at schools, think about the social tone of a prospective school and how students connect and socialize. Does making friends require active participation in groups and clubs? Is the school dominated by a Greek system, or are dorms the social hub? What are the frequency and policies toward student drinking

### Quick Tip!

Google It! Read campus newspapers online. It's a good way to learn about events and issues that may not have made the mainstream press.

and off-campus partying? Does the college or town have the facilities to support your child's extracurricular interests, such as safe and well-maintained swimming pools, bike paths, sports fields, ice rinks, tennis courts and the like?

#### OTHER CONSIDERATIONS

Today, the costs of college can create their own level of stress. Have an open discussion about finances as part of planning for college. Consider stresses to the whole family unit, or problems that could occur if your child has to supplement income with a part-time job. Safety is another element that can add weight to college decisions and transitions – and create stress. Find out more about what your college is doing to prevent crime on campus and to keep students secure.



# Choosing a College, cont'd

# The Importance of Wellness Philosophy & Services

After you've considered the academic and social life on a particular campus, dig deeper to understand the school's approach to mental wellness. College students often have some big issues to deal with. Find out more about who will help them when you are far away. Take it upon yourself to examine the school's approach to student mental health. Evaluate each college by the availability, sophistication, and specialization of mental health programs and services on campus.

#### TRANSITION SUPPORT

Many schools offer programs during orientation and freshmen year to help students acclimate to college and support them during the emotional transition. Find out what programs prospective schools offer to help students thrive on campus.

#### **RESIDENTIAL LIFE**

Residential Advisors (RAs) are often the first people to spot signs of trouble in a student, or identify a problem before it escalates. Find out more about who they are, how they were trained and how they interact with students.

#### **Fast Fact**

Only 25 percent of parents report receiving information from their children's current or prospective colleges about mental health services. 2

#### **COUNSELING**

Should your student need help, find out what resources are available for students dealing with stress or emotionally difficult situations. Does the school provide psychological counseling or support groups? What are the student/provider ratios and counseling center hours? Does the center deal primarily with day-to-day college stressors like time management, relationship issues or sleep difficulties, or is it resourced to address more serious concerns including anxiety, ADHD, depression and substance abuse?

### Quick Tip!

Orientation: After your student has chosen a college, consider arranging for a second, deeper level of orientation, especially if you are concerned about your child's transition. Meet and talk with support people, RAs, student counseling and other resources about their services and availability.



# Choosing a College, cont'd

### **Check Point**

If your child has been diagnosed with a mental health condition, has had previous emotional difficulties or has experienced problems with drugs or alcohol, it is important that you look even closer at mental health resources and campus policies when selecting a college. Turn to page 45 for additional information and resources.

### WELLNESS PHILOSOPHY & SERVICES **QUESTIONS TO ASK:**

- · What is the college's philosophy and policy concerning mental health, and what programs, services and resources are in place to back it up?
- · Does the school offer educational programs such as workshops or talks about mental health and wellness?
- Are there classes, credit-bearing or otherwise, on transitioning to college or developing life skills?
- · How accessible are academic advisors and student affairs staff?
- · Are the school's counselors accessible? Do counselors offer drop-in hours and appointments?
- · What specific mental health services and staff does the campus health center provide?
- Is there 24-hour emergency care, should a problem arise at night or over the weekend? Is there a staff psychiatrist on campus to prescribe medication?
- Important! Find out which services are covered by student fees or health insurance, and whether the college or university requires students to carry its own proprietary health insurance. Examine your child's current insurance policy to determine what types of mental health services are covered and the guidelines for reimbursed care.
- Under what circumstances will the college notify a parent regarding a student's mental health? What happens when a parent contacts the college with concerns about their child?

#### Learn More!

Parents and their children turn to The Jed Foundation to learn more about campus mental health resources at over 1,400 colleges and universities across the country. To learn more about your prospective schools' mental health resources, go to: www.ulifeline.org.

Based on your student's answers, this worksheet will help you determine the emotional fit level of a school. Once completed, refer to the Grading Key to calculate your Right Fit Score.

School Name:			Right Fit Score:
GENERAL INFORMATION			
Location:			
Distance from Home (circle one):	Near	Far	
Diversity of Student Body:			
Environment (circle one):	Rural	Urban	
School Size:			
Personality:			
Annual Tuition:			
The basic culture and demographic	of this schoo	I for me is (circle one):	
a) A good fit			
b) A manageable fit			
c) Not a fit			
Notes:			
Tuition to attend this school would	(circle one):		
a) Not be an issue			
b) Be stressful, but manageable			
c) Very stressful			
Notes:			
ACADEMIC SUPPORT			
Class Size:			
Advisor System:			

Tutoring/Support Program:  Academic Intensity:								
Academically, I feel like this school is (circle one):  a) A strong fit  b) An ok fit  c) A poor fit								
							Notes:	
STUDENT LIFE								
Popular Activities / Organ	nizations (circle all that apply):							
Greek Life Sports	Culture Groups Academic Clubs Community Service							
Housing (circle one):	Mostly Dorms Mostly Off-Campus							
Based on cultural and so	cial groups with which I identify (circle one):							
a) I see myself fully represe	ented in campus activities/groups							
b) I see parts of myself represented in campus activities/groups								
c) I don't see myself reflect	ted in campus activities/groups							
Notes:								
Based on my specific tale	ents/interests/activities, this school has:							
a) Lots of outlets for me								
b) Some outlets for me								
c) Not enough relevant ou	itlets for me							

TRANSITION SUPPORT			
New Student Orientation:			
Know someone who is attending?	Yes	No	
Programs that support Freshman:			
I feel like the transition to this school	ol would be (	circle one):	
a) Very smooth			
b) Manageable			
c) Challenging			
Notes:			
EMOTIONAL WELLNESS			
Gym:	Cost:	Hours:	
Health Center Information:			
Counseling Center:			
Wellness/Mental Health Programs:			
24-hr Mental Health Help?	Yes	No	
Nearby Mental Health Resources?	Yes	No	
Insurance Coverage:			
• Student Health Center			
<ul> <li>Counseling Appointments</li> </ul>			
On-site support for pre-existing medical/mental health conditions?	Yes	No	
This Level of emotional and wellness	support fee	els (circle one):	
a) Very Good/Supportive			
b) Sufficient but not ideal			
c) Insufficient/Lacking			
Notes:			



# **Grading Key – Scoring Your Right Fit Worksheet**

Once you have completed a Right Fit worksheet for a specific school, assign points to each of your answers based on the follow grading key to find out what your Right Fit score with that school is on a scale of 0 - 100.

#### **GENERAL INFORMATION**

The basic culture and demographic of this school for me is:	
a) A good fit	0 pts
b) A manageable fit	5 pts
c) Not a fit	10 pts
Tuition to attend this school would:	
a) Not be an issue	0 pts
b) Be stressful, but manageable	5 pts
c) Very stressful	10 pts
ACADEMIC SUPPORT	
Academically, I feel like this school is:	
a) A strong fit	0 pts
b) An ok fit	10 pts
c) A poor fit	20 pts
STUDENT LIFE	
Based on cultural and social groups with which I identify:	
a) I see myself fully represented in campus activities/groups	0 pts
b) I see parts of myself represented in campus activities/groups	5 pts
c) I don't see myself reflected in campus activities/groups	10 pts
Based on my specific talents/interests/activities, this school has:	
a) Lots of outlets for me	0 pts
b) Some outlets for me	5 pts
c) Not enough relevant outlets for me	10 pts
TRANSITION SUPPORT	
I feel like the transition to this school would be:	
a) Very smooth	0 pts
b) Manageable	10 pts
c) Challenging	20 pts
EMOTIONAL WELLNESS	
This Level of emotional and wellness support feels:	
a) Very Good/Supportive	0 pts
b) Sufficient but not ideal	10 pts
c) Insufficient/Lacking	20 pts



# The Push-Pull of Independence

### What's Inside?

We review the changing dynamics of family relationships and offer suggestions for communicating with your college student as he or she experiences independent living.

# **Your Changing Relationship**

During the transition to college, your relationship with your child isn't merely likely to change, it's certain to change. New and evolving boundaries and major shifts in responsibilities may feel unfamiliar. For students, increased personal freedom seems at the same time wonderful and frightening — as they seek to find balance between their own growing need for self-reliance and their desire for the comforting emotional presence of a parent.

College students are navigators in the difficult waters that separate adolescence from adult-hood. As they take more responsibility for their daily lives and develop life skills that are as vital as any academic coursework, it's important for you to remain a reliable source of support.

# **Helicopter Parenting**

You're a caring parent who's involved in your child's life. Over the years, you researched and sought out the best programs, the most enriching opportunities, and always got your child where she needed to be, fully prepared and on time. You knew what homework assignments had to be done, when they were due, and made sure everything happened in a wisely prioritized and timely fashion. You regularly reviewed (and sometimes helped with) assignments. Perhaps you've also intervened on behalf of your child, with teachers, friends or other adults. You did so because you care.

#### **Fast Fact**

College-age children still think of their parents as a primary source of support when times get tough. An mtvU-Jed Foundation study showed 63 percent of students would turn to their parents if they found themselves in emotional distress.<sup>3</sup>

Yet experts agree, when parents cross the line from caring to hovering, they inadvertently stifle their child's coping capacities. Fortunately, it's not too late to get your child on the path to practical and emotional independence. How? When you talk, allow your son or daughter to set the agenda for some of your conversations. Work on techniques to give your child the space to build his own resiliency and decision-making skills.

# Push Pull of Independence cont'd

### **A New Communication Contract**

Parents and children both benefit from establishing expectations for communication while a student is away. Have a conversation before your child goes away to school about how, and with what frequency, you will communicate going forward.

- · How often (daily, weekly, monthly, on an as-needed basis) do you expect to hear from your child? How frequently does your child want to hear from you?
- · Many families agree to once-a-week phone calls. Work out a plan that fits your family's needs. Email works well, especially given how different a student's hours can be from his or her parents.

### Quick Tip!

Students today are part of a new, digitally connected generation. Using email, instant messaging (IM) and mobile texting is sometimes less intrusive, and frees your child from the obligation of taking your calls when he or she may be unable to speak freely.

### **Rules & Limits**

After you've sorted out how you'll communicate, tackle the subject matter by setting some basic guidelines:

- What decisions, challenges, choices or difficulties do you expect your child to handle (at least at first) on his/her own?
- On which decisions will your child seek your input?
- · At what point and/or under what circumstances should your child ask for help?
- Under what circumstances would your child would want a friend or roommate to call you or the counseling center?

### **Productive First Phone Calls**

The calls are inevitable. Take, for example, the story of the father whose daughter called him from 3,000 miles away when her car wouldn't start. When your child calls you for help, walk through the problem-solving process.

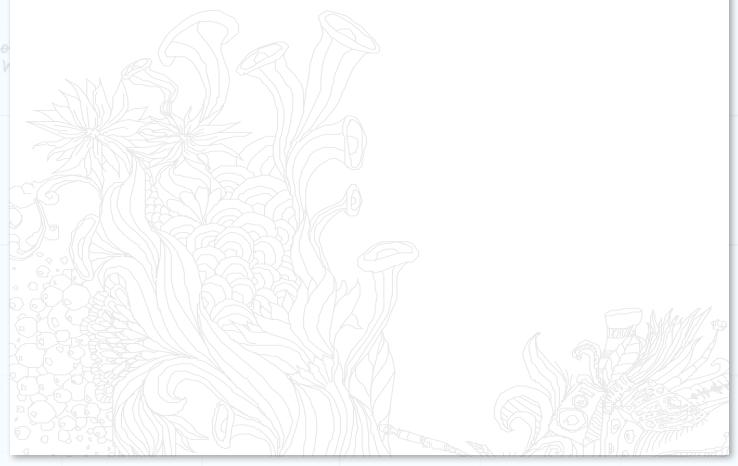
- Have your child explain the problem; don't interrupt.
- Offer cues: 'How can I be helpful? What do you think you should do? What options are you considering?'
- Help your child evaluate their choices, but don't choose for them.
- · If they still seem stuck, ask, 'What do you imagine my advice would be?'
- Assure them with supportive words like 'I think you can handle this.' At the same time, let them know that 'No matter what, I'm here for you.'

# Push Pull of Independence cont'd

Your child is experimenting with independent choices, but he or she still needs to know that you'll be there to discuss ordinary events and difficult issues alike. Students don't always know how much independence they can handle or how much support they will actually need. Be patient. Understand it will take time for everyone to find their footing in this evolving relationship dynamic, and design a new communications contract that works for the family.

### **Check Point**

If you notice significant changes in your child's personality, don't discount them as mere 'growing pains.' Feeling sad, lonely, overly excited or anxious can be part of the natural transition. They can also be signs that need attention. For more information on the signs of emotional distress, turn to page 20.





# **Adjusting to College Life**

### What's Inside?

This chapter highlights the feelings and experiences students face during the transition to college.

#### The First Few Weeks

Adjusting to college life often means dealing with many things for the first time — all at the same time: learning to live with roommates, handling finances, taking care of household chores, interacting with people from other cultures with other beliefs, trying out romantic partnerships. This is in addition to new academic demands, such as learning how to study effectively, getting work done on time, and navigating the bureaucracy of a big institution.

Through these tasks, college students learn how they respond to life's daily challenges and find the social and emotional support they need from the campus community, friends, and you — their family — to make their way.

# **Cronies and Care Packages**

Most students' initial concerns are about forming friendships. When new students look around, it may seem that everyone else is self-confident and socially successful, when in reality, everyone has similar concerns.

Your child should find that within just a couple of weeks, some regular patterns — walking the same route to classes, eating at the same time with certain people — start to set in, making connections easier.

Still, sometimes those first friendships don't happen as quickly as your child would like. Assure them that meaningful, new relationships do not develop overnight. Discuss ideas for connecting, such as leaving the dorm room door open when "hanging out," inviting people to join them for a meal, or getting involved in campus activities. Help them understand that all freshmen are new to campus life; people they reach out to will most likely be relieved to have someone talk to them! While they're sorting it out, don't underestimate the restorative qualities of a care package from home, including notes and pictures from siblings, homebaked treats and popcorn they can share with dorm mates.

# Adjusting to College Life cont'd

# The Give and Take of Dorm Living

At the same time students are trying to make connections, they also need their own space. Living in close quarters with peers leaves students with little privacy but plenty of interpersonal challenges. For many of them, the college dorm may be the first time in their lives they've had to share a room. This requires the kind of communication and negotiation skills many college-aged students haven't yet mastered.

Odds are, too, that your child and his roommate won't necessarily be the best of friends. Discovering what makes his or her roommate tick and finding ways to live together can be one of the most important learning experiences college provides.

# **Greek Life, Service & Clubs**

Joining an intramural club or the Greek system — that is, fraternities and sororities — on campus can give students a running start, and provide rewarding opportunities for campus involvement, community service and social development.

Students who are involved in campus activities or service work often report having a better overall college experience. But remember: while your child's social activities offer multiple benefits, they also come with plenty of diversions. Whatever organization or activity your student chooses, help them make sure it's a healthy environment, one they can balance with other obligations. It usually takes new students most of a semester to be able to properly evaluate their emerging interests and capacity for extracurricular involvement.

As students explore the possibilities, parents can encourage them to embrace this time as a chance to be authentically themselves. Indeed, if students felt pressured in high school to put up a front or blend in, in college they will relish the chance to discover their own uniqueness along with a community of people they truly enjoy.

As students will make their own choices, parents can encourage them to associate with groups of people with whom they feel comfortable and who bring out the best version of themselves.

### **Academic Pressures**

Once at college, your child will discover first-hand that college work is not just greater in volume than high school work; it's more intellectually demanding. Doing more work, more independently, is stressful. Complicating matters is the fact that, in today's campus culture, sleepless nights are often a badge of honor and academic stress is the norm.

Transition Year | Parents Guide | Page 17

# Adjusting to College Life cont'd

Help your child think carefully about her academic course load. Even if they were in the top of her class in high school, college courses are more challenging, and they happen in the context of a variety of other new pressures and experiences.

Talk together about your child's academic priorities, study environment, and healthy ways of blowing off steam through exercise or relaxation techniques. Discuss ways to determine how your child is coping. If the demands are so great that your child needs special support, encourage them to form study groups with other students or seek out teaching assistants, advisors and mentors or help from the campus learning center. Academic adjustment takes time but most students will succeed with the right resources

and support system.

# **Alcohol & Drug Use**

Despite how progressive or informed we as parents are, the fact is that drugs and alcohol on campus are more common than we think.

While our first choice as parents may be to urge our students not to drink, this isn't always realistic. What we can do is continue the conversations we began in high school about how intoxication by drugs or alcohol decreases inhibitions, increases aggressiveness and impairs judgment. Moreover, studies sug-

gest that college students tend to overestimate the level of drinking among their peers, potentially leading them to drink at higher levels. Together with your son or daughter, discuss ways they can enjoy a social or athletic event responsibly and legally.

#### **Fast Fact**

A study by the Harvard School of Public Health shows nearly 1 in 5 students, or nearly 20%, abstain from drinking!5

# Fast Fact

According to the 2007 American College Health Association (ACHA) National Survey: 4

- College students drink an average of 5.81 alcoholic beverages per week.
- 25% of all college students report academic problems because of alcohol use.

If your child chooses to abstain from drinking, he will have lots of company.

All colleges and universities have codes of conduct and policies regarding behaviors and expectations. As part of this code, each campus has a policy that addresses alcohol use. This policy will include information about the national legal drinking age of 21. When you attend orientation, ask about alcohol policies and how they are enforced, including any parental notification policies that would come into play if your student violates a policy.

### Quick Tip!

If your child feels pressure to drink but prefers not to, provide a "face saving" way to participate in parties. A club soda - or any non-alcoholic drink - with a lemon or lime looks like a cocktail.

If during the transition period your son or daughter has a difficult time adjusting to school or is preoccupied with parties, you must respond. Express your concern and remind your child of the mutual expectations you discussed before school began. Ask what else is going on — perhaps they are trying to cope with a problem, such as loneliness, fear of failure or depression. Encourage your child to take advantage of the many campus resources available to help.

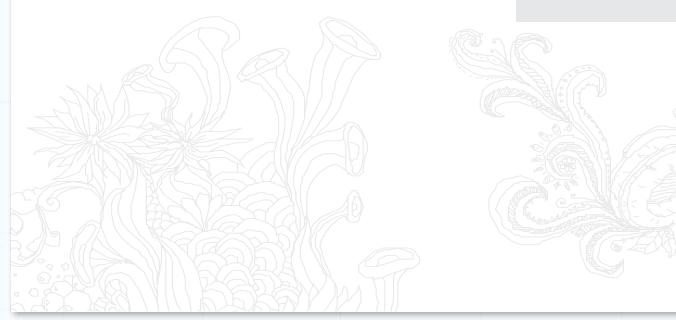
To learn more about the consequences of college drinking, visit: www.collegedrinkingprevention.gov

### **Check Point**

Drug and alcohol abuse are a common symptom of many mental health conditions like depression, ADHD, bipolar disorder and anxiety disorders. If you sense your child is having a problem with drugs or alcohol or may be self medicating, make sure to address the cause of the problem and not just the behavior. Substance abuse and emotional issues are a dangerous combination. Turn to page 33 for signs of a student in distress.

#### **Fast Fact**

The more a student drinks the lower his or her overall GPA is likely to be! 6



# **Signs of Stress**

### What's Inside?

This chapter deals with the traditional emotional challenges and stressors college students face, the signs of stress and tips on how to handle it.

#### **Real & Prevalent**

Stress is a normal part of life, especially during periods of transition and uncertainty. But the transition to college can be stressful for a host of reasons. The recent American College Health Association National College Health Assessment showed stress, more than physical illness, lack of sleep or concern for friend or family, was the single biggest hindrance to academic performance at college.

Sometimes parents and other adults tend to idealize their college experience and remember it as an idyllic time when they had few worries or responsibilities. But today's college students face a barrage of pressures: greater academic demands, exposure to new people and temptations, the prospect of life after college, and more. Parents should recognize that, while a certain level of stress is healthy and can be motivating, excessive stress can cause real problems.

#### COMMON COLLEGE STUDENT STRESSORS:

- Continual and mounting academic demands
- Trying to make friends
- · Being on one's own in a new environment
- · Relationship issues, including changes in family relationships
- Financial responsibilities
- · Exposure to new people, ideas, and temptations
- Awareness of one's sexual identity and orientation

### **Check Point**

Students struggling with their emotional health may find it difficult to navigate the stresses and challenges of college. See Mental Health Conditions on page 31 to learn the signs of mental illness and how to respond.

# Signs of Stress cont'd

# **Motivating or Limiting?**

Fortunately, the majority of stress your child will experience will be helpful and stimulating. Experts agree that, if balanced correctly, stress can be a positive element that increases our self-awareness and productivity. While some sources of stress cannot be avoided, others can be prevented or diminished. Discuss with your child how to tell the difference so that unnecessary stressors can be minimized.

# **Managing Stress**

Parents can help by acknowledging signs of stress in their children, understanding the causes, and helping their children determine the best course of action to reduce or redirect it.

Fortunately, it's possible to manage and maintain stress at relatively healthy levels. Here are some approaches to discuss with your child:

#### **GET ACTIVE**

Regular physical activity can help the mind and body deal with stressors. Research clearly demonstrates that getting regular exercise improves mood, lowers blood pressure, reduces stress, and improves cardiovascular health. Studies have also shown people with mild to moderate depression experienced a 50 percent reduction in depressive symptoms when they participated in 30 minutes of aerobic exercise 3 to 5 times a week 7. Examples of aerobic activities include brisk walking, jogging, swimming, biking, and playing basketball.

#### **FIND 20 MINUTES**

Encourage your child to find just 20 minutes of alone time to relax, take a walk, write in a journal or meditate. Research shows meditation may decrease stress, reduce anxiety, pain, and depression, and enhance mood and self-esteem

#### **WORK THE IPOD**

Many experts believe music really can help soothe the soul. One study showed that listening to classical or other calming music shortly after being exposed to a stressor can reduce negative emotional states.

#### **MANAGE TIME & ENERGY**

One cannot overstate the importance of developing a realistic schedule that allows for dedicated time to balance one's academic, social and athletic responsibilities. Actively seeking out the academic advisor or learning center for help in developing a workable time and energy management strategy is one approach your student may wish to take.

Transition Year | Parents Guide | Page 21

#### HIT THE SACK

Lack of sleep can play havoc on student's critical thinking skills, which can result in poor academic performance, regretful social decisions and a compromised immune system. It can also exacerbate existing mental health issues or trigger new ones.

#### **GOOD NUTRITION**

Lifestyle and diet changes can aid your child's sleep and have a positive effect on her overall feeling of wellness. Many students report an increased consumption of sugary and starchy foods (comfort foods) during their first year at school or during periods of stress or depression. This type of diet can make them feel sluggish and interfere with their focus. Eating a healthy, balanced diet, while avoiding alcohol, caffeine, nicotine or heavy meals before bed, are proactive steps towards emotional health.

You can help your child manage stress by helping them determine what techniques work best. Encourage your student to access the resources provided by his college for improving stress management skills. Consider outside help from additional resources when necessary, such as a friend, family member, clergy, disability services, sports coach, tutor or advisor.

# **Motivating or Limiting?**

Fortunately, the majority of stress your child will experience will be helpful and stimulating. Experts agree that, if balanced correctly, stress can be a positive element that increases our self-awareness and productivity. While some sources of stress cannot be avoided, others can be prevented or diminished. Discuss with your child how to tell the difference so that unnecessary stressors can be minimized.

#### **Fast Fact**

A survey by mtvU and The Jed Foundation found that 63% of college juniors had been so stressed that they couldn't get things done at some point during the preceding three months. 8



# Parent's Checklist

# Stress Check - Signs of a Problem

Excessive stress can sneak up on students over time, and they may not notice it until they begin to experience its physical or emotional effects.

Too much stress can lead to unhealthy and potentially serious physical and emotional consequences. If any of these warning signs persist over a series of weeks or interfere with your child's ability to function, it's important to reach out for help.

Changes in sleep patterns (taking longer to fall asleep, waking up tired, not feeling well rested)
Changes in eating patterns
Increased frequency of headaches
More short-tempered than usual
Recurring colds and minor illness
Frequent muscle ache and/or tightness
More disorganized than usual
Increased difficulty in task completion
A greater sense of persistent time pressure
Increased generalized frustration and anger

# **Check Point**

If you think your child is experiencing higher than typical stress levels, urge him to contact the school's mental health or counseling center.



# **How to Help**

### What's Inside?

This chapter helps parents determine the difference between students who are struggling with the traditional stressors of college life and those who may be dealing with a situation or problem that may require extra help or support.

# When Your Student is Struggling

Having a bad day is normal. It happens to everyone. Having a string of bad days in which one can't sleep, eat, keep up with school work or find enjoyment could be the sign of a larger problem.

If you sense your student is struggling, let them know you are interested and concerned about their welfare. Ask your child if they know what could be contributing to their problems. The goal is not to pry into your child's personal life but to confront their difficulties in a constructive fashion and encourage them to take appropriate action.

# Quick Tip!

Check Yourself is The Jed Foundation's anonymous mental health screening tool developed by Duke University Medical Center. Check Yourself helps students be proactive about their emotional health and directs them to resources on campus. For more information, go to http://www.ulifeline.org.

# **Teaching Your Child How To** Ask For Help

If your child is open to talking to you, listen attentively, show genuine concern and try to avoid judgmental responses. If your student is reluctant to talk, or dismisses your concerns, acknowledge their comments while also making the point that help is available: "I am glad you feel that you have the situation under control. Sometimes, however, things can pile up and seem pretty overwhelming. It can be a tremendous relief to have an objective person help you sort out your problems. That's why many students take advantage of the counseling center on campus."

# Stigma and Help Seeking

Stigma can be a big factor in help seeking.

A recent by The Jed Foundation shows some parents are concerned that other people would avoid their children if it were known they had a mental health problem, but less than 5% of all parents would want their children to avoid a friend with a mental health problem. 9

Be mindful — and remind your child — that seeking counseling is actually seen as a sign of strength, not weakness.

Students express far less discomfort in telling others about their troubles than many parents realize.

A survey conducted by the JED Foundation with mtvU shows that more than 75% of students would turn to a friend if they were struggling and 63% would turn to their family in emotional distress. 11

### **Fast Fact**

Students who get counseling have higher graduation rates than those who do not. 10

### Quick Tip!

Direct your child to www.HalfofUs.com, where they can watch video clips of other college students who have successfully confronted their own mental health issues.

### If Your Child is Worried About a Friend

Make sure your child is familiar with the signs that a friend needs help dealing with emotional issues or has a mental health problem. Signs of depression or apathy, severe anxiety or stress, increased use of alcohol or drugs or compulsive behavior should be taken seriously.

Your child may not be able to understand how your friend is feeling, but can listen and let the friend know he isn't alone. They should emphasize that sometimes we need a mental check up

the way we get other medical exams; that reaching out for support is the first step to feeling better and is a sign of courage, not weakness.

It is important for your child to remember that they are not a therapist. Their role is to be supportive and encourage help seeking. They SHOULD NOT ignore the problem, enable the friend by covering up, or participate with the friend in behaviors that are agitating the student's mental health.

# **Help for Your Child on Campus**

Your goal is to encourage your child to seek help before problems become debilitating. Have your child call to find out about campus mental health programs, services and resources. If helpful, you can even join them on the line. Or, propose that your child call or visit the counseling or health center to make an initial appointment or learn more about their services and resources.

### Quick Tip!

If your child is reluctant to contact the counseling center, discuss the possibility of your calling to learn more. More information may help persuade your child to take the next step.

The types and number of mental health professionals available on campus differs from school to school. Most colleges have a counselor or counseling center on campus where students can be seen free of charge for a set number of visits (this number varies by campus). If a student needs ongoing treatment, referrals for professionals in the surrounding community are generally provided.

If you've explored on-campus mental health resources as part of the college selection or transition process, you will have some answers already at hand. If not, you and your child will need to jointly explore the resources available.

#### QUESTIONS TO ANSWER

- What kinds of professionals and programs are available?
- · Are there fees involved?
- What is the average waiting time for getting an appointment?
- · Is group therapy offered?
- · Are there a maximum number of sessions allowed per year?
- What types of mental health specialists are on staff? Is there an on-staff psychiatrist?
- Is there a pharmacy on-site?
- Does the counseling center provide off-campus referrals?
- Does the counseling center have satellite offices, such as dorm-based counseling?
- · Is there a counselor on-call 24 hours a day, seven days a week? If not, what types of after-hours emergency services are available?

# **A Word About Privacy**

A common misperception among parents is that the school will notify them if their student seeks the services of on-campus health care professionals. If your child is over 18, they must provide written notice to the treatment provider before information may be shared with anyone.

### Quick Tip!

Send your child to the Help a Friend information at www.halfofus.com for tips on supporting a peer dealing with emotional health issues. Whether or not you were involved in your child's search for help, it's not uncommon for students to be concerned that anything they say to a therapist might get back to their parents. Make sure your child clearly understands that all health care professionals are ethically bound to keep what is said during treatment confidential, except in limited circumstances. For example, therapists are permitted to share information with parents if they feel students are imminent danger of harming themselves or others.

# **Off-Campus Help**

Together, you and your child may wish to explore off-campus options, such as inpatient, outpatient and day-treatment at a physician's office, mental health center or hospital.

#### TYPES OF MENTAL HEALTH PROFESSIONALS

Mental health services are provided by several different professionals, each of which has its own training and areas of expertise. Finding the right professional(s) can be a critical ingredient in the process of diagnosis, treatment and recovery when a loved one is faced with a serious mental health challenge. Below is a brief list of common mental health professionals:

#### **PSYCHIATRIST**

Medical doctor with special training in the diagnosis and treatment of mental and emotional illnesses. Like other doctors, psychiatrists are qualified to prescribe medication. Qualifications: state license; board eligible or board certified by the American Board of Psychiatry and Neurology.

#### CHILD/ADOLESCENT PSYCHIATRIST

Medical doctor with special training in the diagnosis and treatment of emotional and behavioral problems in children. Child/Adolescent psychiatrists are qualified to prescribe medication. Qualifications: state license; board eligible or certified by the American Board of Psychiatry and Neurology.

#### **PSYCHOLOGIST**

Psychologist with a doctoral degree in psychology from an accredited/designated doctoral program in psychology and two years of supervised professional experience, including a yearlong internship from an approved internship. Trained to make diagnoses and provide individual and group therapy. Qualifications: and for some psychologists, credentialing as a health service provider in psychology.

#### CLINICAL SOCIAL WORKER

Counselor with a masters degree in social work from an accredited graduate program. Trained to make diagnoses and provide individual and group counseling. Qualifications: state license; may be member of the Academy of Certified Social Workers.

#### LICENSED PROFESSIONAL COUNSELOR

Counselor with a masters degree in psychology, counseling or a related field. Trained to diagnose and provide individual and group counseling. Qualifications: state license.

#### MENTAL HEALTH COUNSELOR

Counselor with a masters degree and several years of supervised clinical work experience. Trained to diagnose and provide individual and group counseling. Qualifications: state license; certified by the National Academy of Certified Clinical Mental Health Counselors.

#### FINDING THE RIGHT MENTAL HEALTH PROFESSIONAL

If you agree it makes sense for your child to see someone off-campus, spend time talking with the mental health professional on the phone: ask about their approach to working with patients, their philosophy, whether or not they have a specialty or concentration (some psychologists specialize in family counseling, or child counseling, while others specialize in substance abuse or coping with the loss of a loved one). Does the therapist have experience helping people with similar problems to your child's? If your child feels comfortable talking to the counselor or doctor, the next step is for your child to make an appointment.

### Quick Tip!

Use the CollegeWiki at www.transitionyear.org to learn more about a school's mental health resources.

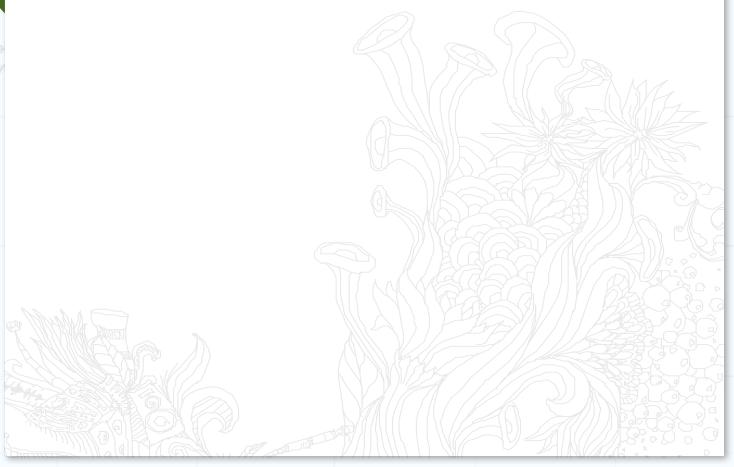
Before your child's visit, be sure to find out what your insurance policy covers and doesn't cover, as well as all applicable fees, limits of sessions, and in-network versus out-of-network provider policies.

During the visit, the counselor or the doctor will want to get to know your child and the reason for the appointment. The counselor will likely ask your child about their problems as well as questions about their life and relationships. This information helps the professional assess a patient's situation and develop a plan for addressing the problems.

If your child does not feel comfortable with the professional after the first, or even several visits, they should be encouraged to express those feelings at their next meeting. Therapy is a collaborative process, so finding the right match is critical. Don't be afraid to help your child contact another counselor. Feeling comfortable with the professional your child chooses is very important to the success of their treatment.

### Quick Tip!

Use SAMHSA's Mental Health Resource Locator to find offcampus resources: http://mentalhealth.samhsa. gov/databases/



# Staying **Emotionally Healthy**

### **Important Contact Information for Parents**

Fill out the form below to keep a record of imp	ortant information to have on hand while your child is at college.
Cell Phone:	
Dorm/Apartment Phone:	
Address at School:	
Address 2:	
City, State, Zip:	
Counseling Center Phone:	
Health Center Phone:	
RA's Name & Phone/Dorm Reception Desk:	
Student Life or Student Affairs Contact:	
Student Life or Students Affairs Phone:	
Health Insurance Company:	
Health Insurance Company Phone:	
Health Insurance Policy Number:	
Primary Care Physician's Name/Phone:	
Mental Health Provider's Name/Phone:	
Campus Security/Public Safety Phone:	

If your child or someone your child knows is at risk for suicide, immediately call:

**Campus Emergency Number:** 

National Suicide Prevention Hotline: (800) 273-8255 (TALK)

or 911

# **Mental Health Conditions**

### What's Inside?

This chapter presents information about signs and symptoms of the mental health problems most commonly experienced by college-age individuals.

### What are Mental Health Conditions?

Mental health conditions (also called emotional disorders or mental illnesses) are a collection of disorders characterized by symptoms like sadness, extreme mood swings, disturbances in thought or perception, overwhelming obsessions or fears, or high levels of debilitating anxiety. Just as asthma is a disorder of the lungs, mental illnesses are disorders of the mind which, if untreated, can make it difficult to cope with the ordinary demands of life.

No one knows exactly what causes mental illness. Generally, experts agree that multiple factors influence the development of these illnesses — including genetic factors (meaning that having a family member with a mental illness can sometimes increase the risk of developing one), biochemical factors (meaning that there's an imbalance in the chemicals in the brain) and/or environmental factors like severe stress or traumatic events that can affect the way the mind works.

#### **Fast Fact**

While the majority of parents don't believe their child is likely to experience a mental health problem in college, studies show these problems affect one in five young people at any given time. <sup>12</sup>

Mental health conditions are treatable. Noticing changes in your child's behavior is a healthy first step to finding the treatment they need. Because college years are a time when many emotional disorders first appear, it is crucial that all parents learn the signs and symptoms of common mental health conditions and what to do if they think their children are struggling with these issues.

This section provides information and warning signs of the following mental health conditions:

- Alcohol and Drug Dependence and Abuse
- Attention Deficit Hyperactivity Disorder (ADHD)
- · Anxiety Disorders
- · Bipolar Disorder

- Depression
- Eating Disorders
- · Schizophrenia
- Self-injury (Cutting)

# Mental Health Conditions cont'd

# Who Will Struggle with Mental Illness?

Experts have described mental disorders as 'the chronic diseases of the young.' Unlike most disabling physical illnesses, mental illnesses often begin very early in life, many mental health conditions first appearing in young people during the ages of 18 to 25.

#### **Fast Fact**

Research conducted by the National Institute of Mental Health shows that half of all lifetime cases of mental illness begin by age 14; three-fourths by age 24.13

While doctors and scientists are still learning more about the origins of mental illness, it is widely accepted that mental illnesses like depression are influenced by genetic as well as environmental factors.

Many experts believe genetic predisposition makes some people more vulnerable to emotional disorders. These conditions in the code of our genetic wiring can disrupt mental circuits, making people more susceptible to depression and anxiety. This may explain how traumatic life events send some people into deep depression while others learn to cope and move on.

According to the National Alliance on Mental Illness, not everyone with a genetic predisposition will develop that illness.

Though we can't yet fully understand the diseases of the mind, we can diagnose them, treat them, and help people work together with their caregivers to limit the impact of their illness, and lead productive, fulfilling lives.

# **Emotional Disorders You Should Know More About**

#### ALCOHOL AND DRUG DEPENDENCE AND ABUSE

Drinking alcohol has become such an accepted part of socializing and relaxing in our society, often starting on college campuses, that it's easy to overlook its potential dangers.

Even the "experimental" use of alcohol and drugs can negatively impact a student's life. Alcohol is a depressant, so if your child is struggling with stress or depression, alcohol can make him feel worse. Moreover, substance use can become substance abuse which, in turn, can lead to substance dependence. People who are dependent on alcohol or drugs may build up tolerance, where they need increasing amounts to feel the same effects. They may spend more and more time obtaining and using substances, as well as recovering from their effects.

Alcohol and/or drug use can adversely affect more than a student's academic functioning. You and your child should also consider how usage impacts health, relationships, overall behavior, and potential for substance dependence or abuse.

# Mental Health Conditions cont'd

#### YOU SHOULD KNOW:

- · Alcohol and drug abuse is drinking or taking drugs despite recurrent social, interpersonal and legal problems resulting from this use. Alcohol or drug dependence is the body's physical need, or addiction, to a specific agent.
- · Prescription drug abuse by young adults is a serious problem. In an annual tracking study, The Partnership for a Drug Free America found that 1 in 5 teens has abused prescription pain medication and the same number reports abusing prescription stimulants and tranquilizers. 14
- · Studies show that about 43% of all students report drinking in a high-risk manner at some point in their college career. Twenty percent of students report drinking in a high-risk manner often. 15
- Surveys at colleges and universities across the country indicate the percentage of students who used various other drugs within the past year: marijuana (32.3 percent); hallucinogens (7.5%); amphetamines (6.5%); cocaine (3.7%); and designer drugs such as Ecstasy (3.6%).
- More than 97,000 college students are victims of alcohol-related sexual assault or date rape every year; alcohol is the most common "date-rape drug." 16

#### SIGNS AND SYMPTOMS:

- · Problems remembering things they said or did
- Repeated interpersonal problems (e.g., arguments)
- Repeated dangerous behaviors (e.g., drinking and driving)
- Repeated legal problems (e.g., DUIs)
- Bloodshot or watery eyes and consistently dilated pupils
- · Poor physical coordination
- Frequent injuries or accidents
- Repeated inability to meet obligations (e.g., missing class)

#### ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

Attention deficit hyperactivity disorder — also referred to ADD or ADHD — is characterized by poor attention and distractibility and/or hyperactive and impulsive behaviors. It is one of the most common mental disorders that develop in children. Symptoms can continue into adolescence and adulthood. If left untreated, ADHD can lead to poor school/work performance, poor social relationships and a general feeling of low self-esteem. ADHD is an increasingly diagnosed problem of America's youth. Many parents are surprised to learn that ADHD can develop in the college years. Three main traits characterize ADHD: difficulty sustaining attention, impulsivity, and hyperactivity.

Transition Year | Parents Guide | Page 33

# Mental Health Conditions cont'd

#### YOU SHOULD KNOW:

- Attention-deficit disorders affect approximately 3%-5% of children. It is estimated that more than half of all cases have symptoms that carry into adulthood. Nearly 8% of 18-29 year olds have ADHD 17.
- · While ADHD will not cause other mental health problems, people with ADHD are more likely to have other conditions such as anxiety and depression 18.
- Adults with ADHD may have difficulty with time management, organizational skills, goal setting, and employment. They may also have problems with relationships, self-esteem, and addictions.

#### SIGNS AND SYMPTOMS:

The American Psychiatric Association defines a person as having ADHD when eight or more of the following are present over a long period. Since most children and adults will, at times, display the characteristics listed below, a true attention deficit disorder is measured by the degree and impact these behaviors present in the life of the child or adult.

#### **Inattention:**

- Failure to give close attention to details
- Failure to finish tasks
- Does not seem to listen
- · Difficulty sustaining attention
- Difficulty concentrating on school or work or other tasks
- · Inability to follow through on instructions

#### Hyperactivity:

- · Difficulty remaining seated and sitting still
- · Fidgets with hands or feet
- Difficulty awaiting turn
- Always on the go

#### Impulsivity:

- · Acts before thinking
- Loses things necessary for tasks
- · Difficulty organizing tasks and activities
- · Flits from one activity to another
- Talks impulsively and interrupts or intrudes on others
- Has difficulty taking turns
- Irresponsible risk taking behavior
- Blurts out answers before questions are complete
- · Tendency to anger easily

### **ANXIETY DISORDERS**

Colleges are designed to be challenging academically, personally, and socially. Some anxiety is a natural by-product of the accelerated pace of learning and growth. Everyone feels anxious in certain situations, but anxiety disorders can make it difficult for students to function.

One key sign of an anxiety disorder is nervousness that is or impossible to control or out of proportion to what's going on. For some people, anxiety can feel so overwhelming that their ability to work, study, interact with people, or follow a daily routine is affected.

Anxiety disorders are the most common mental illnesses in the United States, affecting approximately 1 in 9 people at any given time according to the National Institute of Mental Health. Fortunately, it is possible to manage anxiety with counseling and/or medication.

### YOU SHOULD KNOW:

There are different types of anxiety disorders – all a collection of problems that involve, in one way or another, excessive worry, fear, avoidance and irritability:

- Phobias, where people have strong and irrational fears related to objects, creatures, or experiences. In social phobia, people are so anxious in the presence of other people that they avoid social situations.
- Panic attacks, where people are overcome with an overwhelming sense of dread or fear that
  causes racing heart, sweating and shortness of breath. Sometimes, panic attacks are accompanied by agoraphobia, where people have an extreme fear of leaving home.
- Obsessive compulsive disorder, where people perform certain acts repetitively in the belief that doing so will prevent some feared event or consequence.
- Post-traumatic stress disorder (PTSD), which emerges after a person has witnessed or
  experienced a traumatic event. This condition is characterized by intrusive memories of the
  event, avoidance of reminders of the event, emotional numbing, inability to concentrate, sleep
  disturbances and aggressiveness.

### **SIGNS AND SYMPTOMS:**

- · Intense episodes of fear or panic
- Recurring nightmares
- · Avoidance of social situations
- Difficulty concentrating
- Repeated, unwanted thoughts (obsessions)
- Sleep disturbances
- Upsetting, intrusive memories of a traumatic event
- Physical symptoms such as nausea, stomach pain, rapid heart rate, muscle tension, sweating, shaking, dizziness, numbness, or difficulty breathing

### **BIPOLAR DISORDER**

Bipolar disorder is a condition in which a person experiences extreme highs (mania) and extreme lows (depression). During a manic episode, a person's mood is excessively "high," irritable, or aggressive. It is common for a person who is manic to think that nothing is wrong with his behavior even though it is extremely distressing to family and friends. During a depressive episode, a person may feel sad or lose interest in previously enjoyable activities. People with bipolar disorder experience a variety of mood patterns; one person might have mostly episodes of mania or mostly episodes of depression, while another person may cycle rapidly between the two. It is also possible for someone to remain symptom-free for extended periods of time.

### YOU SHOULD KNOW:

- Bipolar disorder usually starts to affect people in their late teens or early twenties.
- · The National Institute of Mental Health (NIMH) estimates that bipolar disorder affects more than 2 million American adults. That's just over 1% of the population. 19
- · In its early stages, bipolar disorder may masquerade as a problem other than mental illness. For example, it may first appear as alcohol or drug abuse, or poor school or work performance.
- Bipolar disorder tends to run in families. However, despite ongoing research efforts, a specific genetic defect associated with the disease has not yet been identified.

### SIGNS AND SYMPTOMS:

#### Mania:

- · Excessively "high," euphoric mood
- Extreme irritability
- · Unrealistic beliefs in one's abilities and powers, such as feeling able to control world events
- · Decreased need for sleep without feeling tired
- · Racing thoughts or fast speech
- · Distractibility or difficulty concentrating
- Agitation
- Spending sprees

- Increased energy, activity, and restlessness
- Poor judgment
- · Lasting period of atypical behavior
- Increased sexual drive
- Abuse of drugs, particularly cocaine, alcohol, and sleeping medications
- · Provocative, intrusive, or aggressive behavior
- · Denial that anything is wrong

### Depression:

- Persistently sad, anxious, irritable or empty mood
- Loss of interest in previously enjoyable activities, including sex
- · Withdrawal from friends and family
- Trouble sleeping or sleeping too much
- Feeling tired or rundown
- Significant change in appetite and/or weight
- · Anger and rage
- · Overreaction to criticism
- Feeling unable to meet expectations

- · Difficulty thinking, concentrating, remembering or making decisions
- · Feeling restless or agitated
- · Feelings of worthlessness, hopelessness or quilt
- Persistent physical symptoms such as headaches, digestive problems or chronic pain that do not respond to routine treatment
- Substance abuse problems
- Recurrent thoughts of death or suicide

### **DEPRESSION**

Depression can affect a person's ability to work, study, interact with people or take care of themselves. The symptoms of depression can last months to years if untreated.

Depression isn't always easy to spot. It may be expressed through the abuse of drugs and alcohol or hostile, aggressive, and risk-taking behavior. Many factors can contribute to the onset of depression, including the presence of other emotional disorders, stress, poor nutrition, physical illness, personal loss and relationship difficulties. Not everyone experiences depression in the same way. Some people may experience primarily behavioral changes, some mainly emotional changes, and still others mostly physical changes.

#### YOU SHOULD KNOW:

- · Depression affects about 19 million people in the US every year, and 1 in 5 at some point in their lifetimes. 20
- · According to the American College Health Association's National College Health Assessment (ACHA/NCHA), the rate of students reporting ever being diagnosed with depression increased 56% from 2000 to 2005 21.
- · Friends are often clued into each other's state of mind: according to research conducted by mtvU and The Jed Foundation, more than 80% of college sophomores recognize that friends have experienced issues like depression, withdrawal and feeling overwhelmed. <sup>22</sup>
- The majority (80-90%) of people who receive treatment for depression experience significant improvement, and almost all individuals gain some relief from their symptoms.

### SIGNS AND SYMPTOMS:

- Persistently sad, anxious, irritable or empty mood
- Loss of interest in previously enjoyable activities, including sex
- · Withdrawal from friends and family
- Trouble sleeping or sleeping too much
- · Feeling tired or rundown
- · Significant change in appetite and/or weight
- · Anger and rage
- Overreaction to criticism
- · Feeling unable to meet expectations

- · Difficulty thinking, concentrating, remembering or making decisions
- Feeling restless or agitated
- · Feelings of worthlessness, hopelessness, or guilt
- Persistent physical symptoms such as headaches, digestive problems or chronic pain that do not respond to routine treatment
- Substance abuse problems
- · Recurrent thoughts of death or suicide

### **SCHIZOPHRENIA**

Schizophrenia is a group of serious brain disorders in which reality is interpreted abnormally. Schizophrenia results in hallucinations, delusions, and disordered thinking and behavior. People with schizophrenia often withdraw from the people and activities in the world around them, retreating into an inner world marked by psychosis.

### YOU SHOULD KNOW:

- More than 2.7 million Americans have schizophrenia. <sup>23</sup>
- Three-quarters of persons with schizophrenia develop the illness between 16 and 25 years of age. Initial onset before age 14 and after age 30 is unusual. 24

#### SIGNS AND SYMPTOMS:

There are several types of schizophrenia, so signs and symptoms vary. In general, schizophrenia symptoms include:

- · Beliefs not based on reality (delusions), such as the belief that there's a conspiracy against you
- · Seeing or hearing things that don't exist (hallucinations), especially voices
- Incoherent speech
- Neglect of personal hygiene
- · Lack of emotions
- Emotions inappropriate to the situation
- Angry outbursts
- Catatonic behavior (a muscular rigidity and lack of response to the environment)

### **EATING DISORDERS**

Our society has become increasingly obsessed with weight and physical appearance, and more and more people have tried some kind of diet at one time or another. It is important to distinguish between "normal" dieting or body consciousness and eating disorders such as anorexia and bulimia.

A person with anorexia is significantly underweight but still worries about being or becoming fat. In contrast, a person with bulimia is often at normal weight for their age and height, so those closest to them may not realize that anything is wrong. Eating disorders can cause serious, and potentially fatal, medical problems that affect the heart, brain, and other body organs. It is important to know that men can have these disorders too, although they are much more common in women.

#### YOU SHOULD KNOW:

- Eating disorders often begin during high school or college.
- As many as 10% of women and 1% of men suffer from an eating disorder.
- · Bulimia is more common than anorexia.
- · Anorexia can co-occur with other disorders, most commonly depression, social phobia, and obsessive-compulsive disorder.
- · The successful treatment of eating disorders includes addressing both their emotional and physical symptoms.
- · It is estimated that as many as one in 10 people with anorexia will die from complications of the disorder. 26

### SIGNS AND SYMPTOMS:

#### Anorexia:

- Weighing 15% or more below normal body weight
- · Weight loss, sometimes by means of self-induced vomiting, abuse of laxatives or diuretics, or excessive
- Intense fear of gaining weight
- · Anxious or ritualistic behavior at mealtimes

- · Seeing oneself as overweight no matter how underweight
- · Wearing clothes that prevent others seeing their bodies
- Menstrual changes or the absence of menstruation
- Fatique
- Depression

#### Bulimia:

- Repeatedly eating larger than normal amounts of food in a short period of time and feeling unable to control this behavior (binging)
- Preventing weight gain after a binge by means of self-induced vomiting, abuse of laxatives or enemas (purging); fasting; or excessive exercise
- · Unhealthy focus on body shape and weight

- Depression
- Constipation
- Discolored teeth and gums
- · Increased use of alcohol and substances (bulimia can co-occur with alcohol and drug abuse)

### SELF-INJURY (CUTTING)

Cutting is the act of intentionally inflicting harm on oneself, usually without suicidal intent. While the term is often used broadly, cutting is really only one form of what is known as "selfinjurious behavior" or "non-suicidal self-injury." Other types of self-injury include scratching, burning, ripping or pulling skin or hair, swallowing toxic substances, self-bruising, and breaking bones. While cutting may occur on any part of the body, it is most common on the hands, wrists, stomach, and thighs. Tattoos and body piercing are not typically considered self-injurious behavior unless undertaken with the intention of causing harm.

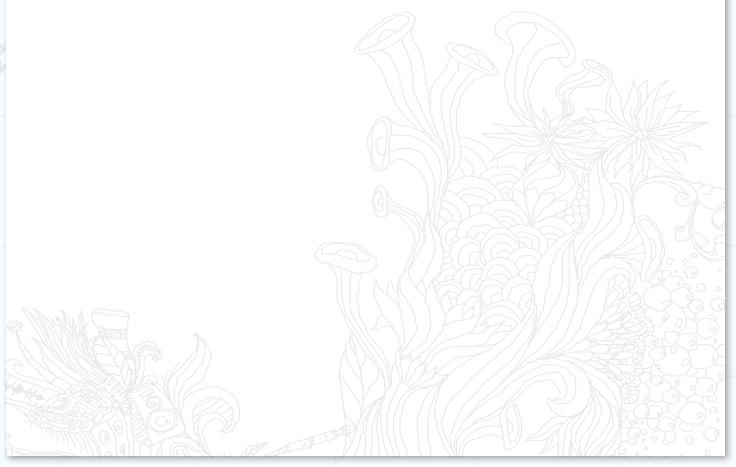
Not everyone who cuts does so for the same reasons. Some people report overwhelming sadness, anxiety, or emotional numbness to be common triggers. Other reasons include a need to feel in control, relieve stress, create visible and treatable wounds, purify one's body, reenact a trauma in an attempt to resolve it, or shield others from one's emotional pain. Although not always true, cutting is frequently linked to childhood abuse (especially sexual abuse), depression, anxiety, eating disorders, post-traumatic stress disorder, borderline personality disorder, and substance abuse problems. Regardless of the cause, self-injury may best be understood as an unhealthy coping mechanism.

### YOU SHOULD KNOW:

- Cutting often begins between the ages of 12 and 15, but studies suggest that 30%-40% of college students who cut begin at 17 years or older.
- · Because cutting often occurs in private, it is difficult to gauge how commonly cutting occurs. It is estimated that cutting occurs in anywhere from 4% to 38% of the population.
- An estimated 1/2 to 2/3 of people who cut also have an eating disorder. <sup>27</sup>
- Over 1/3 of the respondents in a college study who reported cutting indicated that no one knew about the behavior.
- Studies have shown that individuals with a history of cutting are over 9 times more likely to report suicide attempts and nearly six times more likely to report having a suicide plan. 28

### WHAT TO WATCH FOR:

- Unexplained burns, cuts, bruising, scars, healing or healed wounds, or similar markings
- Implausible stories which may explain one, but not all, physical injuries
- · Dressing inappropriately for the season (e.g., consistently wearing long sleeves or long pants in summer)
- Constant use of wristbands, large watchbands, or large bracelets
- Frequent bandages or other methods of covering wounds (e.g., make-up)
- Odd/unexplainable paraphernalia (e.g., razor blades)
- Unwillingness to participate in activities that require less body coverage (e.g., swimming)



# College Suicide

## **Tragic Consequences**

There are a range of negative consequences that can happen when mental health problems in young people are not addressed or properly treated. These include: struggling academically or socially, having to drop out of college, severe isolation and loneliness, not developing critical coping and life management skills, and drug or alcohol dependency. By far the most devastating and permanent consequence of emotional distress is suicide.

## **Check Point**

Should you witness, hear, or see anyone exhibiting any one or more of the following, get help IMMEDIATELY by contacting a mental health professional, calling your college's emergency number, or calling 1-800-273-8255 (TALK.)

Most people who are suicidal desperately want to live but are unable to find another way to cope with their thoughts or feelings. Almost all college students who die by suicide are suffering from an emotional disorder, most commonly depression. Other emotional problems can increase the risk for suicide, too, such as anxiety disorders, bipolar disorder, substance abuse or eating disorders.

Identifying and treating these illnesses is especially important because someone with an untreated emotional disorder may be more likely to attempt suicide in the wake of a stressful event such as a death, relationship difficulties or a failed exam.

### Other factors that can put an individual at increased risk for suicide include:

- · Previous suicide attempt
- · Family history of suicide, suicide attempts, depression or other mental health conditions
- Impulsive personality
- Alcohol or substance abuse

### SUICIDE: STATS YOU MUST KNOW

- Suicide is the second leading cause of death among college students.<sup>29</sup>
- Nearly 4,000 people aged 15–24 die by suicide each year in the United States. 30
- 7% of college students say they've seriously considered suicide during the past year 16% of students say that they have a friend who has talked about wanting to end their life in the past year.

# College Suicide cont'd

 16% of students say that they have a friend who has talked about wanting to end their life in the past year.

### SIGNS AND SYMPTOMS:

The most effective way to prevent suicide is to know the warning signs, take those signs seriously, and know how to respond. People who are suicidal can be helped with the proper treatment.

- Hopelessness
- · Rage, uncontrolled anger, or seeking revenge
- · Acting reckless or engaging in risky activities, seemingly without thinking
- Feeling trapped like there's no way out
- · Increased alcohol or drug use
- · Withdrawing from friends, family and society
- · Anxiety, agitation, inability to sleep or sleeping all the time
- Dramatic mood changes
- · Expressing no reason for living or no sense of purpose in life
- Giving away favorite things
- · Talking about dying, death, injuring oneself, disappearing.

If someone has been recently depressed and it suddenly appears as if the depression has disappeared without a trace this could be a warning sign. The risk of suicide may be greatest as the depression lifts.

If you notice any of these signs and symptoms, help is available on and off campus. In emergencies, contact campus police or call 9-1-1.

### **CAMPUS RESOURCES:**

Help is available on or around campuses through the following resources:

- · Student counseling center
- · Student health service
- · Residence hall director, dean, academic advisor, tutor, or faculty
- Campus religious or spiritual leader

#### SEEKING HELP OFF-CAMPUS:

- Talk to your family doctor
- Suicide Prevention Hotline at (800) 273-TALK or local suicide hotlines.
- Community mental health center

## **Fast Fact**

More than 90 percent of youth who die by suicide had at least one psychiatric illness at the time of death; in about half such cases, the psychiatric illness was present, although often unrecognized, for two years or more. 32

# College Suicide cont'd

- · Hospital psychiatry departments and outpatient clinics
- Use SAMSHA's Mental Health Resource Locator: http://mentalhealth.samhsa.gov/databases/

### IN AN EMERGENCY:

- Call campus police or 9-1-1
- · Take the individual to an emergency room or mental health walk-in clinic
- Do not leave the person alone until professional help is with him/her
- · Remove any firearms, alcohol, drugs, or sharp objects that could be used in a suicide attempt

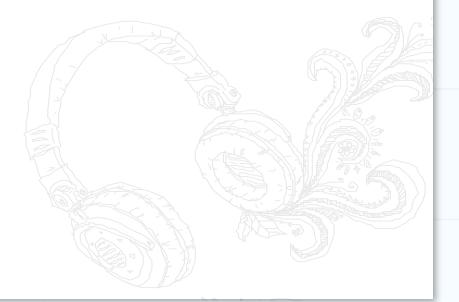
## **Check Point**

Don't wait for your child to begin school! Contact the school at the time of enrollment to inquire about their specific policies regarding parental contact about their child's emotional health issues.

### **LEARN MORE:**

Following is a list of local resources where you can get help, additional information and support.

- www.asfp.org
- www.save.org
- www.sprc.org
- www.suicidology.org





# **Students with Diagnosed Mental Health Problems**

## What's Inside?

This chapter contains advice for helping students who have previously been diagnosed with emotional disorders transition into college and beyond.

Advances in treatments for depression, bipolar disorder, and other mental illnesses mean that more students with diagnosed mental conditions are able to attend college today than ever before. At the same time, if you are a parent of one of those students, you know the situation requires special planning, ongoing support and treatment.

Of course each situation is individual, but when planning for a child's transition to college who is or has been treated for an emotional disorder, three important guidelines apply:

#### 1. BE MINDFUL.

Know your child and work with him to choose a college that's aligned with his interests, needs and special requirements. As he plans his schedule and makes adjustments, encourage him to be realistic about his academic and social expectations and choices.

### 2. FIND SUPPORT.

Once in college, it's not unusual for some children to want to "give it a go" on their own. The prudent course of action is to seek support, relying upon available campus and local resources to put the plans and accommodations in place your child may need now or in the future. Remember, mental health disorders are real illnesses, just like diabetes or heart disease. Working within the available health care system to mitigate their severity and impact is essential. Talk to your child's current health care provider and the school about your own family's situation. Then find the support you need to help keep your child on track.

### 3. HAVE A PLAN... AND PLAN FOR SETBACKS

Take measures to maximize your child's ability to thrive while at college, putting specific plans in place for treatment, transfer of care to a new provider, and what to do in the event of emergency. Plan for setbacks. All people face times when their mental health is challenged. Particularly for those with a diagnosed mental condition, adapting to and accepting setbacks is a vital part of successful management of their disease.

# Students with Diagnosed... cont'd

# **Campus Support Systems**

Advance planning can help ensure your child has pre-arranged access to the best mental health professionals and services for their particular needs. One of the wisest steps you can take is to identify and actively touch base with the people your child may need to have in their network of support before they're needed.

Learn more about your campus disability center: the services provided; caseload per student; academic accommodations they can provide -- such as extra time on exams, priority registration or a reduced course load – and whether their policy is to contact the parents if there is a problem.

Your family's advance planning allows the campus counseling center sufficient time to help you identify the right mental health professional for your child and to get the proper documentation in place to properly support him.

If you choose not to do this, you may discover getting these types of issues resolved can take days or even weeks, potentially impairing your child's ability to receive the help he or she deserves when it is truly needed.

# **Continuing Professional Treatment**

If your child is currently in therapy, and your child's college is not within a reasonable driving distance to maintain regular sessions, it's imperative your child find a new therapist either on or off-campus. Having your child's current therapist actively involved in the process will be important to ensuring a smooth and successful transition.

If your child has a good relationship with a therapist, he or she may be uneasy about switching to a new one.

Help your child embrace this change by offering: "I know this is a big change and that it's scary and unsettling, but there's every reason to believe that since you had a good experience with Dr. X, you'll be able to do it again with Dr. Y. And if you don't click with Dr. Y, we'll help you find someone else. No matter what, we'll make this work."

Have your child develop an updated safety plan with their current therapist that can be used as a template for the new one.

# Students with Diagnosed... cont'd

## Quick Tip!

Concerned about your child adhering to a medication schedule? Have them text you a message, like "taken," each time they take a dose. Text messages are time stamped.

## **Medicine Adherence**

If your child takes any type of medication, find out beforehand if there's an on-campus pharmacy and whether it takes your insurance. If your child takes medication, and you've been in charge of making sure he adheres to his medication schedule, that responsibility will shift. Have your child start taking on the responsibility himself by doing a dry run over the summer. Map out a plan together, including how he will inform you that the medication has been taken on time and as prescribed.

## **Insurance**

Be sure you and your child investigate health insurance coverage and restrictions and any relevant changes. Find out:

- · What types of mental health services are covered while your child is away at school?
- Are there restrictions about what type of mental health professional your child may see?
- How many mental health treatment sessions are covered annually?
- Is a referral from a primary care provider required before your child can see a mental health provider?
- · What does the college's health insurance cover, and are pre-existing conditions included in the coverage?
- Is there a deductible or co-payment?
- What happens if your child sees a provider who is "out of network?"
- Is psychiatric hospitalization covered?

## Matters Related to Accommodation Under the Law

Because mental illnesses can fall under the Americans with Disabilities Act, campus disability services professionals may be your most helpful source of information when considering a college or preparing to send your child to a school. (Note: The designated person who coordinates the college's compliance may have a variety of different titles, such as the Section 504 Coordinator, ADA Coordinator, or Disability Services Coordinator.) When talking with these professionals, you don't need to disclose any personal information to get the answers to key questions like:

- What types of academic and social support structures are in place for students with disabilities, such as tutoring, academic and peer advising, education coaching, student activities and career services?
- Under what circumstances will the college notify a parent regarding a child's mental health?
- What happens when a parent contacts the college with concerns regarding a child?
- What is the school's medical leave of absence and re-entry policy?
- What is the code of conduct, including under-age (and not under-age) alcohol and other drug use policies?

• What is the policy on self-harm and other high-risk behaviors?

In accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act, almost all colleges and universities, must legally provide your child with reasonable accommodations (such as being allowed more time to take a test, or to record lectures), if your child has a mental illness that meets certain criteria under the law. If you need to do so, explore these measures in advance, as what a college or university determines as reasonable may vary greatly.

# **Privacy**

A common misperception of parents is that they are entitled to progress reports about the mental health of their child.

Mental health professionals, whether on or off campus, are ethically bound to keep what your child says during therapy confidential unless your child specifically authorizes the release of information about his or her diagnosis and treatment, or they pose a threat to themselves or others. School counseling centers and outside providers generally will not release medical information—including to family, parents/legal guardians or faculty without written authorization. These are complex subjects, which need to be discussed and addressed with the health counseling center before your child arrives on campus.

### **Fast Fact**

If your child was previously aided by the Individuals with Disabilities Education Act (IDEA) for high school students, familiarize yourself with the differences for college students. If your child does not disclose, the college has no obligation to suggest accommodations.

## Forms & Documentation

Some colleges ask questions about mental health history as part of the medical history form you will be asked to fill out about past immunizations and other matters. If you are returning the forms to the health counseling center (and unless the form states otherwise), your answers are protected health information and therefore confidential. No one will see them except health or counseling center personnel. Answering honestly is important. Just as you'd want the health center to know that your child had diabetes, in case your child became ill, having information about past mental health diagnoses may be vital to your child's care.

### **LEARN MORE:**

To receive more information about the civil rights of students with disabilities in education institutions, contact:

Customer Service Team Office for Civil Rights U.S. Department of Education Washington, D.C. 20202-1100

**Phone:** 1-800-421-3481 **TDD:** 1-877-521-2172 Email: ocr@ed.gov

Web site: www.ed.gov/ocr

# Students with Diagnosed... cont'd

# **Telling Others**

There's no right or wrong answer for whether your child should disclose to his roommate, RA or other peers that he has a mental health condition. It's a personal choice.

If your child is comfortable with his mental health condition and wants to disclose the condition, advise your child to wait until he really gets to know his friends. This life skill goes beyond mental health issues to the larger issue of development of boundaries and the placement of trust.

## Quick Tip!

When ready, help your child find the language to open up. For example, if your child has a bipolar disorder, he or she might say: "Look, I want you to know something about me. Sometimes my mood changes...sometimes pretty dramatically. I just want you know that this is something I'm aware of and I'm dealing with it. So, if I'm not responsive or interacting with you like the way I am now... chances are it has nothing to do with anything you've done. But, it's okay to ask. In fact, it can be helpful."

# **Voluntary or Medical Leave of Absence**

If during your child's college career it is determined that your child is unable to function and/or is no longer being academically successful, then an academic leave of absence should be considered. However, before doing so, make sure that you or your child contact the campus disability services office first to make sure that all accommodations have been considered. For example, if your child is registered as having a disability, that gives them the option of substantially dropping their class load, while still being considered a "full-time" student, thereby not losing a scholarship.

# **Involuntary Leave of Absence**

Making decisions about students who may be distressed, suicidal, or threatening to others are increasingly difficult for institutions of higher education that need to balance the interests of the individual and those of the broader community.

In recent years some schools have placed on involuntary leave students who have either threatened to hurt themselves, been hospitalized or experienced a mental health crisis. In some cases, these practices have been legally challenged. As a result, some legal standards have been developed.

The decision to impose a leave of absence should only be made in the uncommon circumstance that a student cannot safely remain at a university or meet academic standards, even with accommodations and other supports. The same applies to exclusion from university housing, which should be imposed only if a student cannot safely remain in the housing, even with accommodations. Information from mental health professionals may be vital in making this assessment and, in the event the school decides to act, students are entitled to "due process protections." These include notifying the student of the action the school is considering and an explanation of why the school believes that such an action is necessary. In the case of

# Students with Diagnosed... cont'd

an involuntary leave of absence, you should coordinate with your child and legal representative to respond and provide relevant information.

# **Returning to School**

Upon returning from leave, school officials sometimes ask students to sign a contract and agree to various conditions before they will be allowed to return to school. Keep in mind that a school cannot require that a mental illness be cured or that any related behavior never recur unless those behaviors threaten the safety of your child or someone else.

A student who wants to return to school after taking a leave of absence for mental health reasons should not be subjected to more rigorous standards or procedures than a student who wants to return after taking a leave for physical reasons.

## Quick Tip!

Every state has a Protection and Advocacy (P&A) program that safeguards the rights of people with mental disabilities. When problems arise, the P&A can pursue legal, administrative and other remedies to protect your child's rights. Find more information at www.ndrn.org.



# The Proactive Parent

## What's Inside?

This chapter highlights the important influence parents still have over their children's emotional wellness.

# **Be Vigilant**

While many parents are aware of their college-bound children's vulnerabilities, whether due to past experiences with depression or a family history, others are caught by surprise when the highly stressful college separation exacerbates dormant problems.

To be sure, physical distance poses challenges. But it's crucial for parents to find ways to keep track of changes in their child's attitude and behavior during the transition to college.

With proper planning and open communication, your student will be aware of the mental health resources available at college should he need them. And the fact is, the most important resource is you.

Studies show parents can exert an enormous amount of positive influence on their children.

# **Fast Fact**

A study by The Jed Foundation and mtvU shows that, after friends, students who are experiencing emotional distress will turn to their parents for help. <sup>33</sup>

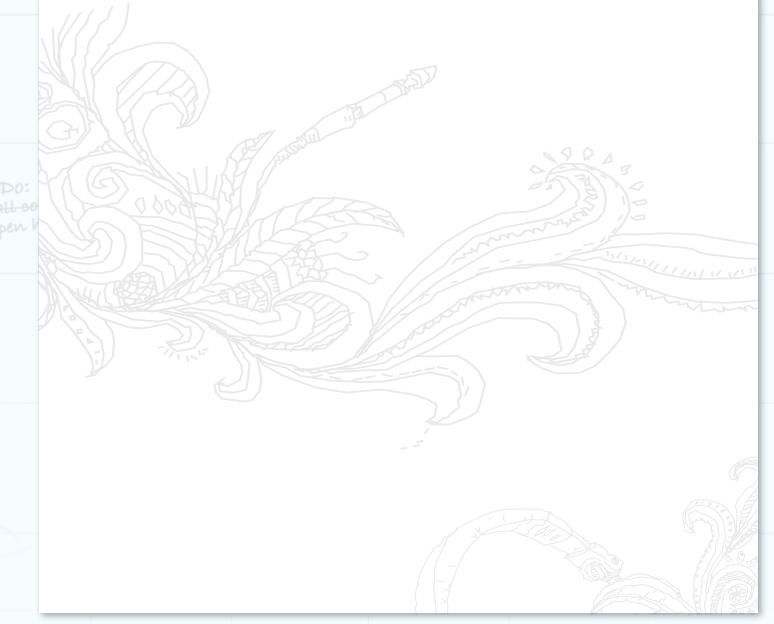
IN EMOTIONAL DISTRESS, STUDENTS TURN TO:
76% Friends
63% Parents
20% School Counseling
18% Resident Advisor
17% Crisis Hotline

If you invest the time now to talk to your child about his or her hopes for college and the future, chances are, they'll confide in you about struggles they may experience later on. Together, you can deepen your child's resiliency and coping mechanisms, and enhance your own family's ability to navigate life's complex transitions.

#### **KEY TAKEAWAYS:**

- Emotional health is a critical part of the college transition that should not be overlooked.
- Emotional issues are cited as a leading reason students struggle during college.
- Students who have skills in managing stress and taking care of their overall wellness will be better able to handle the challenges of college.

- Even with physical distance, parents have enormous influence on their children's behavior, decisions and welfare.
- If you notice signs of a larger problem, educate yourself on the issues and the signs of emotional distress.
- If your child has a problem, address it quickly and properly.
- · If you are the parent of a student with a diagnosed mental health condition, it is vital to have an active transition plan and remain vigilant so that your child can have a successful college experience.





# **Everyone Graduates**

We all share the hope that our children will realize their goals, graduate college and go on to a life of possibility and opportunity. But the fact remains, emotional health issues are one of the key impediments to this shared family dream becoming a reality. In spite of our best efforts, at some point our children may have difficulty in college—either academic or personal.

For many students, the transition from high school to higher education is a stressful experience. The best evidence of this is the fact that at colleges and universities across America, many new students will decide to drop out or transfer before graduation.

Although mental health issues on campus are a prevalent problem, they are treatable. The students who do thrive are those who learn how to take care of their emotional health and deal with the stresses of college with their parents and the full resources of the campus community behind them. That's why, in partnership with the experts, The Jed Foundation is working to strengthen the mental health safety net for college students. We're changing the way students and their parents think about mental health, paving the way for more students to get treatment, and helping colleges create safer and healthier campus communities.

Remember, no matter how your child does at college, you'll always be his or her parent. Be informed, show you care, communicate, and most important — don't be afraid to ask for help. Your family will benefit from having the right partners to help you anticipate, plan for, and protect the emotional health of your college age children. Together with your child, you'll put college life back in balance, and face the future with excitement, optimism and courage.



# Thanks and Acknowledgments

This guide would not have been possible without the ideas, resources and feedback of our partners at The American Psychiatric Foundation (APF) and our Transition Year Advisory Board. We would also like to thank Joanna Locke, MD, MPH, and Clare Miller at APF who were integral in the creation and development of this program.

This collaborative effort began with a survey of parents to identify how parents think about mental health and their children. We'd like to thank the Academy for Educational Development (AED) and the more than 1,000 parents with teenagers between the ages of 16 and 20 who spoke with us about their knowledge, concerns and goals related to their children's emotional well being. The results of this survey and our own comprehensive literature review serve as the foundation for this guide.

We would also like to thank the government organizations, and the hundreds of university leaders, professionals and other experts with whom we work on an ongoing and collaborative basis to develop programs, identify resources and prioritize efforts to protect and address the emotional health of America's college students. Many of the organizations we turn to for guidance and support are included in the resource list at the end of this guide.

Information provided in this guide is based on current information and best practices in the public domain and provided to us by our partners and collaborators in the government, university and private sector. Technical matter and advice was sourced from a variety of organizations, including AFSP, SAMHSA, NAMI, MHA, The Bazelon Center for Mental Health Law and The Jed Foundation's own materials which have been developed with input from leading mental health experts.

This guide is not a substitute for professional medical advice. For more information about resources available in your community, contact your local or campus mental health center or an affiliate of the national organizations in our list of resources.

### 20

# Thanks & Acknowledgments...cont'd

### TRANSITION YEAR ADVISORY BOARD

### HOWARD ADELMAN, PHD

Co-Director, UCLA Center for Mental Health in Schools

### ALAN A. AXELSON, MD

APF Board Member; Medical Director of InterCare Psychiatric Services

### KIM COLLINS, PHD

Coordinator of Cognitive and Psychological Disability Services, University of Illinois at Urbana Champaign

### REBECCA DAYTON, PHD

Director of the Counseling Center, Syracuse University

### MELVA GREEN, MD, MBA, MPH

Member, APA Council on Minority Mental Health and Disparities; Professor of Psychiatry, Johns Hopkins School of Medicine

### SCOTT HOOKER, MS

Board Member, National Association for College Admission Counseling; former President, New York State Association for College Admission Counseling; College Advisor at the Allendale Columbia School in Rochester, NY

### SHELDON H. HOROWITZ, EDD

Director of Professional Services, National Center for Learning Disabilities

### MARY STUART HUNTER, MS

Director, National Resource Center for the First-Year Experience at the University of South Carolina

### ALAIN JOFFE, MD, MPH

Director, John Hopkins University Student Health Center; Advisory Board Member, Partnership for Drug Free America

### JERALD KAY, MD

Chair, Department of Psychiatry, Wright State University School of Medicine; Chair, APA Corresponding Committee on Mental Health on College and University Campuses

### JASON KILMER, PHD

Acting Assistant Professor in Psychiatry and Behavioral Sciences, University of Washington; Addictive Behaviors Specialist, Counseling Center, The Evergreen State College

### MARJORIE SAVAGE, MS

Director, University Parent Program, University of Minnesota; Author, You're On Your Own (But I'm Here if You Need Me): Mentoring Your Child During the College Years

### SARAH ABELSON

Chapters Coordinator, Active Minds

# Thanks & Acknowledgments... cont'd

### **RESOURCE LIST**

For more information on mental health, common emotional disorders and suicide prevention, contact the following organizations and web sites.

### **ACTIVE MINDS**

The nation's only peer-to-peer organization dedicated to raising awareness about mental health among college students. The organization serves as the young adult voice in mental health advocacy on more than 100 college campuses nationwide.

www.activeminds.org

### ALCOHOLICS ANONYMOUS (AA)

Fellowship of men and women who share their experience strength and hope with each other that they may solve their common problem and help others to recover from alcoholism. www.aa.org

# AMERICAN ASSOCIATION OF SUICIDOLOGY (AAS)

AAS's goal is to understand and prevent suicide..

www.suicidology.org

# AMERICAN FOUNDATION FOR SUICIDE PREVENTION (AFSP)

A leading not-for-profit dedicated to understanding and preventing suicide through research, education and advocacy. Reaches out to people with mental disorders and those affected by suicide.

www.afsp.org

# ANXIETY DISORDERS ASSOCIATION OF AMERICA (ADAA)

Dedicated to the prevention, treatment and cure of anxiety disorders and to improving the lives of people who suffer from them. <a href="https://www.adaa.org">www.adaa.org</a>

### BAZELON CENTER FOR MENTAL HEALTH LAW

A leading advocate for people with mental disabilities; works to protect and advance the rights of adults and children. <u>www.bazelon.org</u>

### HALF OF US

A groundbreaking program that raises awareness about the prevalence of mental health issues on campus and connect students to the appropriate resources to get help. <a href="https://www.halfofus.org">www.halfofus.org</a>

# MENTAL HEALTH AMERICA (FORMERLY NMHA)

Dedicated to helping all people live mentally healthier lives. www.nmha.org

#### NARCOTICS ANONYMOUS

An international community-based organization of recovering drug addicts. www.na.org

# Thanks & Acknowledgments...cont'd

## NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI)

NAMI is dedicated to improving the lives of individuals and families affected by mental illness. www.nami.org

## NATIONAL ASSOCIATION OF ANOREXIA NERVOSA AND ASSOCIATED DISORDERS

Assists individuals and their families to find resources and provide referrals to professionals.

www.anad.org

### NATIONAL EATING DISORDERS ASSOCIATION

Dedicated to providing education, resources and support to those affected by eating disorders.
www.nationaleatingdisorders.org

# NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH)

Part of the federal government's National Institutes of Health, NIMH is the largest scientific organization in the world dedicated to research on the understanding, treatment and prevention of mental disorders. www.nimh.org

## NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM (NIAAA)

Provides resources and information on issues related to alcohol abuse and binge drinking among college students.

www.collegedrinkingprevention.gov

### NATIONAL INSTITUTE ON DRUG ABUSE

Bringing the power of science to bear on drug abuse and addiction. www.nida.nih.gov

#### **OVEREATERS ANONYMOUS**

Fellowship of individuals who, through shared experience, strength and hope are recovering from compulsive overeating. <a href="https://www.oa.org">www.oa.org</a>

## SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)

This is the government's National Health Information Center. It works to improve the quality and availability of substance abuse prevention, alcohol and drug addiction treatment and mental health services. <a href="https://www.samhsa.gov">www.samhsa.gov</a>

### SELF ABUSE FINALLY ENDS (SAFE)

A nationally recognized treatment approach, professional network and educational resource base committed to helping people achieve an end to self-injurious behavior. <a href="https://www.selfinjury.com">www.selfinjury.com</a>

# SUICIDE PREVENTION ACTION NETWORK (SPAN USA)

Dedicated to preventing suicide through public education and awareness and federal, state and local grassroots advocacy.

www.spanusa.org

# Thanks & Acknowledgments...cont'd

### SUICIDE AWARENESS VOICES OF **EDUCATION (SAVE)**

SAVE's mission is to prevent suicide through public awareness and education, reduce stigma and serve as a resource for those touched by suicide. www.save.org

## SUICIDE PREVENTION RESOURCE CENTER (SPRC)

SPRC provides prevention support, training and resources. www.spc.org

### ULIFELINE

An anonymous, confidential online resource where students can find mental health information and support to help themselves or a friend. More than 1,200 colleges and Universities use ULifeline to address mental health challenges on their college campus and encourage students to seek help. www.ulifeline.org



# Thanks & Acknowledgments...cont'd

#### **SOURCES**

- The Jed Foundation Parent Survey, 2007 http://www.jedfoundation.org/parents/programs/ transition-year-project
- The Jed Foundation Parent Survey, 2007 http://www.jedfoundation.org/parents/programs/ transition-year-project
- mtvU-Jed Foundation study, "mtvU College Mental Health Study: Stress, Depression, Stigma & Students."
- American College Health Association (ACHA) National Survey 2007
- Harvard School of Public Health, (http://www. ithaca.edu/ithacan/articles/0003/16/news/harvard\_ study.html)
- White et al., 2002; study noted on www.Duke.edu
- http://www.ncbi.nlm.nih.gov/pmc/articles/ PMC474733/
- mtvU-Jed Foundation study, "mtvU College Mental Health Study: Stress, Depression, Stigma & Students." http://www.halfofus.com/press.aspx
- The Jed Foundation Parent Survey, 2007 http://www.jedfoundation.org/parents/programs/ transition-year-project
- 10 British Columbia Post Secondary Counsellors' Association, http://www.bcpsca.com/files/ retention\_and\_college\_counseling\_centers.pdf
- 11 mtvU-Jed Foundation study, "mtvU College Mental Health Study: Stress, Depression, Stigma & Students." http://www.halfofus.com/press.aspx
- 12 InCrisis, http://www.incrisis.org/Articles/ PrevalenceMHProblems.htm
- 13 National Institute of Mental Health, http://www. nimh.nih.gov/science-news/2005/mental-illnessexacts-heavy-toll-beginning-in-youth.shtml
- 14 The Partnership for a Drug-Free America, http:// www.drugfree.org/portal/drugissue/features/ prescription\_medicine\_misuse
- 15 White House Initiative on Education Excellence for Hispanic Americans, http://www.yic.gov/drugfree/ alcabuse.html
- 16 National Institute on Alcohol Abuse and Alcoholism (NIAAA), http://www.niaaa.nih. gov/AboutNIAAA/NIAAASponsoredPrograms/ Statistical Snapshot College Drinking.htm

- 17 National Comorbidty Survey Replication
- 18 Mayo Clinic website, www.mayoclinic.org [Ed. Note: ADHD not listed on website]
- 19 National Institute of Mental Health (NIMH)
- 20 National Institute of Mental Health (NIMH), http:// www.nimh.nih.gov/health/publications/thenumbers-count-mental-disorders-in-america/index. shtml
- 21 American College Health Association's National College Health Assessment (ACHA/NCHA), http:// www.achancha.org/.
- 22 mtvU-Jed Foundation study, "mtvU College Mental Health Study: Stress, Depression, Stigma & Students.", http://www.halfofus.com/press.aspx
- 23 National Association of Social Workers, http://helpstartshere.org/ TipSheetFactsAboutSchizophrenia/tabid/488/ language/en-US/Default.aspx
- 24 Schizophrenia and Related Disorders Alliance of America, http://www.sardaa.org/about\_schiz.html
- 25 The Eating Disorder Foundation, http://www. eating disorder foundation. or g/Eating Disorders. htm
- 26 South Carolina Department of Mental Health, http://www.state.sc.us/dmh/anorexia/statistics.htm
- 27 The Sober Recovery Community, http://www. soberrecovery.com/forums/anxiety-disorders/9752self-injury.html
- 28 ScienceDirect http://www.sciencedirect.com
- 29 Suicide.org, http://www.suicide.org/collegestudent-suicide.html
- 30 American Foundation for Suicide Prevention, http:// www.afsp.org/files/College\_Film//factsheets.pdf
- 31 American Foundation for Suicide Prevention, http://www.afsp.org/files/College\_Film//factsheets. pdf
- 32 American Association of Suicidology (AAS), http:// www.suicidology.org/c/document\_library/get\_ file?folderId=231&name=DLFE-169.pdf
- 33 mtvU-Jed Foundation study, "mtvU College Mental Health Study: Stress, Depression, Stigma & Students." http://www.halfofus.com/press.aspx

						23
						2
						4
						10
Do: all colleges open house						17
	DISCLAIMER					2.
	The information available in this guide and at <a href="https://www.transitionyear.org">www.transitionyear.org</a> is intended as a supplement and NOT a substitute for, the knowledge, skill, and judgment of qualified psychiatrists, psychologists, physicians and health					
	care professionals. The information in this guide has been obtained from sources believed to be accurate and reliable. However, The Jed Foundation makes no warranty as to the accuracy, reliability, or completeness of this information. Should you have any health, medical or disability questions or concerns, please consult a physician or other health care professional.					3
	All content is provided for information and educational purposes only. Neither The Jed Foundation, nor any of the suppliers of information or material in connection with this document, accepts any responsibility for decisions made based upon the use of the document. The Jed Foundation presents this document as is, without express or implied warranty.					6