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# An Evaluation of Mental Health Resources at Syracuse University

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*Syracuse University*

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An Evaluation of Mental Health Resources at Syracuse University

A Capstone Project Submitted in Partial Fulfillment of the  
Requirements of the Renée Crown University Honors Program at  
Syracuse University

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and Renée Crown University Honors  
Spring 2017

Honors Capstone Project in Your Major

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## **Abstract**

This Honors capstone project discusses mental health at Syracuse University. As identified through quantitative and qualitative research, as well as through personal narratives and experiences, mental health resources and awareness at Syracuse University could be drastically improved. This project's objective is to evaluate these mental health resources on Syracuse University campus and to offer recommendations to improve said resources and build awareness. This has been done through Mental Health Awareness Week and a Mental Health Report with additive research through an annotated bibliography. Through this, the project outlines the trajectory of mental health on campus. Overall, this project has shifted the way Syracuse University thinks about mental health, placing it as a top priority in the minds of decision-makers on campus.

## Executive Summary

**Introduction:** This study evaluates mental health resources and awareness at Syracuse University, primarily from a student perspective. The results have been presented across campus to directors, administrators and students. This report will be used to develop policies, programming and strategies to improve mental health at Syracuse University.

**Methods:** Methods for each chapter vary. The first chapter is an analysis of a week of programming. Therefore, analysis was done throughout the week and in debriefing sessions between planners, as well through self-reflection. The second chapter uses both qualitative and quantitative data. Data were drawn from the Syracuse University Climate Assessment Survey and provided by the Syracuse University Counseling Center. National data were pulled from the Center for Collegiate Mental Health 2015 Annual Report. Policy recommendations presented reflect best practices from across the country as gathered by the SA Mental Health Action Committee. Aside from the quantitative data, the Committee conducted eight face-to-face interviews to write personal narratives. The third chapter is an analysis using the Prince Chart System as created by William Coplin. The last chapter is an aggregation of sources, found online, to guide the conversation, research and recommendations within the project.

### Findings:

- 1) Mental Health Awareness Week was a success for the first-ever program at Syracuse University of its kind.
- 2) Key findings from the Mental Health Report specific to Syracuse University:
  - a. The number one condition affecting undergraduate student activities at Syracuse University is mental health/psychological conditions.
  - b. Four out of the top five reasons undergraduate students said they considered leaving the University related to the quality of their mental health.
  - c. Syracuse University has a 1:1,282 counselor to student ratio, well above the national suggested ratio and one of the highest ratios amongst peer institutions.
  - d. Syracuse University students seeing the Counseling Center who are having thoughts of suicide are on par with the national average of above 30 percent.
  - e. The wait time for an appointment at the Syracuse University Counseling Center has increased over the last year due to an increase in students coming into the Counseling Center in crisis.
- 3) Three out of four policies analyzed have over a 50 percent chance of success. Those are:
  - a. the hiring of five to seven more counselors within the next two years,
  - b. conducting an analysis of the health and wellness fee and
  - c. the creation of a peer listening service.

## Acknowledgments

This capstone would not have been written and the work would not have been done had it not been for many people.

As part of my time as Student Association vice president, I have largely focused on the contents of this project. For that, I thank the 60<sup>th</sup> Legislative Session for providing support and encouragement, as well as a preemptive thank you to the 61<sup>st</sup> Legislative Session for continuing the work.

I would like to thank the offices and resources on campus that work tirelessly to ensure that Syracuse University is a place that values mental health and also have helped me on this project. These include but are not limited to: Office of Health Promotions, Counseling Center, Hendricks Chapel, Office of Student Assistance, Psychological Services and Psychiatric Services. I would also like to thank The Harris Project for partnering during Mental Health Awareness Week and being a resource to me. I also thank the student organizations that year after year tirelessly put on programming for their peers, specifically, Active Minds, NAMI and the Office of Health Promotions peer educators.

The contributors to the Mental Health Report have made the work accomplished during this year and the work that is to come much easier. For their hard work and long nights, I thank: Megi Shehi, Kylie Kerker, Kelsey Fowler, Hasmik Djoulakian, Evan Habib and Ming Rose Cooke.

I thank many administrators and staff members that have given me an extraordinary amount of guidance, support, ideas and data. Thank you to Kristelle Aisaka for walking into a new position at the university and becoming the leader of Mental Health Awareness Week; thank you for continuing that support and student-focus beyond that week. Thank you to Rebecca Reed Kantrowitz, Rebecca Dayton and Cory Wallack for being with this project since its infancy, for the corrections and for the connections. Thank you Candace Campbell Jackson for supporting student mental health initiatives before, during, and hopefully after this year is over. Thank you to M. Dolan Evanovich for prioritizing student input and experience and allowing my team venues to present our findings and recommendations. Thank you Chancellor Syverud and Dr. Chen for your unwavering support of students and in this project.

Thank you to William Coplin for being the biggest pain in my life these past four years. You have mentored and guided me, pushed me, and made me better. Thank you for advising me in this capacity and in many others.

Above all else, thank you to Nate Birnbaum. You have been by my side through this whole process. Whether it be keeping me fed or aggregating data, you are the backbone of this project. Thank you.

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# Chapter 1

## An Analysis of Mental Health Awareness Week



Last May during leadership transition with the Jane Hong, 59<sup>th</sup> Legislative Session's vice president, we discussed University of Southern California's Mental Health Awareness Month, hosted for the first time in fall 2015. The list of events for the month is in Appendix I. While going through the events, I was particularly interested in University of Southern California's focus on intersectionality of mental health with other identities that college students hold.

Similar day, week or month Mental Health Awareness events are held at various universities, such as Cornell University, University of Northern Iowa, The University of Alabama and University of Minnesota. About half of the universities primarily focus on the statistic that 1,100 college students commit suicide each year, and the other half focus on an ending stigma campaign.

In August 2016, I met with Kristelle Aisaka, who filled the newly created Health Promotion Specialist: Mental Health Promotion position in the Office of Health Promotions. We discussed my vision for Syracuse University's Mental Health Awareness Week and the partnership that could come from it. A focus of the conversation was the "Stanford, I Screwed Up!" resilience project, which later inspired the Syracuse Setbacks event.

Moving forward, Student Association and the Office of Health Promotions staff worked closely with the Office of Health Promotions peer educators, Syracuse University's chapter of Active Minds, the Counseling Center, Hendricks Chapel and The Harris Project to schedule and hold programming throughout the week. Kristelle Aisaka was the ringleader and chief organizer, bringing together many ideas and offices.

October 2, 2016 through October 8, 2016 marked Syracuse University's first Mental Health Awareness Week, which was in collaboration with all of the aforementioned offices. The flyer used for promotional materials of the week is in Appendix II.

Below is a run-down of events during Mental Health Awareness Week:

## 1. Co-occurring Disorders Presentation

- a. **Event Description:** A presentation from The Harris Project, this event was a presentation given by Stephanie Marquesano, founder of The Harris Project. The presentation spoke about the relationship between mental health and substance use, the benefits of early intervention for mental health challenges, and the danger of using drugs. Through these points, Marquesano focused on co-occurring disorders and the importance of changing the current treatment model to target mental health and substance abuse simultaneously. Marquesano draws heavily on her experience from the passing of her son to connect with the audience on an emotional level. Her daughter is a current Syracuse University student. Marquesano also did a first aid mental health training for peer health educators.
- b. **Goals of Event:** We hoped to start a conversation on co-occurring disorders by opening students to an unfamiliar subject. Many people do not think to treat or group substance abuse with mental health, which this presentation helped change.
- c. **Background Research:** Last spring, I received information from Stephanie Marquesano at a campus event; her daughter is in an organization with me. In this packet of information, I learned about the Project and mission behind co-occurring disorder treatment. According to the National Alliance on Mental Illness (NAMI), “about a third of people experiencing mental illness and about half of people living with severe mental illnesses also experience substance abuse” (“Dual Diagnosis”). The majority of rehabilitation programs do not address these co-occurring disorders together.
- d. **Analysis:** The Harris Project presentation balanced personal narrative with research well. Having at least fifty students in the room, the event was well-attended for a Sunday evening event.

There is a lot of potential for this event and the expansion of co-occurring disorder discussion on campus, especially with the creation of the Health Promotion Specialist: Alcohol and Other Drug Prevention position as filled by Laura Brewster. In addition, the mental health first aid training had an important start with the peer educators; this is something that The Harris Project was interested in expanding to other groups on campus.

## 2. National Day Without Stigma

- a. **Event Description:** National Day without Stigma is an event sponsored by Active Minds, supplying informational material to distribute on college campuses. The objective of the day is to eliminate the shame around mental health disorders or problems through education and increased understanding. Therefore, the Office of Health Promotions peer educators and Active Minds members tabled in the Schine Student Center from 10 AM to 4 PM. At the table was information on mental health, National Day without Stigma, and campus resources. Part of this was handing out cause ribbons and taking photos. Throughout the week, we worked closely with the Panhellenic Council's Red Zone Awareness Week, a week to bring attention to the heightened time during the first six weeks of school that sexual assaults are likely to take place. During tabling, we worked together to promote one another's events and missions.
- b. **Goals of Event:** From this event, we hoped to create awareness around the stigmatization of mental health to diminish it.
- c. **Background Research:** Mental health resources on campus and the use of these resources stem from a much larger issue than monetary restraints. They come from the

stigma around the emphasis on mental health and mental illness, which leads to shame and discrimination in some cases.

- d. Analysis: Overall, the table was popular in Schine Student Center until about 2 PM. In fact, for next year it would be more effective to do tabling every day of Mental Health Awareness Week with overarching themes of the day that relate to Mental Health Awareness Week. In the spring semester, NAMI and the Office of Health Promotions, with the support of Student Association, collaborated to put on a National Eating Disorder Week. During this week, each day had a theme. For next year, we hope to replicate this idea for Mental Health Awareness Week, tabling each day with themes.
3. Syracuse Setbacks
    - a. Event Description: Syracuse Setbacks was the central event of Mental Health Awareness Week. It was a space to acknowledge moments of failure and celebrate the resilience, perseverance, and strength it takes to come back from them. The event took place in Stolkin Auditorium at 7 PM. Speakers included:
      - i. Les Rose, professor at the Maxwell School of Citizenship and Public Affairs;
      - ii. Charisse L'Pree Corsbie-Massay, professor at the S.I. Newhouse School of Public Communications;
      - iii. Mickey Mahan, the "Flying Busman;"
      - iv. Cedric Solice, Director of Program Management and Development for the SU women's basketball game;
      - v. Diane Weiner, Director of the Disability Cultural Center;
      - vi. Laurence Thomas, professor at the Maxwell School of Citizenship and Public Affairs;

vii. and Cedric Bolton, Coordinator of Student Engagement at the Office of Multicultural Affairs.

Interpreters signed at the event. Performances included three student poets and one acapella group. All performers and speakers came recommended by students.

- b. Goals of Event: The goal of the event was to lay a framework to normalize failures within successes. The event put highly successful, sometimes intangible people, in a place to be vulnerable, shedding light on the importance of resiliency.
- c. Background Research: The idea of this event came from Kristelle Aisaka during a meeting; she drew inspiration from the well-known event at Stanford University: Stanford, I Screwed Up! At Stanford University, this event is annual and bring students across campus annually to talk about their failures and experiences through storytelling, comedy, poetry, song, or other creative means. This “Resilience Project” is widely supported across campus by administrators and students alike.
- d. Analysis: Syracuse Setbacks ended up being a very impactful event. During my time with Student Association, this event will come out as one of the most important. Throughout the week, the Office of Health Promotions had distributed “Thank you for...” business cards for people to fill in and distribute. After the event, a student came up to me to give me the card that said “Thank you for...showing me the light again.” This single act, to me, proves the significance that this event can have on the individual. However, the event did not reach the target attendance, as there were two huge competing events that evening. It will be important to communicate to other offices and resource centers on campus that this is happening and we would appreciate their involvement and support in it, moving forward. Another point of improvement would

be the location. The Physics Building auditorium is not accessible to chair users or limited mobility students, faculty, staff or community members; next year I suggest using Hendricks Chapel. I also believe that the talks should be shorter and there should be more student speakers and performers. This could get more students there and make the night more light-hearted and fun. Overall, this event was an exciting and effective launching pad for what could be. The quality of speeches was high and student engagement, for those that attended, was intense. The idea of resiliency is an accessible conversation that people on all ends of the spectrum of mental health awareness are able to engage in fully.

#### 4. Therapy Dog Thursday

- a. Event Description: On the Shaw Quadrangle, on the Thursday of Mental Health Awareness Week, we had three therapy dogs for people to pet. This was the most attended event since it was just a stop and pet activity while walking through the quad. While there, students (or other people that passed by) could pick up informational material on mental health.
- b. Goals of Event: The importance of events like this is to broaden the way that people think about mental health. Mental health is about more than the Counseling Center; it is about petting dogs and creating spaces that allow for stress reduction.
- c. Background Research: In past events, therapy dogs have always been the highlight of programming. The Office of Health Promotions regularly partners with organizations to bring in dogs during heightened stress times, such as finals week, for students. However, the events are so popular that there is over hour wait times to pet animals. Moreover, after conversations with Provost Kersh from Wake Forest, I learned about preventative

care within physical spaces and the importance of breaking up routines within millennials to engage in a de-stressing activity.

- d. **Analysis:** Overall, the event was successful. Students love therapy dogs and always engage with them. For future Mental Health Awareness Weeks, it could be beneficial to have more therapy dogs available for students to play with and pet because of the popularity. To coincide, therapy dog events are something that could really expand beyond a few times a semester. Therapy Dog Thursdays could become a weekly event all year. Also, moving forward, it could be impactful to have more interactive information on mental health at therapy dog events while students wait to pet the dogs.
5. **Mental Illness Doesn't Discriminate**
- a. **Event Description:** Mental Illness Doesn't Discriminate was an event led by Active Minds, spearheaded by Jenesis Gayden. The event was a round-table discussion among faculty, administrators, and student peers about mental health issues that affect minority populations. The discussion ended up focusing a lot on personal experiences around mental health on campus and its changing presence throughout life, specifically through transitions. Representatives from the Counseling Center were at the event and were collecting feedback and engaging in conversation on how to improve.
  - b. **Goals of Event:** We hoped that the event would discuss the importance of intersectional identities within mental health and mental illness. The way that mental health is discussed and contributing factors to a person's mental health vary depending on identities. By creating this space to understand these intersectional identities, we hoped that people could learn more about themselves and others, while establishing relationships.

- c. **Background Research:** The idea of tackling intersectionality came from University of Southern California's Mental Health Awareness Month. Throughout the university's programming, events offered opportunities to discuss personal identities and mental health. This, in addition to student input and testimonial, made this event necessary. In the fall, I interviewed Jenesis for a position where she talked about race and mental health specifically. Therefore, when planning this week, I sought her out to plan an event on the topic.
  - d. **Analysis:** We specifically invited student organizations and students from a diverse background to be a part of the round-table, making the experience engaging and relatable for its participants. Students felt as if they could share personal experiences in a setting that was engaged and receptive. In fact, an hour and a half into the event Jenesis had to announce that the event was officially over because of the deep engagement that lasted beyond the announcement. Despite preparation and ready-to-go questions, natural conversation led the event. While it was an altogether successful event, some students shared feedback calling for a name change. Next year I would like to see multiple spaces throughout the week to talk about identities and how they intersect with mental health; University of Southern California did a nice job at creating space for an array of identity groups.
6. **Soulful Sit-Downs**
- a. **Event Description:** Soulful Sit-Downs is a pre-existing series of student-run conversations that encourages students to develop a deeper understanding of their life's purpose.



- b. **Goals of Event:** We hoped that this would encourage students to attend an event that they may have not otherwise been to. By providing a space for peers to connect over issues that they all wrestle with, this becomes a safe outlet and group for students. However, we did not advertise this event too much because the small, intense space is ideal and there is already a high interest.
  - c. **Background Research:** During the spring semester 2016, I attended SOULscape, a weekend retreat version of Soulful Sit-Downs. The weekly version is run out of the Office of Health Promotions. Therefore, we saw fit that Soulful Sit-Downs be a part of Mental Health Awareness Week, opening up space for students to engage in deeper thinking processes.
  - d. **Analysis:** This event is a consistently effective event week-by-week that creates a sense of support and group for individuals that attend. As directed by the Office of Health Promotions and leaders of the group, future years should respect the request not to advertise. However, because of this, the group was nearly the same group as usual during Mental Health Awareness Week. Therefore, moving forward, if the interest is there, a larger sit-down could take place that evening, with the potential of breakout sessions moving forward.
7. **Meditation at Hendricks / Spirituality and Mental Health:**
- a. **Event Description:** These events combined an existing event with a new event. After the meditation, a small group of students stayed for the Spirituality and Mental Health discussion. During this conversation, the group talked about mindfulness and practical applications of mindfulness. Rather than discussing religion, this conversation centered

on spirituality and the integration of mindfulness into every day (such as being in nature and reconnecting with people).

- b. Goals of Event: The idea behind this event was to help people think about spirituality in a way that is not tied to religion. This combats an assumption that people make when seeing "soulful" or "Hendricks Chapel" in the title of an event.
- c. Background Research: Throughout the week, Kristelle and I aimed to leverage existing programming to coincide with the new events that we had planned or had worked with others to plan. As meditation is known to be a center point of wellbeing, and Hendricks Chapel is a hub for mindfulness, it made sense to partner with the existing resource.
- d. Analysis: Overall, the content of the event was important, although seemingly intimidating on the surface to students. The importance of practical integration of mindfulness is one of the most important lessons to instill within students during Mental Health Awareness Week. The week should focus on prevention and this event did so in a tangible way. The group ended up being small, five or six people, which actually worked out for the conversation that took place. However, this preventative and tangible conversation should happen on a larger scale next year.

Overall, I consider the first Mental Health Awareness Week a success, in overwhelming thanks to the Office of Health Promotions. Already, the second Mental Health Awareness Week was put on the schedule for the Office of Health Promotions and Student Association for fall 2017. After a leadership transition meeting, more student organizations and offices have been brought into the planning of Mental Health Awareness Week. Below are general recommendations for future Mental Health Awareness Weeks in addition to those listed above:

1. Include more student organizations in the planning and programming of the Week.

- a. Delegate a student organization to take responsibility over one major event and share responsibility for smaller events throughout the week (such as tabling).
2. Consider having Mental Health Awareness Week be a longer time span. This could reflect the University of Southern California's month of programming, allowing more opportunity to go into further depth on intersectionality and mental health.
3. Designate a theme for each day of the week. Examples of these could piggyback off of other awareness weeks, such as Stress Less and Suicide Prevention Week. Another day should focus on resiliency to coincide with Syracuse Setbacks.
4. Include the Counseling Center, Psychological Services, Psychiatric Services, and the Office of Student Assistance in more of the programming and have the staff at events.
  - a. It could be beneficial to incorporate a meet-and-greet type event in addition to or in conjunction with another Mental Health Awareness Week event.
5. As outlined in research in the annotated bibliography, although not touched on much in my research or actions, faculty and staff face mental health challenges on college campuses. Incorporating events for faculty and staff could serve a niche that is often ignored and bridge a gap between mental health and chain of command.
6. Future semesters could consider having a speak out that mirrors events like the one that takes place at Take Back the Night and takes place with mental health as the topic at Cornell University and others.
7. Connect Mental Health Awareness Week with Suicide Prevention Week. This could be a place for Campus Connect suicide prevention training for faculty, staff and students.
8. Include veteran-specific programming by incorporating aforementioned campus resources and student organizations, as well as the Institute for Veteran and Military

Families (IVMF), the Office of Veteran and Military Affairs (OVMA), Reserve Officers' Training Corps (ROTC), and the Student Veterans Organization (SVO).

9. Share programming and ideas with the Stress-Less Week.
10. By starting the planning as soon as possible with more collaboration, planners need to check dates and book events on the campus calendar, as well as begin partnerships and marketing.
11. The student organizations interested in mental health, alongside the Office of Health Promotions, should have regular meetings throughout the year to maximize collaboration efforts and avoid program overlap.
12. Work with resource and cultural centers at Syracuse University to develop a more robust portfolio on intersections and mental health throughout the week.

# Chapter 2

## Mental Health Report



# Syracuse University

## Mental Health Report

A Student Perspective of Mental Health Resources



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# Mission Statement

In response to the current state of affairs of mental health on Syracuse University's campus and after the first-ever Mental Health Awareness Week, Student Association (SA) created the Mental Health Action Committee. The committee was formed to compile a report demonstrating student perceptions of mental health resources on campus and points of improvement. The purpose of this report is to inform administrator decision-making while developing a campus-wide strategy for the betterment and prioritization of mental health on campus. First, this report aims to provide quantitative data to give a national and University-wide portrait of mental health on college campuses. Second, this report provides qualitative evidence of the strengths and shortcomings of mental health resources at Syracuse University. Third, it outlines a series of policy recommendations to address the aforementioned shortcomings.

# Introduction

This report presents statistical information and policy recommendations, but at no point is the intent to obscure the lived realities of students with mental illness and mental health concerns. These realities and experiences are sometimes ambiguous, sometimes contradictory, sometimes fleeting and sometimes intractable. Whatever shape and context they emerge in, one commonality appears: people’s mental health experiences are valid and should receive institutional and structural support.

Mental health services nationwide have structural gaps and deficits; it is no secret that these problems are systemic and are not unique to Syracuse University. However, this is the location students are intimately familiar with, and it is the one that can be improved by focusing on the experiences and needs of those who live, work, and study here.

This report intends to inform Syracuse University administrators of a number of improvements that can be made to mental health resources here on campus. One of the core goals of the recently released campus framework is to “enrich all aspects of student life.” An integral part of this goal is ensuring that students have access to a powerful array of resources to promote mental health and provide inclusive and efficient care to the varying levels of student mental health needs, as proven throughout the report. To meet this goal, administrators will have to craft a comprehensive, campus-wide mental health strategy.

This report aims to both inform and shape the formulation of such a strategy by providing a student perspective of mental health resources currently on campus. To meet this aim, this report presents three basic components:

1. A quantitative analysis of data available on collegiate mental health including:
  - a. Syracuse University data
  - b. National data
  - c. Peer Institution comparisons
2. A qualitative snapshot of student experience highlighting specific shortcomings in Syracuse University mental health resources as well as specific strengths that could be areas for expansion
3. Policy Recommendations seeking to ameliorate the issues highlighted by qualitative and quantitative data as well as improve the overall effectiveness of mental health resources on campus.

It is the purpose of Student Association (SA) to represent the student body in all aspects of University decision-making. In the case of such an essential University service, a desire for improvements in mental health resources must be communicated to the administration. It is not the intent of this report to accuse or attack those who already work hard to foster a strong environment of mental health on campus. Instead, this report hopes to present objective findings regarding areas for potential improvements, as well as highlight current strengths to build upon. In doing so, the Syracuse University community is closer to meeting one of the core goals of its campus framework for the future.

# Methodology

Quantitative data were drawn from the Syracuse University Climate Assessment Survey. Additionally, data were provided from the Syracuse University Counseling Center. Policy recommendations presented in this report reflect a nomination of best practices used across the country as well as ideas compiled by the SA Mental Health Action Committee. National data were pulled from the Center for Collegiate Mental Health 2015 Annual Report.

Data presented in this report were collected from a number of sources. Qualitative data consisting of student testimonials were collected through face-to-face interviews and digital correspondence conducted by Student Association Mental Health Action Committee members. These committee members interviewed students from a variety of backgrounds to identify a number of significant issues students have encountered with mental health resources on campus. Additionally, these interviews highlighted some of the best experiences students had with the same resources. While a scientific and fully representative survey was not conducted, the intent of presenting qualitative data is to highlight specific issues, not to analyze overall trends. Eight interviews were conducted and six were included in the report based on significance.

# Quantitative Data Overview

The logic behind decision-making must be rooted in quantitative data. This gives policymakers an indisputable portrait of the state of affairs in any given subject. This report has compiled data from a number of sources to support claims made about strengths and weaknesses as well as to better inform any additional decision-making.

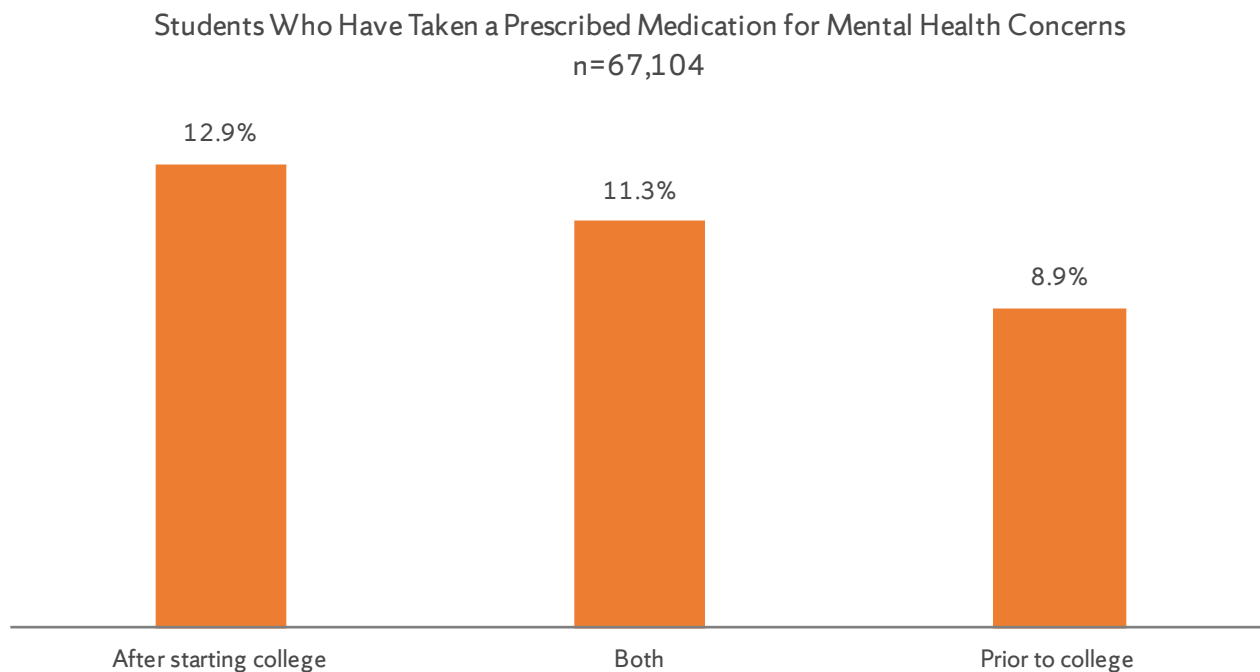
In analyzing performance, it is important to set benchmarks. On the subject of collegiate mental health there is a wealth of data available against which Syracuse University can measure itself. In a national survey of college counseling centers, researchers were able to identify specific national trends when it comes to mental health on college campuses. Counseling centers each collected their own data and this research effort attempted to aggregate the data as best they could. The following findings are national trends related to collegiate mental health. All findings are from a population of only those who have sought mental health services at their institution.

Additionally, this report includes data collected by Syracuse University's Counseling Center through their surveys of students who used Counseling Center services.



# National Findings

- 1.** A noticeable percentage of respondents said that they have taken prescribed medication for mental health concerns. If it is assumed Syracuse is in line with national averages, this indicates that a steady proportion of students need access to quality psychiatric services.

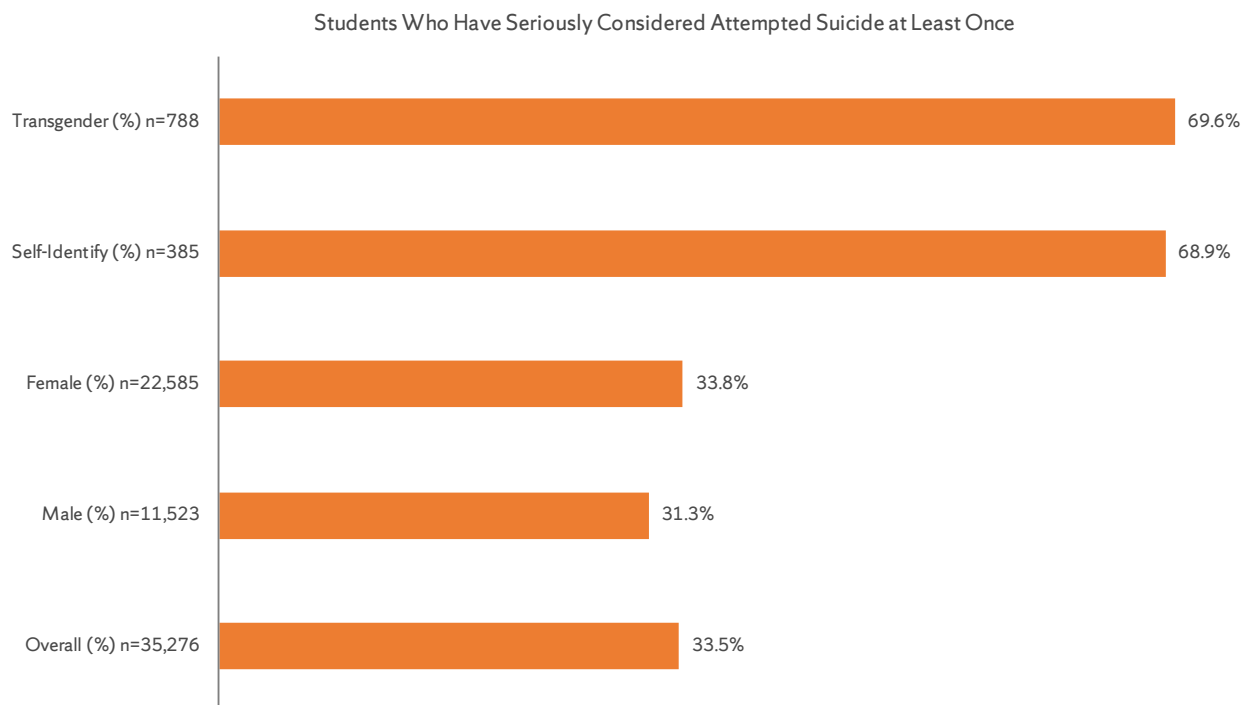


Source: Center for Collegiate Mental Health. (2016, January). 2015 Annual Report (Publication No. STA 15-108). Page 18.

Note: The data omits the 67% of respondents who have never taken medication for mental health concerns.

# National Findings

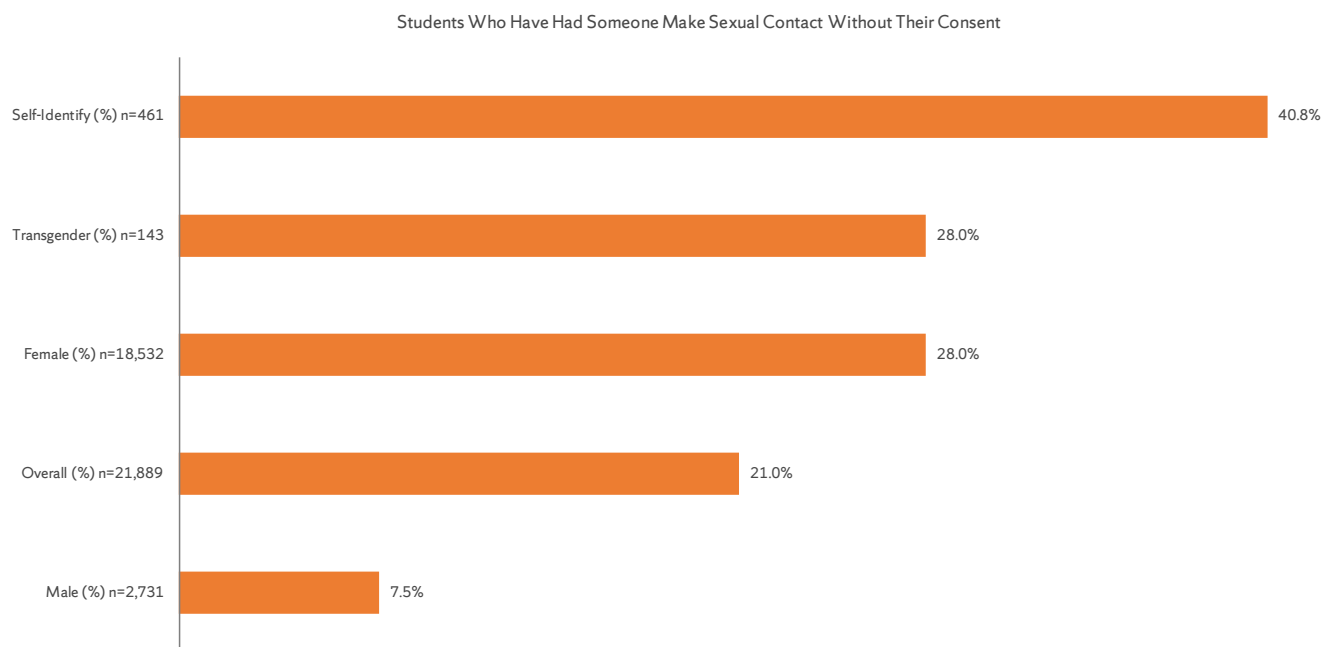
## 2. Transgender and gender-nonconforming people are at higher risk of having thoughts of suicide.



Source: Center for Collegiate Mental Health. (2016, January). 2015 Annual Report (Publication No. STA 15-108). Page 20.

# National Findings

## 3. Over 1 in 4 women have experienced some sort of unwanted sexual contact.

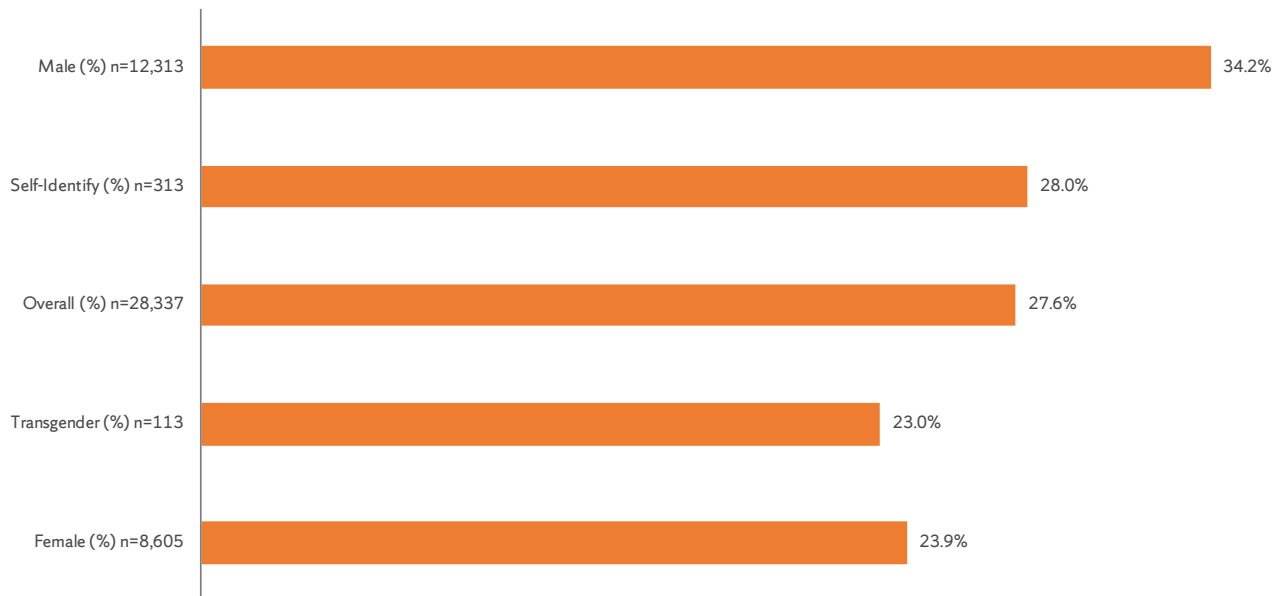


Source: Center for Collegiate Mental Health. (2016, January). 2015 Annual Report (Publication No. STA 15-108). Page 21.

# National Findings

- 4.** About a quarter of all students said they have felt the need to reduce their drinking. This rate is highest amongst male students.

Students that Have Felt the Need to Reduce their Drinking at Least Once



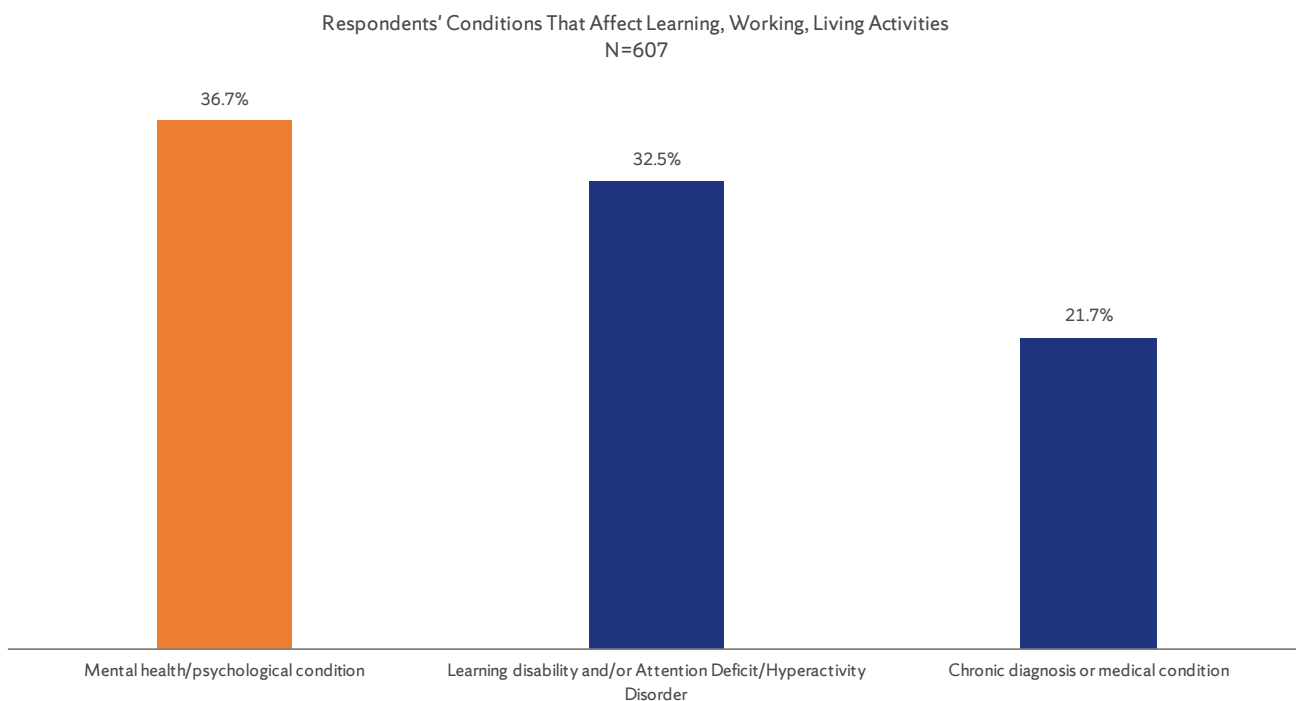
Source: Center for Collegiate Mental Health. (2016, January). 2015 Annual Report (Publication No. STA 15-108). Page 24.

# Syracuse University Findings

In addition to national data, there is a significant amount of Syracuse-specific data collected either by the Counseling Center itself or the recent Climate Assessment Survey. Framing these familiar sources within the specific context of mental health can bring fresh attention to trends that may have otherwise gone unnoticed. The findings below are trends identified by the Syracuse University Climate Assessment Survey or the Syracuse University Counseling Center.

# Syracuse University Findings

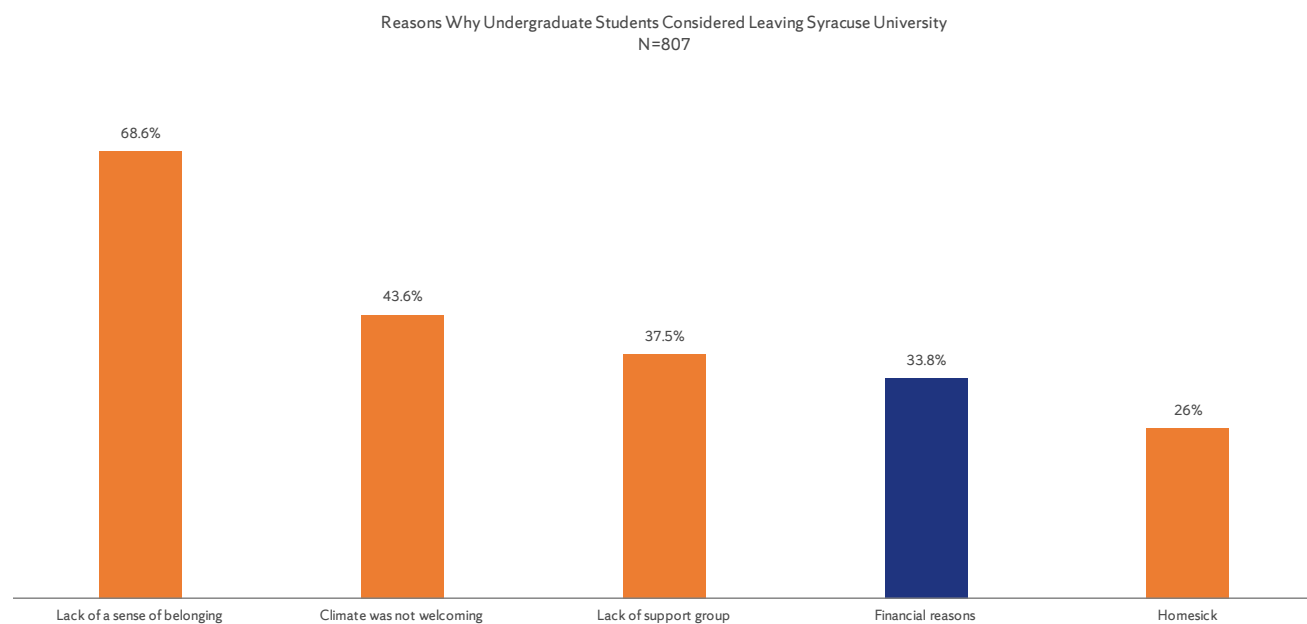
**5.** The number one condition affecting undergraduate student activities on campus was mental health/psychological conditions.



Source: Rankin and Associates. (September, 2016). Assessing our learning, living, and working environment. Syracuse University. Syracuse, NY. Table 7, page 30.

# Syracuse University Findings

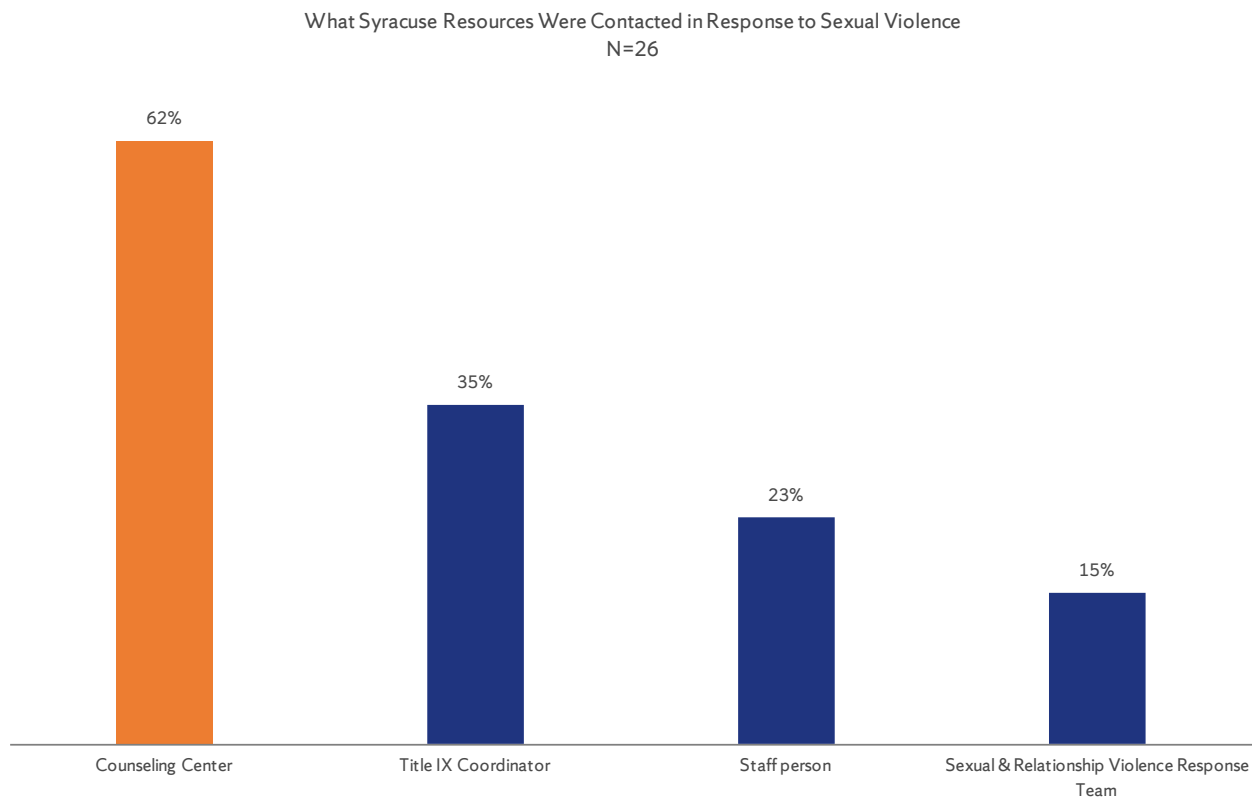
6. Four out of the top five reasons undergraduate students said they considered leaving the University related to the quality of their mental health.



Source: Rankin and Associates. (September, 2016). Assessing our learning, living, and working environment. Syracuse University, Syracuse, NY. Table 95, page 240.

# Syracuse University Findings

**7.** The top University resource contacted in the case of sexual assault was the Counseling Center.

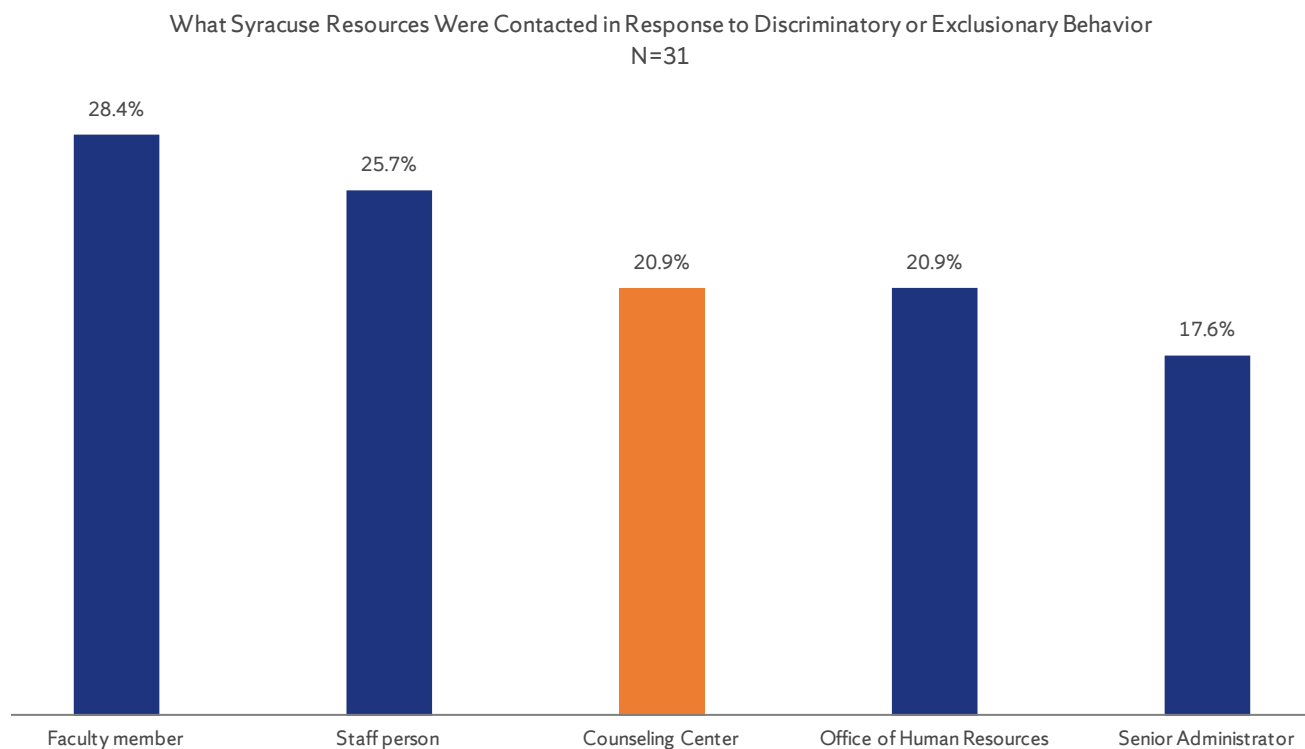


Source: Rankin and Associates. (September, 2016). Assessing our learning, living, and working environment. Syracuse University. Syracuse, NY. Table 49, page 125.



# Syracuse University Findings

8. In the case of discriminatory or exclusionary behavior the third most popular University resource contacted was the Counseling Center.

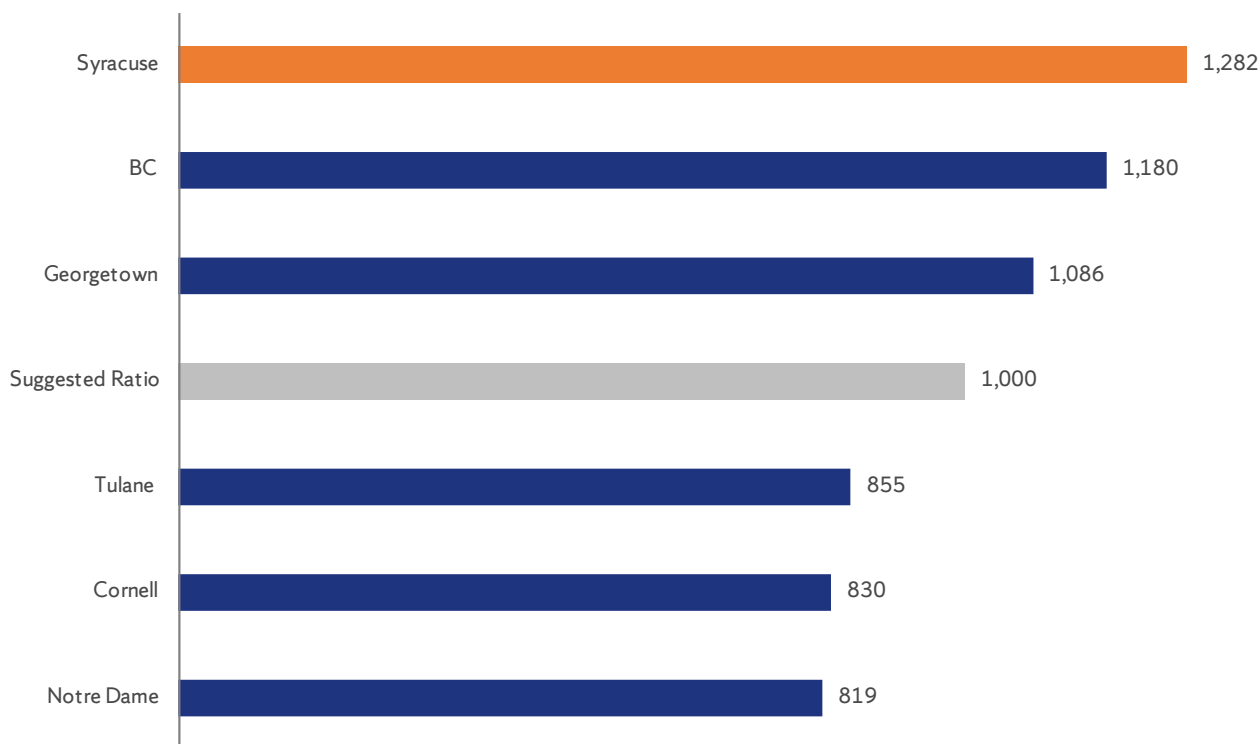


Source: Rankin and Associates. (September, 2016). Assessing our learning, living, and working environment. Syracuse University. Syracuse, NY. Table 27, page 87.

# Syracuse University Findings

9. Syracuse University has a 1:1,282 counselor to student ratio, well above the national suggested ratio and one of the highest ratios amongst peer institutions.

Peer Institutional Comparison of Number of Students Per One Counselor

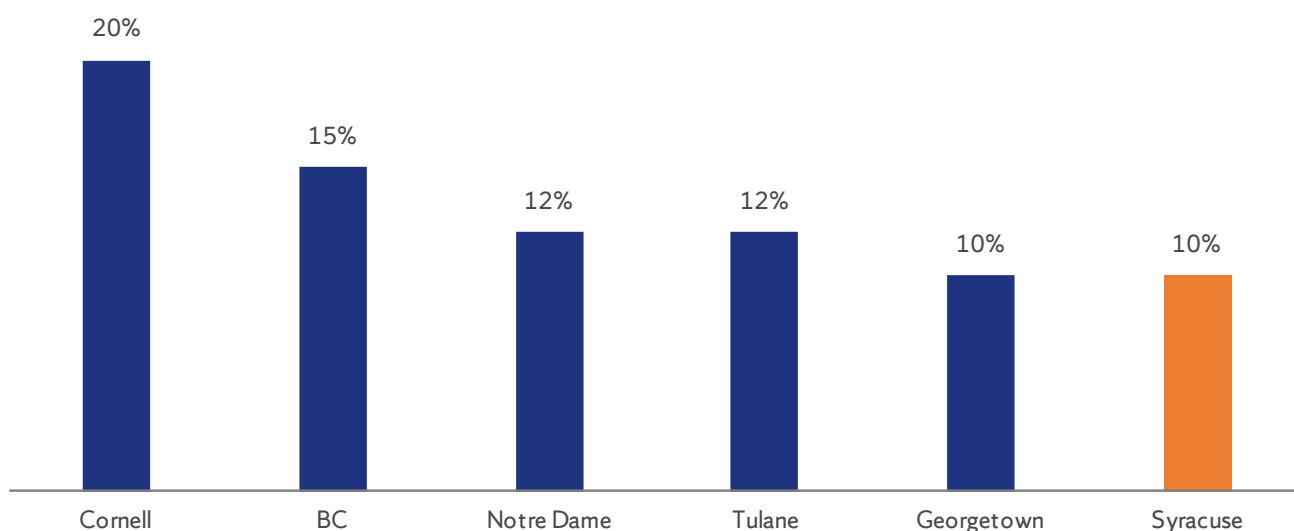


Source: Data provided by Syracuse University Counseling Center and peer institution data offered by Counseling Centers of the institution.

# Syracuse University Findings

**10.** Compared to peer institutions, the Syracuse University Counseling Center sees a smaller percentage of its student body.

Peer Institutional Comparison of Proportions of Student Bodies Seen by Counselors

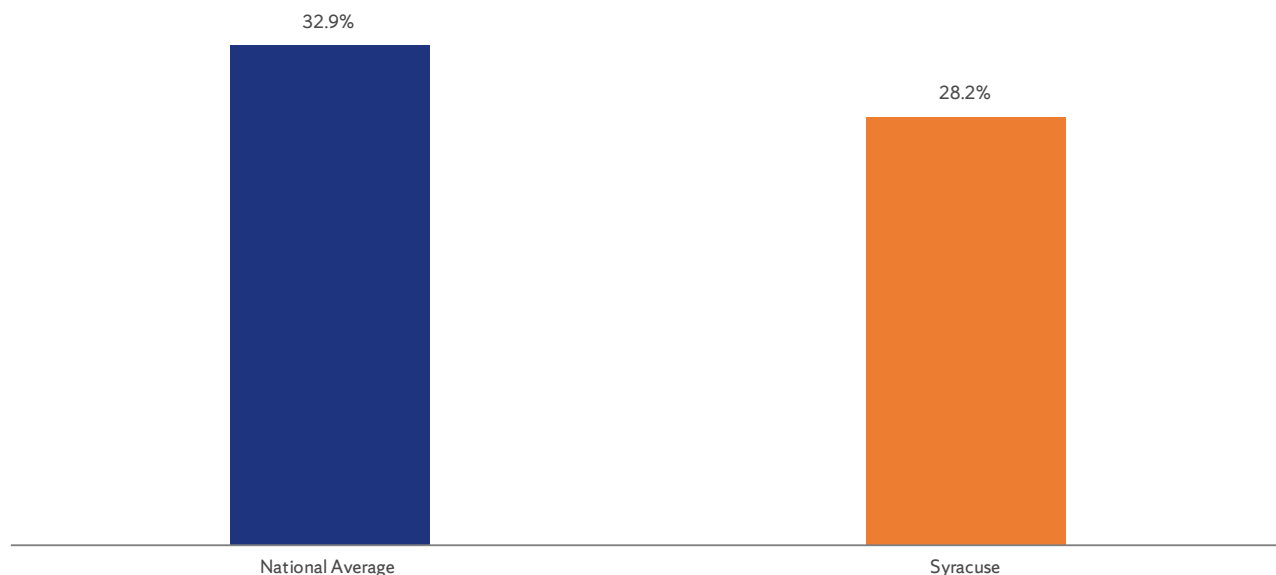


Source: Data provided by the Syracuse University Counseling Center and peer institution data offered by counseling centers of the institution.

# Syracuse University Findings

- 11.** Syracuse University students seeing the Counseling Center who are having thoughts of suicide are on par with the national average at about 30%. While the University has an equal rate of students considering suicide, they have a much higher counselor to student ratio to address the problem.

Percentage of Students at Counseling Centers Having Thoughts of Suicide

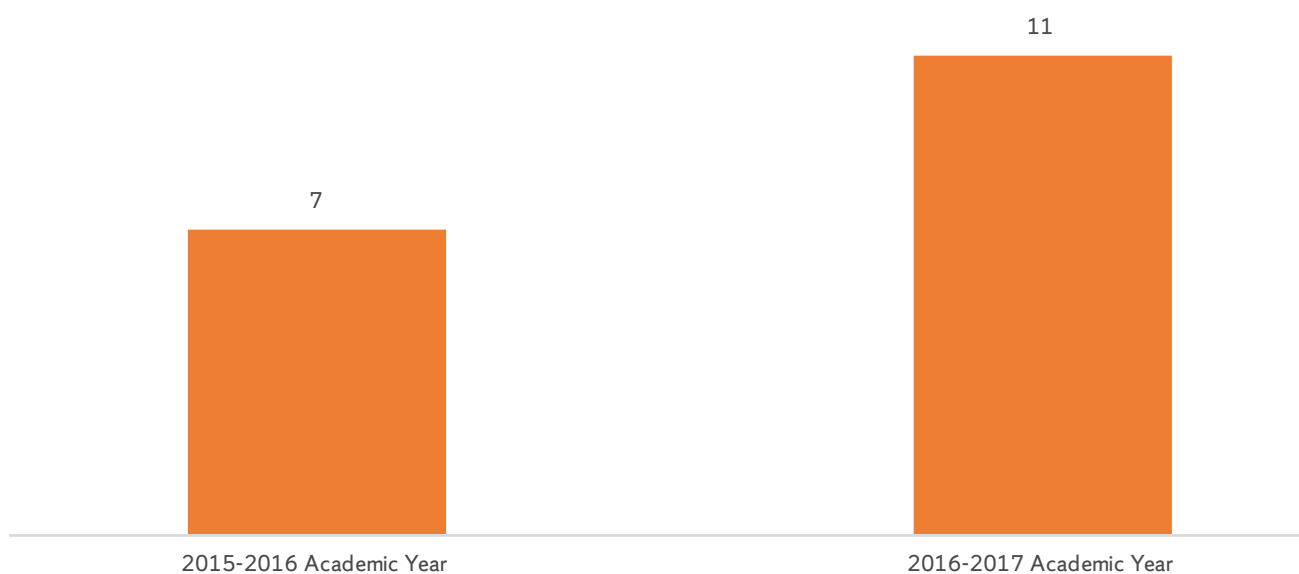


Source: Data provided by the Syracuse University Counseling Center and the CCMH.

# Syracuse University Findings

**12.** The wait time for an appointment at the Syracuse University Counseling Center has increased over the last year, due to an increase in students coming into the Center in crisis.

Wait time (Days) for an appointment at the Counseling Center after calling to schedule

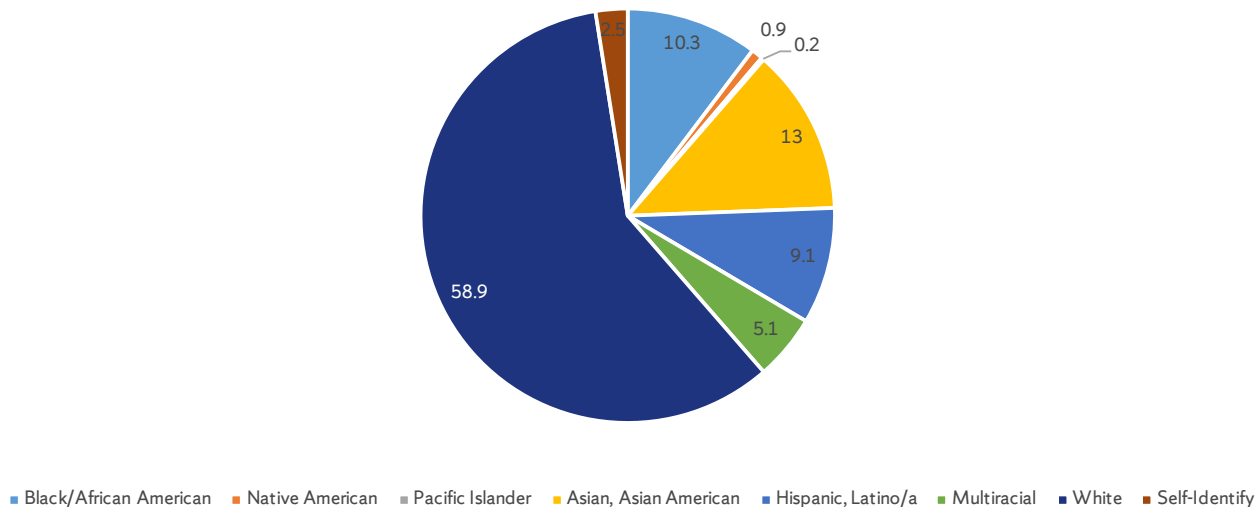


Source: Data provided by Syracuse University Counseling Center.

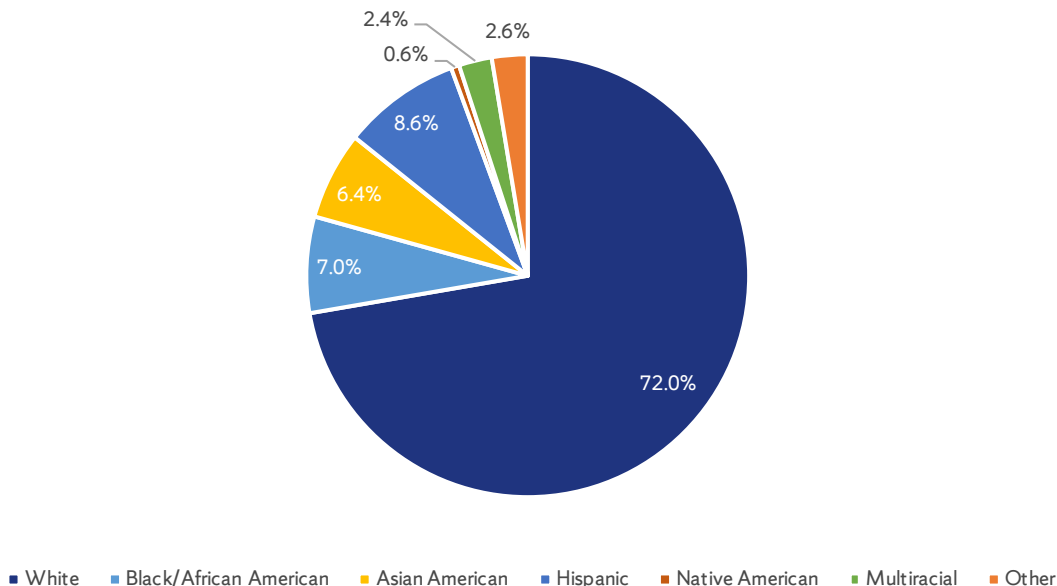
# Syracuse University Findings

**13.** The racial makeup of the population attending the Counseling Center is representative of the racial makeup on campus.

Racial Breakdown of Students Using Counseling Services at SU



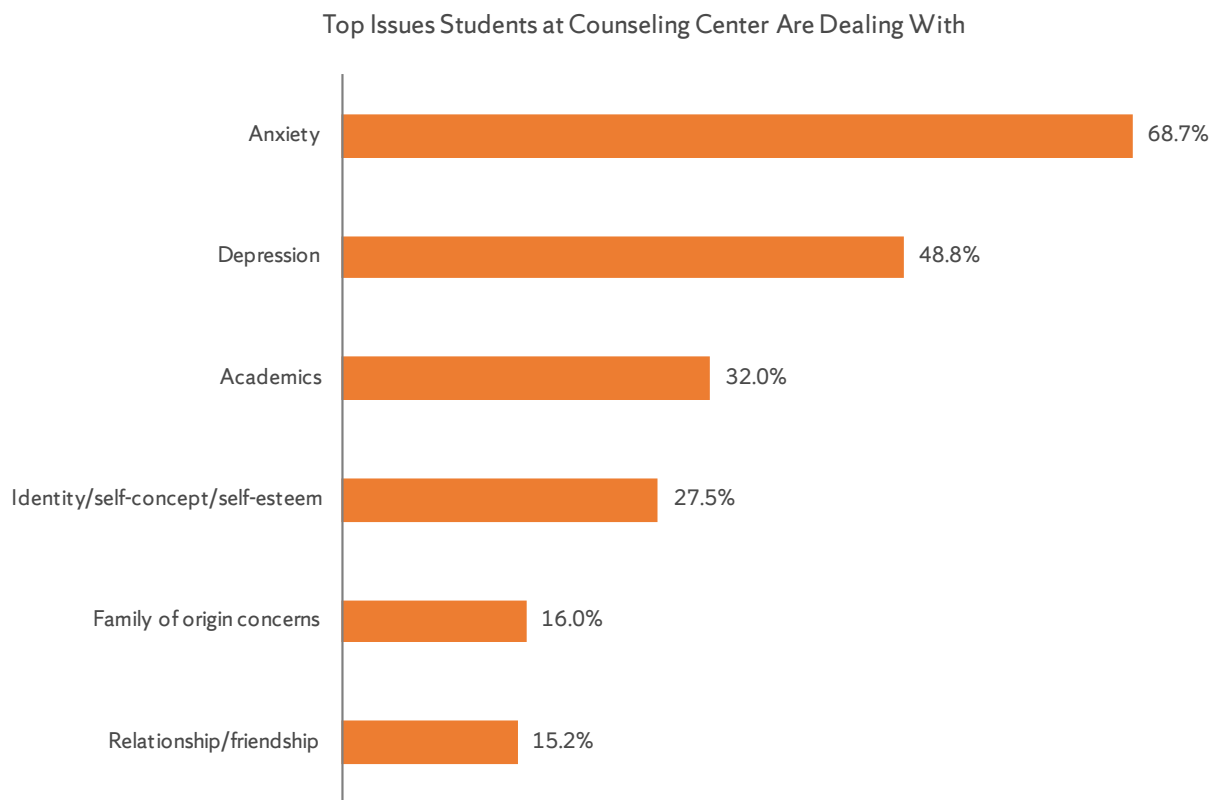
Racial Breakdown of the Entire SU Student Body



Source: Data provided by Syracuse University Counseling Center.

# Syracuse University Findings

**14.** The top issue students deal with on campus is anxiety.

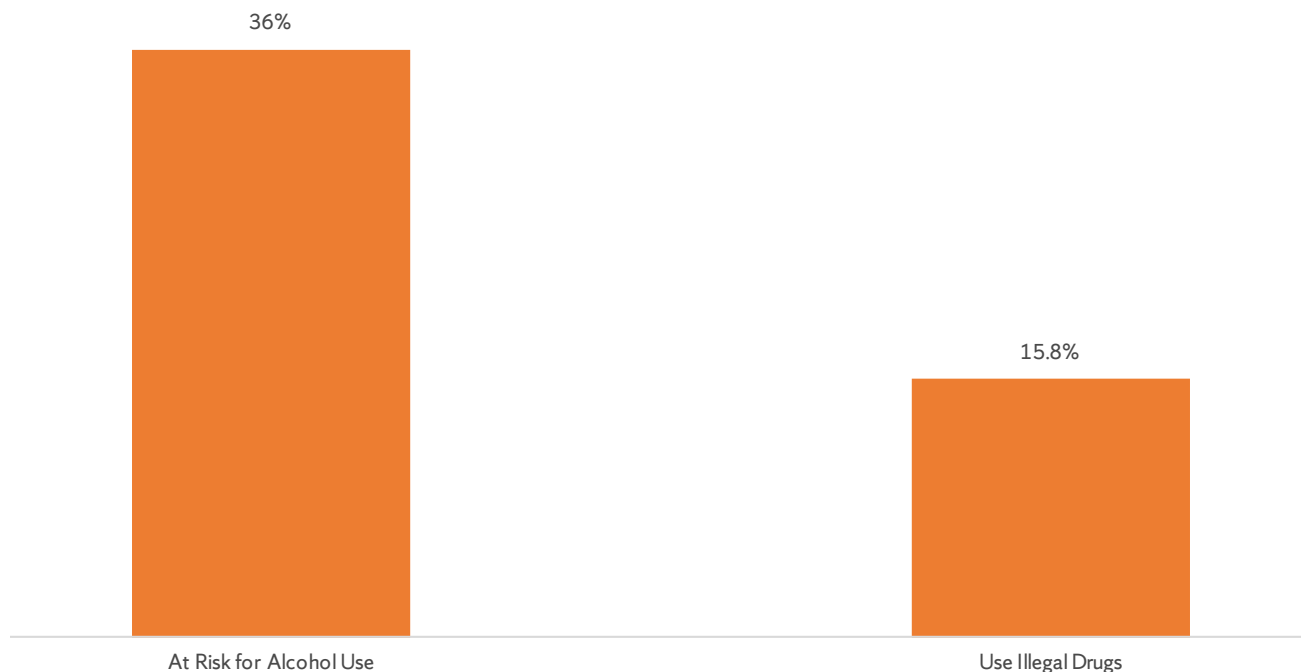


Source: Data provided by Syracuse University Counseling Center.

# Syracuse University Findings

**15.** 36% of students seen are at risk or higher for alcohol use and 15.8% report using illegal drugs.

Percentage of Students Who Are at Risk for Alcohol Use or Use Drugs



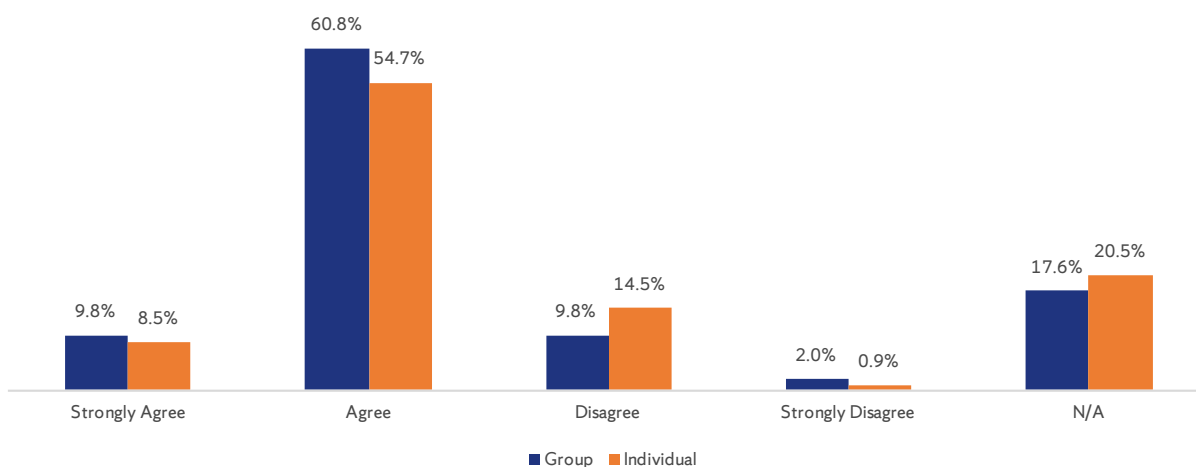
Source: Data provided by Syracuse University Counseling Center.



# Syracuse University Findings

**16.** 70.6% of students who went through group counseling and 63.2% of students who went through individual counseling reported their ability to function academically was improved after counseling.

Respondents who reported their ability to function academically improved after counseling

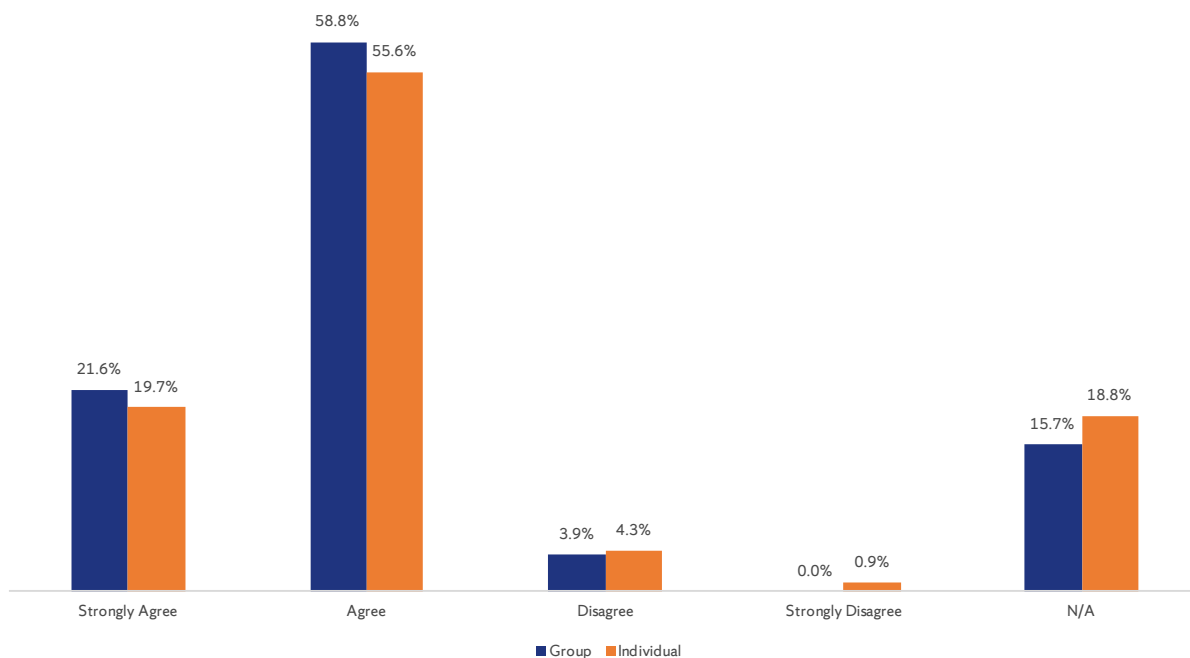


Source: Syracuse University Counseling Center Outcome Data Survey

# Syracuse University Findings

**17.** 80.4% of respondents who went through group counseling and 75.3% of respondents who went through individual counseling reported they were better able to stay in school after counseling.

Students who reported they were better able to stay in school after counseling

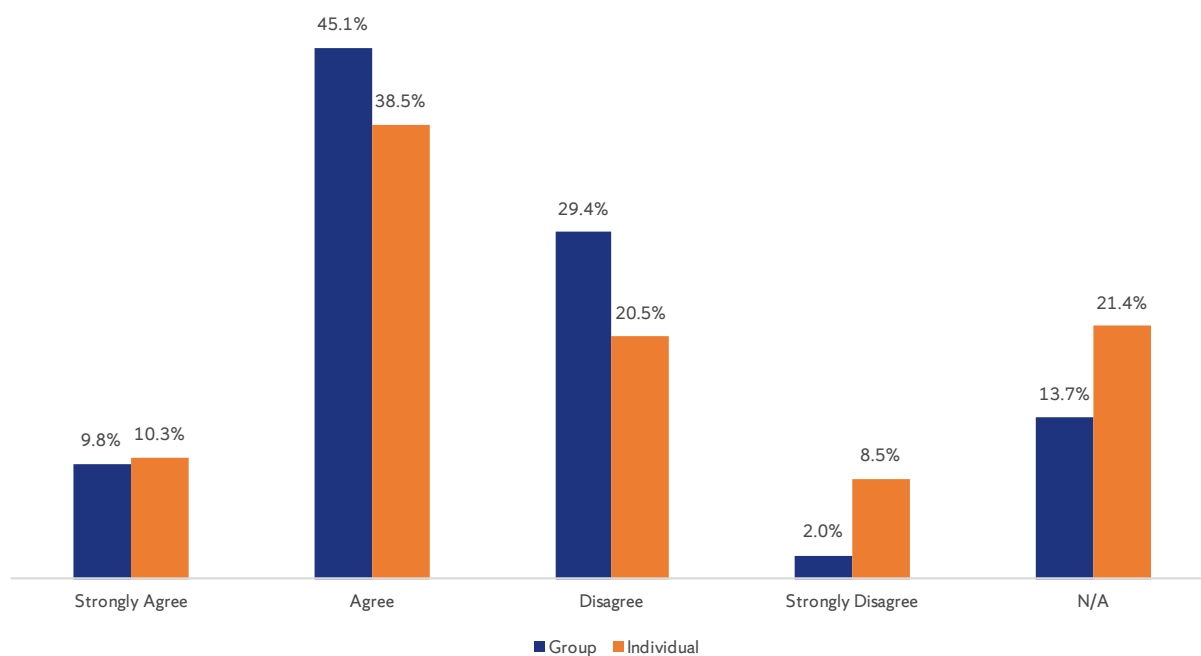


Source: Syracuse University Counseling Center Outcome Data Survey

# Syracuse University Findings

**18.** 54.9% of respondents who went through group counseling and 48.8% of respondents who went through individual counseling reported they felt more connected to Syracuse University after counseling.

Respondents who reported they felt more connected to the University after counseling



Source: Syracuse University Counseling Center Outcome Data Survey

# Selected Mental Health Topics

Armed with a knowledge of the overall trends occurring across the nation and on campus, it is paramount to be aware of specific issues students face related to mental health. In order to assist in the creation of this report, students on campus who have used mental health services at the Counseling Center were invited to share their experiences. In doing so, the authors of this report listened to praises and critiques of the counseling services offered at Syracuse University. The stories obtained specifically identify real issues students face as well as identify misinformation that may be circulating dealing with mental health. Each of the common issues that surfaced throughout these interviews are organized by section including testimonials of the problems and policy recommendations to address them.

# Lack of timely and walk-in services

In order to be seen on the spot, without an appointment at the counseling center, students must be experiencing a “crisis.” Counseling services at Syracuse University do not offer walk-in services for students experiencing mental health concerns they may not consider a “crisis.” The definition of crisis is ambiguous and leaves students guessing whether or not their problem is enough of an emergency to constitute being called a crisis. Due to this policy, students who walk in seeking help and are denied services often feel pushed away and discouraged from returning at a later date to receive care. Students who call to set up appointments have experienced long wait times for appointments, as well as a feeling that the problems they have are not valid enough to receive care. Based on the counselor to student ratios presented in the quantitative section of this report, staff are overwhelmed due to a general lack of support. This contributes to a “ranking system” in which certain problems have to be prioritized over others, preventing other students facing serious problems from receiving timely care. The creators of this report interviewed several students and alumni yielding a number of common stories dealing with this issue.

An Arts and Sciences student in the class of 2017 recounting her walk-in experience at the Counseling Center stated, “The first time I went to the counseling center, I was a freshman, I was experiencing an immense amount of anxiety and walked into the counseling center, hoping to speak to a counselor about what I was going through. They told me that if the situation was an emergency I could meet with a counselor right then, and despite the fact I was holding back tears, I did not consider the situation an emergency because I was not suicidal. A week or so later when the first counselor of the ‘triage system’ called me, I was unsure I could handle talking about my traumatic event 3 times. Not to mention, I had a roommate, and felt I had nowhere to go where I could have a serious conversation with a professional about my mental health. I did not receive help for the anxiety I was experiencing until a year later, when the situation had escalated into an emergency.”

A Newhouse student in the class of 2018 talked about her experience calling to make an appointment at the counseling center. She described calling in and dealing with long wait times: “I called in mid-fall, sometime around October, and was told the soonest I could be seen was December.” The student described feeling frustrated, and explained that she never ended up receiving care.

An Arts and Sciences student in the class of 2017 talked about their experience calling to make an appointment as well: “My freshman year I called the counseling center to make an appointment to meet with someone to discuss the depression I was feeling. When I called I was told someone would call me back within the next two or three days in order to talk with me about setting up an appointment. I was frustrated that I had to wait even just to speak to someone about making an appointment. When I was called back a few days later I was asked whether or not my issues were urgent enough to see a counselor, and as someone who has suffered from depression but never felt like it was ‘bad’ enough to talk to someone I of course said that I guessed it wasn’t that urgent. I never ended up making an appointment with the counseling center.”

A Class of 2016 alumnus stated, “I personally believe that the services need to be expanded. There’s too few people working at the center for all the students that need help there. So we get these [long] waiting lists that discourage people from seeking help. And there should be easy ways for the Counseling Center to get in contact with psychiatrists (which, by the way, SU needs more of). And the Center uses this whole temporary structure where after a while they push students ‘out into the community,’ often without actually providing any guidance on how to find a therapist outside of the school. So at the very least, the counselors should be able to help students through that transition if they’re going to force it onto them.”

# Policy Recommendation

Timely care at the Counseling Center was a recurring issue raised by students. Those who were able to access consistent resources available at the Counseling Center found them very helpful. However, not all students were able to receive care, whether because they felt their issues were not taken seriously, or because they found the process arduous. Students often have to wait anywhere from a couple of weeks to a month before seeing a counselor for an appointment. It is of the utmost necessity that the University hire more counselors to be in line with the suggested ratio. This report recommends hiring five to seven more counselors over the course of a specified timeline to improve mental health on campus. This new group of counselors will allow for the creation of an emergency response team, specifically intended to address students experiencing a state of “crisis.” This frees up the remaining 17-20 counselors to deal with less serious issues and field walk-ins.

Additionally, as students transition to long-term care in the community, the Counseling Center must adopt a policy of active involvement with the transitioning process. Many students who are told to find a new counselor in the Syracuse community find the task daunting and hard to navigate. Inability to navigate community options can impede students from getting the help that they need. Increased guidance by counselors could help students find counselors that fit their needs and ensure that students are getting the continued care that they need after they leave the counseling center. This includes a comprehensive conversation between the counselor and the student on the resources available within the community.

Syracuse University would benefit from a peer listening phone service run by undergraduate students and potentially also graduate students. The adviser needs to be a faculty member who is also a licensed social worker, such as someone from Falk College, or a licensed psychologist. A peer listening phone service, disconnected from the Counseling Center, would supplement the Counseling Center’s in-person services and the crisis hotline. The latter is seen as an emergency form of support, which means there is a pocket of students who are not served with the current arrangement of resources. For instance, the voice message for the crisis hotline prompts students to continue if their mental health need is a crisis, and there is no way to track how many students hang up the phone at that point.

Students who serve as volunteer callers would go through a 12-week training program similar to the ones peer institutions use for their programs. The program would require little funding apart from course relief for the adviser. Students would use Google Voice to anonymously contact peer listeners, who would make sure callers know that a) they are not counselors and b) the call is confidential so long as the caller does not pose

an immediate risk of harm to themselves or other people.

Many institutions have implemented such a program; the list below includes some of these institutions. The authors of this report have had preliminary contact with these institutions to gather basic information on their programs.

- Bard College: BRAVE Counselors are undergraduate students and the program is loosely affiliated with the Counseling Center.
- Barnard-Columbia: Nightline has student co-directors and the phone service operates as a registered student organization.
- University of Albany: The Middle Earth Peer Assistance program offers a variety of tools, including a phone service, all run through the Counseling Center.
- University of Binghamton: The High Hopes talk line is operated by undergraduate students.
- Geneseo College: The phone service at Geneseo is known as “Pathways,” and it has been in operation since 2011. Students who volunteer to be peer listeners receive course credit.

Creating a partnership with Crisis Text Line for students who feel uncomfortable talking on the phone would increase access to preliminary mental health resources. Crisis Text Line is an already established organization that has a detailed implementation plan for these types of partnerships.



## Crisis Text Line Keyword Partnership

### Who We Are: A Simple Solution to a Massive Problem

Thousands of people are quietly suffering every day. They struggle with bullying, homophobia, suicidal thoughts, and more. The solution is beautifully simple. We provide effective and secure crisis counseling via a medium they already use and trust: text.

Crisis Text Line is private, familiar, and accessible. Through Crisis Text Line, your community has free access to support at their fingertips, 24/7.

### Why We Want To Work With You

Together, we can save lives.

- **A solution.** A free, 24/7 solution for anyone who needs support. We offer trained, compassionate Crisis Counselors through a comfortable and easy-to-use medium of communication.
- **The data.** Cumulative national texter data in one place, under one text line, will help improve the mental health space in myriad ways. We can spot trends and use learnings to take preventative measures.

### What's Included

Let us do the heavy lifting.

- **Unique keyword.** We'll give you a unique keyword (i.e. Text WORD to 741-741)
- **Guidelines.** We'll give you a best practices marketing guide.
- **Data sets.** We'll provide a data report of all texts with your keyword. Data included below.

### What We Ask of You

- **Crisis counselors.** Promote this meaningful opportunity to learn a valuable skill set and volunteer to your community and recruit people to apply. We'll guide them through the application process (and if selected) the training process.
- **Promotion.** Loop in local partners and shout it from the rooftops! However you want to promote our keyword and 741-741 is up to you (no need to use our name).
- **Training materials.** Your expertise is welcome! We'd love your team to give us feedback on our crisis counselor training.

### Next Steps

- **Decide.** Send 4 keyword options to the Crisis Text Line team for optimization testing.
  - Keyword selection guidelines:**
    - 5 characters or less
    - Does not autocorrect
    - Location or organization specific
    - Positive and uplifting
- **Get ready.** Sign a simple partnership agreement. Plan how you'll be marketing your keyword.

## CRISIS TEXT LINE |

- **Promote.** Upon signing the agreement, we're good to go. Turn on those marketing channels.
- **Learn.** Receive monthly data from Crisis Text Line. Use this data however you please.

### Data Reports Overview

Keyword partners will receive the below data. Reports will go out on the 1st business day of the month the month after partnership launch. Once partners reach 200 keyword texts (all time) they will unlock line items in green. Partners must continue to generate at least 100 conversations per month to continue receiving their report. This is to protect texter anonymity. How keyword partners share their data is up to them.

|   | Public | Keyword Partners |
|---|--------|------------------|
| <b>Level of Analysis</b>                        |        |                  |
| Relative Volume                                 | ✓      | ✓                |
| Conversation                                    |        | ✓                |
| <b>Issues</b>                                   |        |                  |
| Top 20 recorded by crisis counselors            | ✓      | ✓                |
| <b>Online Visualizations</b>                    |        |                  |
| State Map                                       | ✓      | ✓                |
| Day of Week Chart                               | ✓      | ✓                |
| Time of Day Chart                               | ✓      | ✓                |
| Compare Two Issues by Month Chart               | ✓      | ✓                |
| Area Code Map                                   |        | ✓                |
| Filter to state                                 | ✓      | ✓                |
| Filter by date for number of conversations only |        | ✓                |
| Top texter phrases used                         |        | ✓                |
| Top referrals made                              |        | ✓                |

# Common Misconceptions about Mental Health Policies and Resources on Campus

One major theme that surfaced during interviews with students is that there is a huge amount of misinformation circulating about what resources are available and certain University. Throughout student interviews, there were a few specific trends of misinformation surfaced.

## Group Therapy

One major theme that surfaced during student interviews is a campus wide stigma towards group therapy by the Counseling Center. Many students gave accounts of being put in group therapy sessions they didn't truly belong in. For example, some students said they were in group therapy for anxiety with students dealing with very different types of anxiety. Additionally many students who might have sought help for alcohol abuse chose not to for fear of being put in a group with students who had been transported in SUA and were forced to be there. The authors of this report found the Counseling Center has recently addressed this issue by developing a tiered system of group therapy for varying degrees of seriousness

## Crisis Response Policy

One senior in the College of Arts and Sciences said, "I have never used counseling services at SU. I didn't want to be on the record or get in trouble for accidentally sharing something I shouldn't." This individual has grappled with serious mental health concerns over the past few years, some which were severe enough to make this person consider taking a leave of absence from the university. This student chose not to access the services that would have made the past few years more manageable for them due to a fear that is echoed by many: getting committed to the Comprehensive Psychiatric Emergency Program (CPEP) at St. Joe's.

There is confusion among the student body about the policies regarding mental health and how their personal cases would be handled. Often times, students in mental health emergencies won't seek help

for fear of blanket policies that will have them committed to CPEP. These policies do not exist. If SUA is called to the scene and the person is not deemed a threat to themselves or others, they are not taken to the hospital. If DPS responds to the scene, their policy procedure is to call one of the 24-hour counselors at the Syracuse University Counseling Center and have the student evaluated. This policy is to ensure that there is no blanket reaction on behalf of Syracuse University Public Safety Officers. However, if the Syracuse Police Department is called to a scene for mental health reasons, students involved in a crisis will be committed to CPEP without the consultation of a counselor. Considering a large proportion of students live off campus, this is an issue because SPD, not DPS, will likely respond to the call.

## Policy Recommendation

SPD and DPS need to develop better policies governing collaboration on student safety. As a significant proportion of the Syracuse University student body lives off campus, SPD is a major player in mental health crisis response. DPS and SPD need to develop a better policy that demands collaboration on behalf of the two parties. When necessary, DPS should still be called to off-campus mental health emergencies so as to ensure that students are all receiving equal levels of care. At the very least, under the Memorandum of Understanding between SPD and DPS, mental health calls should be included as a mandatory notification from SPD to DPS.

# Psychiatric Services

Additionally, there is not a lot of available information on psychiatric services at Syracuse University. A senior in the College of Arts and Sciences stated “A counselor at the center recommended that I talk to my doctor about getting on a low level antidepressant. I went home to do so because I was not aware of opportunities here at SU to be prescribed with psychiatric medication.” Most students are not aware that this service is provided through the Health Services Center rather than the Counseling Center, and that the psychiatric nurse practitioner on staff is perfectly capable of prescribing medication. Misconceptions may stem from the fact that the nurse practitioner will not prescribe medication for ADD or ADHD as a policy to combat abuse of those types of medication. However, she is fully capable and willing to prescribe new medication as long as she has the medication history of a patient. Simultaneously, another student said she had to wait three weeks before an appointment opened up to meet with the psychiatric nurse practitioner, and therefore the nurse recommended the student go home. This alludes to a problem of under-staffing for psychiatric services.

## Policy Recommendation

A coordinated effort between the Counseling Center, Health Services, and the Office of Health Promotions should increase student awareness of exactly what psychiatric services are available on campus.

Recommendations for informational awareness strategies can be found in the general recommendations section. However, raising awareness about psychiatric care on campus should be a priority. Also, the need for another psychiatric nurse practitioner should be considered.

# General Policy Recommendations

## Feedback

There should be an easy way to gather feedback on Counseling Center services and resources on their website. Many Counseling Center websites from peer institutions have a section specifically dedicated to inviting feedback on their services, which could be easily incorporated into the Syracuse University Counseling Center's website. Below is Georgetown's feedback section, which includes a survey to provide feedback on services at the center, as well as suggestions for general improvements:

### FEEDBACK

We are always interested in learning how we can best serve our clients and thereby the Georgetown community.

If you have visited CAPS this semester, we encourage you to complete this [\*\*\*Client Evaluation Survey\*\*\*](#). The survey is anonymous - please do not put your name on the form.

We would also like to hear general suggestions and/or feedback about CAPS, so please complete this [\*\*\*General Feedback Form\*\*\*](#) to share your thoughts. This form is also anonymous, so please do not put your name on the form unless you would like us to respond to you. Thank you.

## Increased information on resources

A major problem on campus is not always a lack of resources, but a lack of knowledge about those resources and how to access them. One possible solution to this is to post information about these resources around campus, such as on the back of bathroom stall doors, the way information about sexual and relationship violence is displayed. Another way to increase students' knowledge about their mental health resources would be to include information about those resources in class syllabi, similarly to how information about Office of Disability Services is included. Education about available resources, how to access them, and how to cope with stress should also be mandatory topics during floor meetings for RAs and mandatory lessons for first-year forums, instead of suggestions.

One of the main issues with the website is that the “Mental Health Topics” link on the site is currently broken. Even looking at the list of topics covered, it is not as extensive as that of our peer institutions whose websites feature a “Self-Help Library” of mental health topics. These libraries do not necessarily contain original writings but may have external links to non-profit organizations devoted to various issues. One such example can be drawn from American University’s Online Self-Help Library:

## › Online Self-Help Library



### HOW TO USE THIS PAGE:

Always read critically. The Counseling Center does not monitor or endorse the web sites listed below. If you have questions or concerns about your own unique situation, make an appointment to talk with a mental health provider by calling the Counseling Center at (202) 885-3500.

You are also invited to come and browse the Student Self-Help Library located in the reception area of the Counseling Center (MGC 214), which is pictured on the left.

| TOPIC   | WEBSITES   |
|---|--|
| Abuse or Violence in Relationships                  | <a href="#">Center for Relationship Abuse Awareness</a><br><a href="#">Warning Signs: National Domestic Abuse Hotline</a>  |
| Alcohol Use and Abuse                               | <a href="#">NIAAA: Overview of Alcohol</a><br><a href="#">Consumption NCADD: Signs and Symptoms</a><br><a href="#">AU Wellness Center: Alcohol</a>   |
| Anger and Anger Management<br><br>Anxiety and Panic | <a href="#">Controlling Anger Before It Controls You</a><br><a href="#">10 Tips to Tame Your Temper</a><br><a href="#">NIMH: Overview of Anxiety Disorders</a><br><a href="#">Coping with Anxiety Tips to Manage Anxiety and Stress</a><br><a href="#">Tips to Coping with Panic Attacks</a> |

These links not only contain information about various mental health topics, but also contain self-help strategies for students who may be struggling with their mental health. In the image above, American provides “10 Tips to Tame Your Temper” in their Anger Management section.

Below are George Washington University’s “Self Help Library.” There are separate tabs of resources for LGBTQ students, helping friends, and tips and fact sheets. Each tab can be expanded to find resources per topic:

## Self Help Library

Mental Health Services maintains the online resources below to help you manage stress and achieve academic success.

▶ Colonial Identities

▶ Managing My Busy Life

▶ Healthy Mind, Stronger Me

▶ Colonials Helping Colonials

▼ Colonial Identities

At the CHC we acknowledge and celebrate the many identities that Colonials brings to our campus community. Find resources here that help support the intersection of your identities; including your identity as a member of a specific GW school or program, your racial and cultural identities, sexual identity, gender identity, and personal identity development.

- [LGBTQIA+ College Student Mental Health \(pdf\)](#)
- [Navigating the Stresses of Law School \(pdf\)](#)

▼ Healthy Mind, Stronger Me

At the Colonial Health Center, we know that maintaining mental health and wellbeing allows Colonials to excel in your personal and academic goals. Here, you'll find mindfulness tools and support to address anxiety, depression, trauma, and grief. You can also discover ways to build better relationships.

- [Anxiety - Get the Facts \(pdf\)](#)
- [Depression - Get the Facts \(pdf\)](#)
- [Grief & Loss - Get the Facts \(pdf\)](#)
- [Self-Care Tips \(pdf\)](#)
- [Mindful Eating \(pdf\)](#)
- [Build Better Relationships \(pdf\)](#)
- [Mindfulness \(pdf\)](#)
- [Suicide Signs and Risks \(pdf\)](#)



Georgetown does something similar on their Counseling Center resource page, adding in apps, videos, and exercises for students to try to better understand and manage whatever they are struggling with. The screenshot below highlights such resources for anxiety and depression:

## HELPFUL RESOURCES

*The apps and links below are a few of the many resources available on the internet. We do not endorse these as a replacement for therapy when needed, but offer them as a first step or additional help. If you feel you are having a psychological emergency and need to speak with someone urgently, please call 202-444-7243 to speak with the CAPS clinician on-call.*

### ANXIETY

[How can I stop worrying so much? \(video\)](#)

[Guided relaxation exercises \(audio\)](#)

[How to stop a panic attack \(video\)](#)

[Stress management links and handouts \(website\)](#)

[Stress management handout \(pdf\)](#)

### DEPRESSION

[I need to take better care of myself \(online skills list\)](#)

[How can I interrupt my negative thinking? \(pdf\)](#)

[How can I better manage my stress? \(pdf\)](#)

[Keep a Gratitude Journal \(website\)](#)

In addition to self-help resources, American also lists methods for students to help their peers in distress. These include resources on how to tell whether someone is in distress, the different types of enabling, and how to speak to someone who needs help:

#### ▸ How to Help a Student in Distress

##### WORRIED ABOUT SOMEONE?

If you know a student in distress - whether a student in your class, a roommate, teammate, or friend - you may be able to help. The following information and tips are offered to help you be a good helper.

##### [COMMON CAUSES OF DISTRESS](#)

##### [COMMON SIGNS AND SYMPTOMS OF DISTRESS](#)

##### [HOW TO HELP SOMEONE GET HELP](#)

##### [IF A STUDENT IS TALKING ABOUT SUICIDE OR VIOLENCE OR IS BEHAVING IN SELF-HARMING OR VIOLENT WAYS](#)

##### [IF YOU ARE NOT SURE WHAT TO DO](#)

##### [A FEW WORDS ABOUT BEING A GOOD HELPER](#)

##### [A FEW WORDS ABOUT "ENABLING"](#)

##### COMMON CAUSES OF DISTRESS

- Family problems or other interpersonal difficulties (for example: conflicts, illness or death of someone important to the student, divorce, abuse)
- Problems with a romantic partner or spouse (for example: sexual problems, communication problems, abuse, coping with a partner in distress for any of the reasons listed here)

# Student Advisory Council to the Counseling Center

While the Counseling Center does a significant amount of campus outreach and engagement, it could improve its connection between policy formulation and student perspectives. Therefore, a small group of students active in mental health advocacy on campus should form a formal advisory council that meets monthly directly with Counseling Center staff. This will provide a direct line of information between counselors and students to help craft better mental health policy based on student perspectives, as well as identify and correct any inaccurate information that may be circulating about mental health resources, health, and research to produce and advance initiatives.”

## Analysis of Student Health and Wellness Fee

Many of the recommendations in this report call for an increased investment on behalf of the university in mental health resources. To do this, the University will have to reevaluate budget priorities and sources of income for this area. Many schools offer wider ranges of services at lower student health and wellness fees. This has to do largely with the resources they have available on campus as well as campus-specific priorities. Before raising the student health and wellness fee to pay for a number of these initiatives, the Administration should conduct an in-depth analysis of the Student Health and Wellness fee to determine what factors contribute to the calculation of this fee, and how these factors might be manipulated to craft a more efficient student health fee. Additionally, where the fees are used should also be examined to ensure that all funds are being used as efficiently as possible.

# Increase Investment in Preventative Strategies in through the Office of Health Promotions and other Centers

In light of the overwhelming numbers of students seeking appointments at the Counseling Center, it is crucial that Syracuse University provide more preventative and skill-building programs that could lighten the demand for counseling services. The Office of Health Promotion and their peer educators are a valuable resource in this endeavour. Currently, the Office of Health Promotion is working to create a number of programs on campus run by peer educators (trained students) including:

- Self-care workshops and general mental health care
- Drafting materials for a “How to help a friend” Workshop
- National Eating Disorder Awareness week
- Intersectionality and discrimination

However, their limited resources have prevented them from conducting these types of skill building and preventative workshops. The Office of Health Promotion is a great resource in bettering the mental well-being of students on campus, although they are often limited in how much health promotion they can do because of the fact that the resources they promote are not able to handle the sheer number of students that need their services. If Syracuse University wants to take the next step in the investment towards bettering student mental health, preventative care is the answer. This is an opportunity for the University to become visionary in their approach to mental health by taking a holistic approach to the issue.

## Diversity

Of the new counselors hired, at least two should be people of color. Based on the demographic characteristics of students who attend the Counseling Center, it would be of great benefit to the Center to have counselors who can speak either Spanish, Mandarin or Cantonese.

# Campus Strategy Advisors

Many of these policy recommendations build off one another. There are multiple small changes that can be made to increase awareness and access to resources and to create a better environment on campus surrounding mental health. One resource that would be of the utmost benefit to the university is the JED Foundation. According to its website, “The Jed Foundation’s mission is to protect emotional health and prevent suicide among college and university students. To achieve this goal, the organization collaborates with the public and leaders in higher education, mental health, and research to produce and advance initiatives.”

The JED foundation is a national organization that will come to a University to evaluate the mental health programs and environment on campus and work with the administration to recognize areas of improvement and implement changes that address the needs of each university in particular.

## Physical Space

Physical space has been proven important in regard to mental health. The way in which students interact with their environment can either be a stress-inducer or stress-relaxer. As Syracuse University embarks on a strategic Campus Framework Plan and implementation, coinciding with the Academic Strategic Plan for the University, it is important to keep mental health at the top of every person’s mind.

As this generation differs more greatly than any other generation has to another before, it is vital to recognize that the over-routinized tendencies of students create higher stress levels. This brings an importance of creating spaces that force students to break from that routine.

Through a case study at Wake Forest, we can see many ways in which mental health has been a priority in spaces around campus through the creation of napping stations, placement of hammocks and no technology zones around campus and in the library, and changes to the campus quad. After contracting with the mastermind behind Bryant Park in NYC, Wake Forest studied student patterns on the quad after putting more seating, board games, outside classrooms and a piano on the quad. These small changes around campus will have a large impact.

# Executive Summary of Policy Recommendations

## Short-Term

1. As students transition from the Counseling Center to long-term care in the community, counselors should be required to have active conversations with those students to walk through all the options available to them.
2. Information on the Counseling Center and their services should be more readily available to all students on campus through posters, residential hall floor meetings, and a section dedicated to mental health services on all syllabi.
3. The Counseling Center website should be updated to include more information on mental health topics, peer-help and self-help strategies, and a section to provide feedback.
4. A Student Advisory Council to the Counseling Center Staff should be formed to create a line of communication between students and mental health resources.
5. Syracuse University Administration should conduct an in-depth analysis of the Student Health and Wellness fee to determine what factors contribute to the calculation of the fee as well as where the fee is implemented.
6. A Peer Listening Service should be developed to serve as an added resource to students seeking help for their mental health.
7. Create a partnership with Crisis Text Line (see earlier document).

## Long-Term

1. Hire five to seven more counselors. Five of these counselors should form a crisis response team, while the other 17-20 are freed up to deal with non-crisis situations and field walk-ins.
2. Hire at least two more counselors of color. One or both should be able to speak either Spanish, Mandarin or Cantonese to make resources more accessible for all students.
3. Partner with the JED Foundation to craft a comprehensive campus-wide mental health strategy plan.
4. Develop a policy between DPS and SPD to better coordinate mental health crisis response for students who live off campus so that they are not automatically committed to CPEP in the case of SPD arriving at the scene.
5. Increase investment in preventative strategies through the Office of Health Promotions.
6. As construction is done on and around campus, create more gathering spaces and activity spots.

# Chapter 3

## Moving Forward and Reflection

This year has been full of many challenges, especially for Student Association as an organization. This can create roadblocks or paralyze productivity at times. However, I am thankful to have assembled a team and drive work through passion and expertise. This year, the work on mental health was unprecedented. Never before had mental health been such a front-running issue for a legislative session. Through the campaigning and resulting work I have led this year, this has changed. Both campaigns in the most recent election ran with a pillar of their campaign being mental health, and mental health was passed as a permanent initiative for the upcoming administration. It is clear to see that mental health on a Student Association level has found its way as a top priority.

To coincide, there has been a shift in conversation amongst administrators. With the hiring of M. Dolan Evanovich as the Senior Vice President for Enrollment Management and the Student Experience comes an opportunity for a culture shift on campus. Pairing this position with the vision of the Campus Framework and Academic Strategic Plans, there is an opportunity to bring mental health to the core of decision-making. In fact, SVP Evanovich now declares mental health as a top priority. Throughout the year, we were able to present at his director's meeting as well as talk about this to many other administrators and staff. Seemingly, there is a general consensus on the importance of the mental health information presented and the need to act. Most importantly, a Mental Health Steering Committee has been assembled for the primary purpose to go through the report next year and work on policy implementation.

A large part of the reason stakeholders got on board and were engaged is because of the way in which we approached the subject. The only other time mental health has been brought to administrator attention has been through protest. Although protest is effective and deserves a rightful, necessary place in advocacy, it cannot stop there. By speaking with data and approaching the subject in an



objective manner, administrators and staff were given an opportunity to fully understand the state of affairs of mental health on campus. Numbers do not lie and coupling those numbers with student narrative ties together a powerful story that cannot be ignored. Due to the way in which we presented our case, we became the first-ever students to present on mental health to administrators.

Already, we have seen policy recommendations implemented or a process for implementation planned. As aforementioned, with the creation of the Mental Health Steering Committee, comprised of staff, administrators and students, this process will continue for years to come. The Counseling Center and other offices on campus have started updating their websites to account for policy recommendations. There is a student advisory board to the Counseling Center being formed. The First-Year-Forum has been talked heavily about and should be seeing changes in the years to come, although it is not set in stone. After conversations with DPS, the Memorandum of Agreement with SPD will be revisited to take an extra look at mental health procedure for off-campus calls. Mental Health Awareness Week is on the calendar for next year programming. The next SA administration has put implementation of the peer listening service as a top priority. Departments have reached out to include mental health language in their syllabi. These are all exciting changes, and they are only the beginning. It will be exciting to see what changes occur, especially with the building of The Arch in the coming six to 18 months. Below is an analysis, using the prince chart system as created by William Coplin, on the likelihood of some of the top policy recommendations being fully implemented:

## PRINCE CHARTS FOR MENTAL HEALTH POLICY RECOMMENDATIONS

### Hiring Five to Seven More Counselors in the Next Two Years

| Players             | Issue Position | x | Power | x | Priority | = | Prince Score |
|---------------------|----------------|---|-------|---|----------|---|--------------|
| Cory Wallack        | 5              | x | 2     | x | 5        | = | 50           |
| M. Dolan Evanovich  | 2              | x | 4     | x | 1        | = | 8            |
| Rahnamay Azar       | -3             | x | 4     | x | 2        | = | -24          |
| Rebecca Dayton      | 0              | x | 3     | x | 2        | = | (6)          |
| Student Association | 5              | x | 1     | x | 5        | = | 25           |

**86/121=71.1% chance of success**

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| <b>PLAYER 1 -</b>        | <b>Name and Title: Cory Wallack, Director of the Counseling Center</b>   |
| <b>Issue Position: 5</b> | <b>Justification:</b> The idea to hire five to seven more counselors to turn into a crisis response team originated with Cory Wallack. Being his idea, he will hold a very a high issue position. The office he directs is currently understaffed and cannot meet the needs of students; therefore, he is passionate about this issue.                       |
| <b>Power: 2</b>          | <b>Justification:</b> Cory Wallack is the Director of the Counseling Center. He has significant power over the day-to-day administration of mental health services. However, larger strategy/budget items like hiring more counselors is up to higher level administrators. Cory Wallack's closeness to the issue gives him clout with these administrators. |
| <b>Priority: 5</b>       | <b>Justification:</b> Cory Wallack has made it very clear over the years that there is a significant need for more counselors to maintain an excellent student to counselor ratio. He has given presentations around campus on the issue of the rising number of students in crisis and how more counselors can help address the issue.                      |

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| <b>PLAYER 2 -</b>        | <b>Name and Title: M. Dolan Evanovich, Senior Vice President Enrollment and the Student Experience</b>   |
| <b>Issue Position: 2</b> | <b>Justification:</b> In meetings with Senior Vice President Evanovich, he has made it clear he intends to make mental health a priority within the student experience. While hiring five to seven more counselors is a large ask, he has acknowledged the nearing opportunity for staff expansion as the Counseling Center relocates to The Arch. |

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| <b>Power: 4</b>    | <b>Justification:</b> Evanovich's role as a Senior Vice President of the Student Experience gives him top power to make decisions. He has control over budgets for his departments. While he could not single-handedly hire more counselors, he would have to be the force that eventually drives it to fruition. |
| <b>Priority: 1</b> | <b>Justification:</b> Vice President Evanovich has expressed he wants to prioritize mental health on campus. However, he commands an enormous division of staff from enrollment to career services to counseling centers. Hiring more counselors is not an immediate priority.                                    |

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| <b>PLAYER 3 -</b>         | <b>Name and Title: Rahnamay Azar, CFO of Syracuse University</b>   |
| <b>Issue Position: -3</b> | <b>Justification:</b> As the Chief Financial Officer of the University, Azar prioritizes fiscal austerity. Hiring five to seven more counselors is a large financial investment, and one that may not have clear funding sources right away. Hence, Azar would moderately oppose the recommendation. |
| <b>Power: 4</b>           | <b>Justification:</b> Azar's title of CFO gives him significant power over large budget decisions. Hiring more counselors would fall into this category and he would have opportunity and power to oppose it.  |
| <b>Priority: 2</b>        | <b>Justification:</b> While his priorities are not expressly against improving mental health resources on campus, he is closest to the university's finances. He certainly has ideas of where money should go and this may conflict with the hiring of more counselors.                              |

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| <b>PLAYER 4 -</b>        | <b>Name and Title: Rebecca Dayton, Associate Vice President of Student Affairs</b>   |
| <b>Issue Position: 0</b> | <b>Justification:</b> Rebecca Dayton is a strong supporter of improving mental health resources on campus and providing more services for SU students. While she understands a need for more counselors, she also wants to prioritize preventative and proactive approaches to addressing mental health concerns. Considering the financial burden of this recommendation, on this recommendation, VP Dayton is neutral. |
| <b>Power: 3</b>          | <b>Justification:</b> Rebecca Dayton is the Associate Vice President of Student Affairs. While she maintains a higher level of power than specific program directors like Cory Wallack, she still answers to Senior Vice President Dolan Evanovich as her boss. She serves as the step between the two players, and can influence policy through this position.  |
| <b>Priority: 2</b>       | <b>Justification:</b> Improving mental health resources is a top priority for VP Dayton. However, on this recommendation it is less so as she wants to champion other ways to improve mental health on campus.   |

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| <b>PLAYER 5 -</b> | <b>Name and Title: Student Association</b> |
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| <b>Issue Position: 5</b> | <b>Justification:</b> SA passed a bill making mental health advocacy a permanent initiative. Hiring five to seven more counselors is a central piece of their many recommendations to improve resources on campus. Therefore, they will maintain pressure on administration to implement this recommendation.                        |
| <b>Power: 1</b>          | <b>Justification:</b> While SA can be a part of the policy making process, and advocate on behalf of students, they do not hold much power in large scale budget decisions like hiring more counselors. Their status as student advocates gives them some influence but no action power over this type of recommendation.            |
| <b>Priority: 5</b>       | <b>Justification:</b> As this is a staple recommendation of the Mental Health Report, SA will look to maintain pressure on Administrators to help make this happen. Especially during the building of the Arch, SA representatives on campus committees can help advocate for the hiring of more counselors over the next two years. |

#### Analysis of the Student Health and Wellness Fee

| Players             | Issue Position | x | Power | x | Priority | = | Prince Score |
|---------------------|----------------|---|-------|---|----------|---|--------------|
| Rebecca Dayton      | 5              | x | 3     | x | 3        | = | 54           |
| M. Dolan Evanovich  | 0              | x | 4     | x | 1        | = | (4)          |
| Rahnamay Azar       | -3             | x | 4     | x | 1        | = | -12          |
| Cory Wallack        | 4              | x | 2     | x | 3        | = | 24           |
| Student Association | 5              | x | 1     | x | 1        | = | 5            |

85/99=86% chance of success

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| <b>PLAYER 1 -</b>        | <b>Name and Title: Rebecca Dayton, Associate Vice President of Student Affairs</b>   |
| <b>Issue Position: 5</b> | <b>Justification:</b> In conversations with Rebecca Dayton, she raised the point that before anyone proposed the Student Health and Wellness Fee be raised to pay for increased resources, there has to be an in-depth analysis of it first. In developing the idea, VP Dayton holds a strong issue position in support of the recommendation. |
| <b>Power: 3</b>          | <b>Justification:</b> Vice President Dayton's title gives empowers her to push administrators to pursue policy recommendations like this. Her ability to put   |

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|                    | pressure on different policy makers gives her intermediate power to help implement this policy.  |
| <b>Priority: 3</b> | <b>Justification:</b> As stated above, this recommendation originated with Rebecca Dayton. With mental health being a priority of hers, she holds a high priority to see an analysis of the fee to determine whether it should be raised or lowered. |

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| <b>PLAYER 2 -</b>        | <b>Name and Title: M. Dolan Evanovich, Senior Vice President of Enrollment and the Student Experience</b>  |
| <b>Issue Position: 0</b> | <b>Justification:</b> While Evanovich supports mental health resource improvement, this recommendation can happen at a level below him. Therefore, he holds a neutral issue position. Although this level of policy making happens below him, he is the leader of the division carrying out this recommendation and is still a notable player. |
| <b>Power: 4</b>          | <b>Justification:</b> Though this particular decision and action would not fall directly on Evanovich's desk, he has control over this decision and would play a role in the eventual decision to lower or raise the Student Health and Wellness Fee based on the analysis.  |
| <b>Priority: 1</b>       | <b>Justification:</b> With a huge division to manage, this small policy recommendation would not be a large priority on Evanovich's list of things to accomplish.  |

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| <b>PLAYER 3 -</b>         | <b>Name and Title: Rahnamay Azar, CFO of Syracuse University</b>   |
| <b>Issue Position: -3</b> | <b>Justification:</b> This policy recommendation would fall directly under Azar's area of expertise as it involves an analysis of a piece of the budget. Since this analysis will fall on his department, Azar holds a negative issue position. Additionally, budget items at SU are largely a secretive business.   |
| <b>Power: 4</b>           | <b>Justification:</b> The CFO holds arguably the highest level of power over how the budget is designed and implemented. Azar would be able to control the degree to which this analysis is conducted.   |
| <b>Priority: 1</b>        | <b>Justification:</b> The priority of a newly hired CFO will not be a long-standing, untouched health and wellness fee. Rather, the Chancellor has been tasked by the Board of Trustees to even out the budget and with a new CFO in place they will be looking at the big ticket items of the university. A large focus for the administration development and growth - something that an analysis of the health and wellness fee does not guarantee. |

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| <b>PLAYER 4 -</b>        | <b>Name and Title: Cory Wallack, Director of the Counseling Center</b>  |
| <b>Issue Position: 4</b> | <b>Justification:</b> Cory Wallack has expressed in further conversations that some schools provide more robust mental health services at a lower or equivalent student fee charged by Syracuse. Thus, he holds a strong supportive issue position for analyzing the current factors contributing to the student fee. |

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| <b>Power: 2</b>    | <b>Justification:</b> As director of the Counseling Center, Wallack oversees a major service funded by the Student Health and Wellness Fee. His influence over this service gives some power in advocating for this recommendation.   |
| <b>Priority: 3</b> | <b>Justification:</b> Many of the policy solutions Wallack has advocated for involve some sort of substantial investment on behalf of the university. When talking about these solutions, funding has to be a part of the conversation, making this recommendation a priority for Wallack |

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| <b>PLAYER 5 -</b>        | <b>Name and Title: Student Association (SA)</b>  |
| <b>Issue Position: 5</b> | <b>Justification:</b> Student Association explicitly recommended this policy in their Mental Health Report and firmly stand by it as a means of starting the conversation around mental health funding.                      |
| <b>Power: 1</b>          | <b>Justification:</b> SA can continue to advocate on this issue but has no control over the actions of the University budget office. However, their standing as students does give them a platform to advocate.              |
| <b>Priority: 1</b>       | <b>Justification:</b> While this is in the Mental Health Report, the incoming administration has shown more interest in other mental health related initiatives, making this recommendation lower on the list of priorities. |

### Peer Listening Service

| Players                     | Issue Position | x | Power | x | Priority | = | Prince Score |
|-----------------------------|----------------|---|-------|---|----------|---|--------------|
| Chair of Social Work        | -2             | x | 3     | x | 1        | = | -6           |
| Cory Wallack                | 2              | x | 2     | x | 2        | = | 6            |
| Rebecca Dayton              | 1              | x | 3     | x | 1        | = | 3            |
| Office of Health Promotions | -1             | x | 2     | x | 1        | = | -2           |
| Angie Pati, VP of SA        | 5              | x | 1     | x | 5        | = | 25           |

34/42=81% chance of success

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| <b>PLAYER 1 -</b>            | <b>Name and Title: Chair of Social Work</b>   |
| <b>Issue Position:</b><br>-2 | <b>Justification:</b> A key requirement of this policy recommendation is that the peer listening service would be overseen and run by a licensed social worker, likely a professor in the school of social work. The Chair of this department holds a negative issue position on this policy as it would require more work on behalf of faculty in their department, potentially adding to an already rigorous teaching load. |
| <b>Power: 3</b>              | <b>Justification:</b> On this particular policy recommendation, the Chair of Social Work could do harm to its chance of implementation give that he/she can dictate the availability of the department.   |
| <b>Priority: 1</b>           | <b>Justification:</b> This policy is not on the radar of the Chair of Social Work. Also, this service would provide considerable benefit to the school making it less likely that the Chair would spend time and resources opposing it.   |

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| <b>PLAYER 2 -</b>           | <b>Name and Title: Cory Wallack, Director of the Counseling Center</b>  |
| <b>Issue Position:</b><br>2 | <b>Justification:</b> Cory Wallack has expressed that a peer listening could help their Counseling Center manage the workload of student counseling sessions. However, his office supports initiatives that include professional staff more than student-driven services. |
| <b>Power: 2</b>             | <b>Justification:</b> Cory Wallack's office would play an important role in implementation of this policy and coordinating with the peer listening service in case of an emergency. Thus, he has notable power over the implementation of this policy.                    |
| <b>Priority: 2</b>          | <b>Justification:</b> The Counseling Center prioritizes their own programming and services over a student-driven service, especially if they would have to contribute time and resources during the implementation of this initiative.                                    |

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| <b>PLAYER 3 -</b>           | <b>Name and Title: Rebecca Dayton, Associate Vice President of Student Affairs</b>   |
| <b>Issue Position:</b><br>1 | <b>Justification:</b> Rebecca Dayton has a positive issue position for this initiative, however, she does not hold a high positive issue position as she has expressed interest in student involvement in more preventative measures instead of reactive measures like this one. |
| <b>Power: 3</b>             | <b>Justification:</b> Dayton's power over medium -evel initiatives that affect students directly is substantial. She would be pivotal in collecting other player and stakeholder support to make the initiative come to fruition.  |

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| <b>Priority: 1</b> | <b>Justification:</b> Dayton's priority is a mix of helping preventative measures see the forefront of mental health policy making as well as simple administrative analysis that could help student fee money be used more efficiently. This program would not be as much as a priority. |
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| <b>PLAYER 4 -</b>          | <b>Name and Title: Office of Health Promotions</b>   |
| <b>Issue Position: - 1</b> | <b>Justification:</b> The Office of Health Promotions (OHP) would play a pivotal role in helping this initiative happen. Their peer educators are the type of students that would help on this sort of service, potentially taking away from programming and services the Office of Health Promotions is seeking to provide. |
| <b>Power: 2</b>            | <b>Justification:</b> As stated above, OHP has power in helping this initiative happen as many of their resources and student connections would be essential in helping this service develop on campus.  |
| <b>Priority: 1</b>         | <b>Justification:</b> OHP has significant ambition for programming all over campus, specifically on prevention. They have a wide variety of resources they would provide given the circumstance. Therefore, they hold a low priority on making this initiative happen.   |

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| <b>PLAYER 5 -</b>        | <b>Name and Title: Angie Pati, Vice President of Student Association</b>  |
| <b>Issue Position: 5</b> | <b>Justification:</b> A peer listening service was the center of Angie Pati's campaign for vice president. During the campaign, she made it clear that a peer listening service would be her top initiative to pursue in terms of improving mental health on campus.  |
| <b>Power: 1</b>          | <b>Justification:</b> As a student, Angie does not have actual power over development of initiatives like this as it would still need administrative approval. However, because this is such a student driven initiative her advocacy power and the ability to engage and energize the student body will play a powerful role in advancing this initiative. |
| <b>Priority: 5</b>       | <b>Justification:</b> As expressed during her campaign, this is the highest priority initiative for Angie Pati as Student Association vice president.   |

#### Develop a First-Year Forum with Exposure Mental Health Resources as a Part of Curriculum

|                |  |                       |          |              |          |                 |          |                     |
|----------------|--|-----------------------|----------|--------------|----------|-----------------|----------|---------------------|
| <b>Players</b> |  | <b>Issue Position</b> | <b>x</b> | <b>Power</b> | <b>x</b> | <b>Priority</b> | <b>=</b> | <b>Prince Score</b> |
|----------------|--|-----------------------|----------|--------------|----------|-----------------|----------|---------------------|



|                              |    |   |   |   |   |   |     |
|------------------------------|----|---|---|---|---|---|-----|
| M. Dolan Evanovich           | 3  | x | 4 | x | 3 | = | 36  |
| Provost Michele Wheatly      | -4 | x | 5 | x | 3 | = | -60 |
| Office of Student Assistance | 4  | x | 2 | x | 4 | = | 32  |
| Faculty                      | -4 | x | 3 | x | 4 | = | -48 |
| Cory Wallack                 | 4  | x | 2 | x | 2 | = | 16  |

84/192=43.7% chance of success

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| <b>PLAYER 1 -</b>        | <b>Name and Title: M. Dolan Evanovich, Senior Vice President of Enrollment and the Student Experience</b>  |
| <b>Issue Position: 3</b> | <b>Justification:</b> Evanovich has expressed that changing the First-year Forum to include a more university resource-centered approach will be a center point of his major university transformation plan.   |
| <b>Power: 4</b>          | <b>Justification:</b> As Evanovich is in charge of the student experience, this initiative would greatly increase student awareness of the resources they have on campus, particularly mental health, giving him power over supporting this initiative.                |
| <b>Priority: 3</b>       | <b>Justification:</b> Evanovich's directors oversee services for students and want to see their resources better exposed to students. By using the first-year forum to leverage that exposure, he will have the support of his directors, making it a higher priority. |

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| <b>PLAYER 2 -</b>         | <b>Name and Title: Michele Wheatly, Provost</b>   |
| <b>Issue Position: -4</b> | <b>Justification:</b> Michele Wheatly has prioritized academic engagement in her time as Provost of the university. As this policy will be largely opposed by the faculty who enjoy autonomy over their first-year forum classes, Wheatly will support them and hold a negative issue position against this policy. |
| <b>Power: 5</b>           | <b>Justification:</b> As the Provost, Michele Wheatley holds the highest level of power over large curriculum developments. She would be a part of the final decision on whether to allow this change to occur.   |
| <b>Priority: 3</b>        | <b>Justification:</b> This will be a hot-button issue between staff and faculty. It will be a high priority for Wheatly.  |

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| <b>PLAYER 3 -</b>        | <b>Name and Title: Office of Student Assistance</b>   |
| <b>Issue Position: 4</b> | <b>Justification:</b> The Office of Student Assistance is the centerpoint of student services and serves as the hub of referring students to the correct support systems based on their need. This Office has expressed that the first-year forum would be the perfect opportunity to expose their cross-university |

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|                    | student assistance approach and proactively expose students to these resources.  |
| <b>Power: 2</b>    | <b>Justification:</b> They would be at the center of this policy and would have power over helping implement the policy. However, they are not at a high enough level to engage other players and make it happen.        |
| <b>Priority: 4</b> | <b>Justification:</b> This is a high priority of the Office of Student Assistance. They would want to help support the implementation of this policy as it would better help their office perform the required services. |

|                           |  |
|---------------------------|--|
| <b>PLAYER 4 -</b>         | <b>Name and Title: Faculty</b>   |
| <b>Issue Position: -4</b> | <b>Justification:</b> Faculty hold a great deal of autonomy over their first-year forum classes currently. They can drive their own curriculum and promote their own programs. If this policy were to be implemented they would lose this autonomy. Therefore, they hold a strong negative issue position against this policy. |
| <b>Power: 3</b>           | <b>Justification:</b> As a collective body, faculty have significant power over a major policy change like this because of the pressure they can put on administrators to oppose it.   |
| <b>Priority: 4</b>        | <b>Justification:</b> Maintaining their autonomy over what is taught in the first-year forum is a priority of faculty. They hold a strong priority on this policy change as they want to prevent that from going away.   |

|                          |   |
|--------------------------|---|
| <b>PLAYER 5 -</b>        | <b>Name and Title: Cory Wallack, Director of the Counseling Center</b>  |
| <b>Issue Position: 4</b> | <b>Justification:</b> Cory Wallack holds a strong issue position on this policy. He supports helping more students get exposed to resources they need. Additionally, with more exposure to preventative measures, it might help freshmen better handle stresses and pressure. |
| <b>Power: 2</b>          | <b>Justification:</b> Wallack's ability to advocate for this policy and be a part of the implementation process gives him power over whether the policy happens. However, he cannot ultimately make the decision.   |
| <b>Priority: 2</b>       | <b>Justification:</b> Wallack's priorities are with the services his department directly provides. Therefore, his priority is slightly lower on this policy.  |

# Chapter 4

## Annotated Bibliography

## DATA SOURCES

### 1. Center for Collegiate Mental Health National Survey of Students at Counseling Centers

Center for Collegiate Mental Health. (2016, January). 2015 Annual report (Publication No. STA 15-108).

A national survey is conducted each year by the University of Pennsylvania's Center for Collegiate Mental Health. Over 250 different universities participate in the study each year. A standard data collection instrument is used at each school to collect data on students using counseling center resources.

### 2. The Syracuse University Climate Survey

Rankin and Associates. (September, 2016). Assessing our learning, living, and working environment. Syracuse University. Syracuse, NY

Conducted by research firm Rankin & Associates, the Climate survey was a large study done of University faculty, staff and students, to try and measure the perceptions of the University climate. Key findings included topics of exclusionary behavior, sexual assault and mental health.

### 3. Syracuse University Counseling Center\*\*

Syracuse University Counseling Center. (2016).

Syracuse University Counseling Center Outcome Survey. (2016).

Data collected by the Syracuse University Counseling Center on students using counseling center resources. A survey was administered to roughly 100 students who had used counseling center resources to gauge perceptions of service effectiveness.

### 4. Mental Health Facts and Figures

Duckworth, K. (March, 2013). Facts and figures. National Alliance on Mental Illness. Retrieved from <https://namiwestchester.org/about-mental-illness/facts-figures/>

This website provides a central hub of statistical information on mental health in the US. It provides general facts on mental health amongst adults and children as well as certain populations like prisoners.

### 5. National Survey of Counseling Centers

Reetz, D., Krylowicz, B., Bershad, C., Lawrence, J., & Mistler, B. (Reporting period September 1, 2014 through August 31, 2015). The association for university and college counseling center directors annual survey. The Association for University and College Counseling Center Directors. Retrieved from <http://www.aucccd.org/assets/documents/aucccd%202015%20monograph%20-%20public%20version.pdf>.

## Annotated Bibliography

This is the report from a national survey of counseling center directors at different colleges and universities. There are many interesting findings but most notably that about one third of all college campus counseling centers have a waiting period.

### CO-OCCURRING DISORDERS

#### 6. Co-Occurring Disorders Information

SAMHSA. (March 8, 2016). Mental health and substance use disorders. Retrieved from <https://www.samhsa.gov/disorders>

The website provides a central hub of statistical information on co-occurring disorders. It also provides basic descriptions and definitions of mental health disorders as well as addiction and how the two subjects intersect.

#### 7. Dual-Disorders

National Alliance on Mental Illness. (2017). Dual disorders. Retrieved from <https://www.nami.org/Learn-More/Mental-Health-Conditions/Related-Conditions/Dual-Diagnosis>

The webpage provides in-depth information on dual-disorders or co-occurring disorders. It gives an overview of how the two subjects intersect as well as what treatment looks like as a conjunctive process to treat both the mental illness and the addiction.

#### 8. Additional Co-Occurring Disorders Information

SAMHSA. (March 8, 2016). Co-occurring Disorders. Retrieved from <https://www.samhsa.gov/disorders/co-occurring>

Like the other webpage from this site, this page gives in-depth information on co-occurring disorders. However, this page also gives information on how these co-occurring disorders specifically affect certain populations such as veterans, the homeless and people in the criminal justice system.

#### 9. Co-Occurring Disorders Fact Sheet

Friman, P. Dual Diagnoses: Adolescents with co-occurring brain disorders & substance abuse disorders. National Alliance on Mental Illness. Retrieved from <http://www.namihelps.org/assets/PDFs/fact-sheets/Children-and-Adolescents/Dual-Diagnosis.pdf>

This white paper provides information on co-occurring disorders particularly amongst teens. It explains the commonality of the diagnoses, the causes of the disorder, the treatments that work and how people with struggling loved ones can go about providing care and support.

#### 10. Basic Definitions of Co-occurring Disorders

## Annotated Bibliography

Psychology Today. (January 16, 2017). Co-occurring disorders. Retrieved from <https://www.psychologytoday.com/conditions/co-occurring-disorders>

This webpage provides the basics of co-occurring disorders through a set of definitions of the disorder, the symptoms and causes. There is also information on different treatments available.

### 11. Alcohol Abuse and Collegiate Mental Health

Blanco, C., Okuda, M. & Wright, C. (December 1, 2008). Mental health of college students and their non-college-attending peers. *JAMA Psychiatry*. Retrieved from <http://jamanetwork.com/journals/jamapsychiatry/fullarticle/482915>

This study found that college students were significantly less likely to have diagnosed drug-use disorder or nicotine dependence. Bi-polar disorder was also less common amongst college attending students than their non-college-attending peers.

## SELF-HELP

### 12. Georgetown Counseling Center Self-Help library

Student Health Services. (2017). Helpful resources. Georgetown University. Retrieved from <https://studenthealth.georgetown.edu/Helpful%20Resources>

This webpage provides a large library of self-help resources for students seeking guidance on maintaining good mental health. The library holds links on different topics like anxiety, depression, grief and the freshman transition.

### 13. American Counseling Center Online Self-Help Library

Counseling Center. (2017). Online self-help library. American University. Retrieved from <http://www.american.edu/ocl/counseling/Self-Help-On-Line-Library.cfm>

Like the Georgetown library, this resource provides a long list of helpful resources for students seeking to maintain good levels of mental health. The topics include anxiety, depression and post-traumatic stress disorder.

### 14. GWU Self-Help Library

Colonial Health Center. (2017). Self-help library. George Washington University. Retrieved from <https://healthcenter.gwu.edu/selfhelp>

This self-help library provides resources for students independently seeking help to improve their mental health. This website provides a series of tabs under which students can find specific pieces of information depending on their needs.

### 15. Peer help

## Annotated Bibliography

Counseling Center. (2017). How to help a student in distress. American University. Retrieved from <http://www.american.edu/ocl/counseling/How-to-Help-a-Student-in-Distress.cfm>

This key resource is for students who are looking for help on how to help a friend who they believe may be suffering from some form of distress or mental illness. It provides common signs and symptoms as well as ways to connect them with the necessary resources on or off campus.

### GENERAL COLLEGIATE MENTAL HEALTH RESEARCH

#### 16. Mental Health as a conversation on Campus

Rosenbaum, P. & Liebert, H. (July 7, 2015). Reframing the conversation on college student mental health. *The Journal of College Student Psychotherapy*. Retrieved from <http://www.tandfonline.com/doi/full/10.1080/87568225.2015.1045780?scroll=top&needAccess=true>

This article explores the complexities of the term “mental health” and the role it plays on campus. It deconstructs the phrase itself to provide insights on how the conversation should really be happening through a three-point argument.

#### 17. Stigma and Mental Health Resources for Faculty

Pettit, E. (August 4, 2016). Stigma, stress, and fear: faculty mental-health services fall short. *The Chronicle of Higher Education*. Retrieved from <http://www.chronicle.com/article/Stigma-StressFear-/237353>

This article details the mounting pressures in academia that faculty are increasingly needing to deal with. This, coupled with the stigmas associated with seeking help can make mental health an increasingly important topic to address in the academia community for faculty.

#### 18. Title IX and Due Process

Brown, S. (February 26, 2017). Title IX due process. *The Chronicle on Higher Education*. Retrieved from <http://www.chronicle.com/article/Title-IX-Due-Process/239282>

This article outlines a growing movement of “due process advocates” who claim that there is an issue of universities falsely accusing mostly young male students of sexual assault who are innocent. These “advocates” claim that accused students face an uphill battle to prove their innocence.

#### 19. Resiliency and mental health

Kwai, I. (October 19, 2016). The most popular office on campus. *The Atlantic*. Retrieved from <https://www.theatlantic.com/education/archive/2016/10/the-most-popular-office-on-campus/504701/>

While this generation of college students are seeking help from the counseling center more than any other generation, it does not mean the students are any less resilient. In fact more students are reporting

## Annotated Bibliography

fear of self-harm but the amount actually doing so remain the same, showing policy might actually be helping.

### 20. Mental Health Services Utilization

Eisenberg, D., Hunt, J., Speer, N. & Zivin, K. (May 2011). Mental health service utilization among college students in the united states. *The Journal of Nervous and Mental Disease*. Retrieved from [http://journals.lww.com/jonmd/Abstract/2011/05000/Mental\\_Health\\_Service\\_Utilization\\_Among\\_College.3.aspx](http://journals.lww.com/jonmd/Abstract/2011/05000/Mental_Health_Service_Utilization_Among_College.3.aspx)

This study conducted a survey of random samples of 26 different college campuses. It found that roughly 36% of students with mental health problems received care and the rate for receiving medication for mental health issues was around the same. Overall, circumstance vary widely across campuses.

### 21. Students Receiving Care

Eisenberg, D., Golberstein, E. & Gollust, S. (July 2007). Help-seeking and access to mental health care in a university student population. *Medical Care*. Retrieved from [http://journals.lww.com/lww-medicalcare/Abstract/2007/07000/Help\\_Seeking\\_and\\_Access\\_to\\_Mental\\_Health\\_Care\\_in\\_a.3.aspx](http://journals.lww.com/lww-medicalcare/Abstract/2007/07000/Help_Seeking_and_Access_to_Mental_Health_Care_in_a.3.aspx)

This study conducted a survey online of college students to learn about their mental health needs and care. It found that 37% to 84% of college students did not receive any care depending on the disorder. They also collected predictors for receiving service which included being unaware of services, lack of perceived need, and low-socioeconomic background.

### 22. Stop Suicides on College Campuses

Wallace, K. (September 9, 2015). Shedding stigma to stop suicides on college campuses. *CNN*. Retrieved from <http://www.cnn.com/2015/09/09/health/suicide-prevention-college-campus/>

About one third of students who attend the counseling center across the nation on college campuses are having thoughts of suicide. Just five years ago, the rate was at about 25 percent. Almost a quarter of students attending the counseling center had already hurt themselves.

### 23. Culture Change

Zakrzewski, C. (October 10, 2013). Mental health improvements on campuses require culture shift, not just fancy solutions. *USA Today College*. Retrieved from <http://college.usatoday.com/2013/10/10/opinion-mental-health-improvements-on-campus-require-culture-shift-not-just-fancy-solutions/>

This article cites a statistic stating that about 44 percent of college students report symptoms of depression, but 75 percent of them do not seek care. The article argues that this stems from a systemic issue of stigma on college campus, and to fully address it, the entire culture around mental health must change.



## Annotated Bibliography

### 24. Suicide Prevention and Dealing with Perfection

Scelfo, J. (July 27, 2015). Suicide on campus and the pressure of perfection. *The New York Times*. Retrieved from [https://www.nytimes.com/2015/08/02/education/edlife/stress-social-media-and-suicide-on-campus.html?\\_r=0](https://www.nytimes.com/2015/08/02/education/edlife/stress-social-media-and-suicide-on-campus.html?_r=0)

This article explores the “suicide cluster” epidemic where large numbers of students kill themselves in a short amount of time. At UPenn, six students killed themselves in 13 months. The article details the immense pressure on college campuses for students to achieve perfection and how that relates to suicide on college campuses.

### 25. The Risk of Being a Freshman

Heffernan, L., & Wallace, J. (August 17, 2016). For freshman, campus life poses new risks. *The New York Times*. Retrieved from <https://well.blogs.nytimes.com/2016/08/17/for-freshmen-campus-life-poses-new-risks/>

Freshman are particularly vulnerable to developing problems with their mental health. Parents should monitor their children’s behavior patterns to note any red flags indicating the freshman student might need resources on campus.

### 26. Mental Health vs. Mass Shootings: what is the issue

Silva, J. (May 31, 2016). Mental health, not mass shooters, is the bigger problem at universities. *The New York Times*. Retrieved from <https://www.nytimes.com/roomfordebate/2016/05/31/should-guns-be-permitted-on-college-campuses/mental-health-not-mass-shooters-is-the-bigger-problem-at-universities>

Mass shootings account for only 2 percent of gun related deaths. Suicides account for 61 percent of gun related deaths. Student Body president of Rice University, Jazz Silva outlines that legislation calling to allow students to carry guns on campus for protection will only hurt students as guns are more likely to be used on themselves.

### 27. Causes for Rise of Students in Crisis

Duenwald, M. (October 26, 2004). The dorms may be great, but how’s the counseling. *The New York Times*. Retrieved from <http://www.nytimes.com/2004/10/26/health/psychology/the-dorms-may-be-great-but-hows-the-counseling.html>

There are many reasons more students are experiencing states of crisis on college campuses around the country, First, it is harder than ever to get into college and work-loads have never been heavier. Second, due to things like medication, students with serious mental health disorders are able to come to college that might otherwise not have in the past.

### 28. Economic Benefits of Investing in Mental Health at Colleges

## Annotated Bibliography

Lam, B. (December 13, 2015). What the economy gets when colleges invest in mental health. *The Atlantic*. Retrieved from <https://www.theatlantic.com/business/archive/2015/12/investing-in-mental-health-earnings/420072/>

An \$8.7 million dollar program is estimated to produce \$56 million in society-wide gains. New Programs have led to a 13 percent increase in the number of students receiving treatment. This helps students stay in school and contribute larger economic gains to society.

### 29. Why do Colleges Struggle

Fox News. (August 29, 2006). *College campuses struggle, innovate to meet mental health needs as students*. Retrieved from <http://www.foxnews.com/story/2006/08/29/colleges-struggle-innovate-to-meet-mental-health-needs-students.html>

This article lists a simple fact sheet of mental health issues on college campuses such as high rates of eating disorders and suicide being the third leading cause of death amongst 5-24-year-olds.

### 30. Need for increase Mental Health Resources on College Campuses: Study

Welch, T. (2015). Assessing the need for increased mental health services on college campuses. *E-Capella University*. Retrieved from <http://search.proquest.com/docview/1699298388/A021ED1AF8DC4C88PQ/3?accountid=14214>

This study empowered faculty members, students and staff to express ways in which mental health resources could be improved on campus through a qualitative study of recommendations.

## SOLUTIONS

### 31. Wake Forest Disrupts Stress for Students

Grasgreen, A. (April 4, 2013). All work and no play? no more. Inside Higher Ed. Retrieved from <https://www.insidehighered.com/news/2013/04/04/wake-forest-jazzes-campus-encouraging-students-de-stress-and-interact>

Wake Forest takes a progressive and preventative approach to improving the mental health of its students. By installing a series of instruments, games and tables built for relaxation, the school seeks to disrupt the stressed-out student body's busy routines.

### 32. Resting Room for Students

New, J. (December 4, 2014). Recommend resting. Inside Higher Ed. Retrieved from <https://www.insidehighered.com/news/2014/12/04/wake-forest-u-creates-room-napping-campus-library>

## Annotated Bibliography

In one of its many experimental solutions to improving mental health, Wake Forest University installed a napping room in its library for students to go de-stress and catch up on sleep in a central and convenient location.

### 33. Ways to Manage Large Caseloads for College Counseling Centers

Kitzrow, M. (December 2, 2003). The mental health needs of today's college students: challenges and recommendations. *NASPA Journal*. Retrieved from <http://naspa.tandfonline.com/doi/pdf/10.2202/1949-6605.1310?needAccess=true>

This paper lays out a number of recommendations including: using a "brief therapy model", limit the number of individual counseling sessions per students, see students less than once a week for session.

### 34. Teaching Students Resiliency

Field, K. (November 18, 2016). How one university is working to make student leaders more resilient. *The Chronicle on Higher Education*. Retrieved from <http://www.chronicle.com/article/How-One-University-Is-Working/238406>

The University of Virginia promoted their Director of Counseling services to become the first ever Director of Student resilience and leadership development. The new director is implementing programs to try and instill a culture of resiliency throughout campus.

### 35. The balance of response and treatment

New, J. (January 13, 2017). Balancing response and treatment. *Inside Higher Ed*. Retrieved from <https://www.insidehighered.com/news/2017/01/13/colleges-struggle-provide-ongoing-treatment-demands-mental-health-services-increases>

This study found that demand for mental health resources is increasing as awareness and prevention campaigns. Subsequently, Universities are beginning to focus more resources on rapid response to high risk students rather than ongoing treatment.

### 36. Resilience vs. response

Hornstein, G. (March 26, 2017). Why I dread the accommodations talk. *The Chronicle of Higher Education*. Retrieved from <http://www.chronicle.com/article/Why-I-Dread-the-Accommodations/239571>

This article details the difficulty with accommodation forms and how it can get in the way of addressing a student's needs and educational goals. The article details an example of student who got panic attacks and wanted to be excused from exams in the event of one. Instead the professor focused on prevention of the attack.

### 37. Student Activism

## Annotated Bibliography

Field, K. (November 6, 2016). Mental health in minnesota: where student activism spurred change. The Chronicle of Higher Education. Retrieved from <http://www.chronicle.com/article/Mental-Health-in-Minnesota-/238317>

This article gives an example of a case in Minnesota where a group of students affected by suicide become the center of advocates for mental health on their campus to try and improve resources.

### 38. Start the conversation early

Williams, L. (October 9, 2016). It's never too soon to talk about mental health. The Chronicle of Higher Education. Retrieved from <http://www.chronicle.com/article/It-s-Never-Too-Soon-to-Talk/238021>

This article provides a very important policy recommendation about how colleges should begin the conversation about mental health. While some colleges are implementing workshops about mental health as soon as orientation, the author contends that discussions about a student's need and what the university can offer should begin during the admission process.

### 39. Adding mental health to orientation

Brown, S. (September 19, 2016). Colleges add mental-health awareness to crowded orientation lineup. The Chronicle of Higher Education. Retrieved from <http://www.chronicle.com/article/Colleges-Add-Mental-Health/237824>

With rising rates of issues like depression and anxiety, schools are attempting to help students become aware of their resources as early as orientation. However, this strategy bears some issues as it is cramming a very important topic into a already busy schedule.

### 40. Limited Psychiatric Resources

Thielking, M. (February 6, 2017). A dangerous wait: colleges can't meet the soaring student needs for mental health care. STAT. Retrieved from <https://www.statnews.com/2017/02/06/mental-health-college-students/>

STAT carried out a survey of 98 schools and found that many of them had wait times up to 15 days for students to receive mental health care. Additionally, students who needs medication for mental health often have to wait even longer.

### 41. Recommendations for Change

Eisenberg, D., Hunt, J. & Speer, N. (August 15, 2012). Help seeking for mental health on college campuses: review of evidence and next steps for research and practice. *Harvard Review of Psychiatry*. Retrieved from <http://www.tandfonline.com/doi/abs/10.3109/10673229.2012.712839>

This study suggests that traditional barriers such as stigma only partially prevent students on college campuses from receiving mental healthcare they need. Other institutional and individual factors are affecting care utilization on college campuses.

## Annotated Bibliography

### 42. How trigger Warnings are affecting Mental Health on College Campuses

Lukianoff, G. & Haidt, J. (September 2015). The coddling of the American mind. *The Atlantic*. Retrieved from <https://www.theatlantic.com/magazine/archive/2015/09/the-coddling-of-the-american-mind/399356/>

Based on basic tenants of psychology, these authors argue that helping people with anxiety disorders avoid things they fear is misguided. Some experts worry that this level of protection is teaching students how to think in a non-constructive way.

### 43. Campus Mental Health Action Planning

The JED Foundation. (2011). *Campus mental health action planning*. <https://www.jedfoundation.org/wp-content/uploads/2016/07/campus-mental-health-action-planning-jed-guide.pdf>

The Jed Foundation is a nonprofit that helps colleges and universities improve mental health resources on campus. This action plan outline is a universal document schools can refer to strategically plan on campus.

### 44. Best Practices for Mental Health Services on Campus

CPB. (2014). *Best practices for mental health on college campuses*. Retrieved from <http://www.okhighered.org/campus-safety/resources/CBP-mental-best-practices-higher-ed.pdf>

The best practices for college campuses seeking to deal with mental health issues includes identifying at risk students, increase help-seeking behavior, provide mental health services, follow crisis management procedures.

### 45. How Campuses Respond to Mental Health Concerns

Davis, D. (September 2016). Campuses respond to student mental health demands. *EduRisk by United Educators*. Retrieved from <https://www.edurisksolutions.org/Templates/template-article.aspx?id=3124&pageid=136>

This article gives examples of different schools that have responded specifically student demands on improving mental health resources. This list includes, University of Michigan, University of Minnesota, and Chapman University. These schools have hired more counselors.

### 46. Influence of Culture on Campus Mental Health

Chen, J. (2013). The influence of camps culture on mental health help-seeking intentions. *University of South Florida*. Retrieved from <http://search.proquest.com/docview/1464786525/A021ED1AF8DC4C88PQ/6?accountid=14214>

This study sought to explore the relationship between campus attitudes towards mental health and the likelihood that people pursue help for their mental health needs.

## SPECIFIC POPULATIONS AND MENTAL HEALTH

### **47. Black students don't seek help for mental-health concerns**

Brown, S. (January 13, 2016). Many black students don't seek help for mental-health concerns, survey finds. *The Chronicle of Higher Education*. Retrieved from <http://www.chronicle.com/article/Many-Black-Students-Don-t/234892>

The Jed Foundation and the Steve Fund partnered to conduct a national study that found that black students feel less emotionally prepared for college and are less likely to seek help for mental health concerns.

### **48. The role of Campus cultures in debate on minority mental health**

O'Brien, J. (December 2, 2015). Role of campus cultures missing from debate on minority mental health. *The Chronicle of Higher Education*. Retrieved from <http://www.chronicle.com/blogs/letters/role-of-campus-cultures-missing-from-debate-on-minority-mental-health/>

While it is important to craft mental health responses to better meet the needs of minority students, it is also important to develop an overall campus culture that is inclusive and welcoming to all identities. Developing this culture is important in that it will assist students flourish under a culture that fights against exclusionary and biased behaviors.

### **49. Mental-Health care's role in racial inequality**

Wexler, E. (November 19, 2015). How mental-health care entered the debate over racial inequality. *The Chronicle of Higher Education*. Retrieved from [http://www.chronicle.com/article/How-Mental-Health-Care-Entered/234267?cid=rc\\_right](http://www.chronicle.com/article/How-Mental-Health-Care-Entered/234267?cid=rc_right)

This article provides important insights into the mental health complications of students of color feeling unsafe at predominantly white institutions. Existing in biased and exclusionary environments have serious consequences for a student's mental health and resources should be allocated to address it.

### **50. Mental Health Support for Community College Students**

Chen, G. (April 19, 2017). Mental health support for community college students. *Community College Review*. Retrieved from <https://www.communitycollegereview.com/blog/mental-health-support-for-community-college-students>

Community colleges are unique examples as they have less strictly defined campus communities but must still address the issue of mental health on campus. Therefore, often more resources are required than are general available to students.

# Appendices

**Appendices**

**Table of Contents**

**Appendix I**  
**Appendix II**

**USC Mental Health Awareness Month Events**  
**MHAW List of Events**





# 'BEHIND THE MASK' CALENDAR OF EVENTS

## OCTOBER

- 12** UNMASK: Mental Health Awareness Month Kick-Off  
MON Tommy Trojan | 11:00 AM
- 12** Focus on Race: Exploring Mental Health (with BSA)  
MON TCC 227 | 6:00 PM
- 12** Decolonizing Healing ft. Mujeres de Maiz (with WSA)  
MON TCC 205 | 7:30 PM
- 13** Unmasking Schizophrenia: A Tale of Mental Illness with Dr. Elyn Saks (with Speakers Committee)  
TUES THH 101 | 7:30 PM
- 15** Silver Linings Playbook: Mental Health Movie Screening (with SEC)  
THUR McCarthy Quad | 7:00 PM
- 19** EXPRESS/DE-STRESS #1 Karaoke (with SEC)  
MON Tommy Trojan | 12:00 PM
- 19** Breaking Down the Model Minority Myth: Mental Health in API Communities (with APASA)  
MON TCC 350 | 6:30 PM
- 26** EXPRESS/DE-STRESS #2 Halloween Candy (with SEC)  
MON Tommy Trojan | 12:00 PM
- 26** De-stressing Workshop (with ISA)  
MON TCC 302 | 6:00 PM
- 27** To the Psychologist We Go?: A Discussion about Mental Health (with LSA)  
TUES TCC 302 | 5:00 PM

## NOVEMBER

- 2** EXPRESS/DESTRESS #3 Puppy Petting (with SEC)  
MON Tommy Trojan | 12:00 PM
- 4** QPR: Mental Health First Aid (with USC Free Minds)  
WED TBD | 5:00 PM
- 9** EXPRESS/DESTRESS #4 Yoga in the Quad (with SEC)  
MON McCarthy | 12:00 PM
- 10** Behind the Mask: Student Stories Panel  
TUE TCC 227 | 7:30 PM
- 11** Counselor Meet and Greet  
WED TCC 450 (The Forum) | 12:00 PM
- 16** EXPRESS/DESTRESS #5 Silent Disco (with SEC)  
MON Tommy Trojan | 12:00 PM
- 16** Slammin' Down the Stigma (with HSEP)  
MON TCC Ballroom | 7:00 PM
- 17** Breaking the Stigma: Mental Health Resource Fair  
TUE Trousdale Parkway | 11:00 AM
- 19** An Act of Resistance: Self-Care at a PWI (with PB Cultural Assemblies)  
THUR VKC 100 | 7:00 PM
- 19/20** International Survivors of Suicide 2-Day Exhibit  
THU/FRI Gavin Herbert Plaza (Finger Fountain)

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# MENTAL HEALTH AWARENESS WEEK

Oct. 2-8  
2016

## 2 Sunday

### Co-occurring Disorders Presentation

Hall of Languages 207  
7pm

## 3 Monday

### National Day Without Stigma

Schine Student Center  
10am-4pm

## 4 Tuesday

### Meditation at Hendricks

Hendricks Small Chapel  
12-1pm

5

## Wednesday

### Syracuse Setbacks

*Acknowledge moments of failure and celebrate the resilience, perseverance, and strength it takes to come back from them. Hear your favorite faculty, administrators, and staff talk about some of their key setbacks and current successes!*

Stolkin Auditorium  
7pm

6

## Thursday

### Therapy Dog Thursday

Quad  
11am-3pm

### Mental Illness Doesn't Discriminate

*An open dialogue, round table discussion among faculty, administrators, and student peers about mental health issues that effect minority populations.*

Jabberwocky Café  
7pm

### Soulful Sit-Downs

Tolley 204  
8-9pm

7

## Friday

### Meditation at Hendricks

Hendricks Small Chapel  
12-1pm

### Spirituality & Mental Health

*An informal small group discussion about the relationship between mental health and spirituality, however you define it.*

Hendricks Small Chapel  
1-2pm

