Building Bridges

Mental Health on Campus: Student Mental Health Leaders and College Administrators, Counselors, and Faculty in Dialogue

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov

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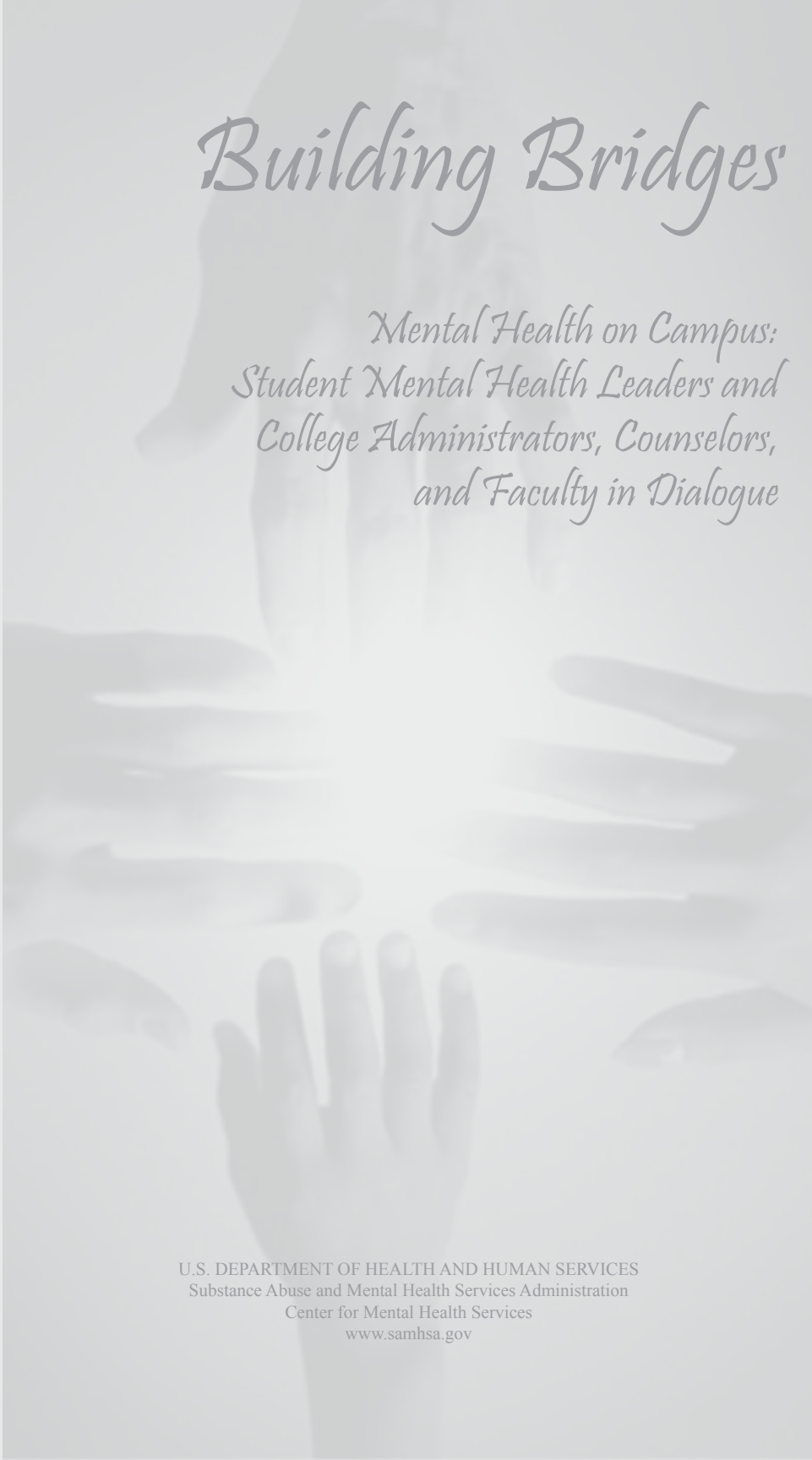

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Disclaimer

The views, opinions, and content of this publication are those of the dialogue participants and do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), SAMHSA, or HHS.

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Foreword

Since 1997, the Center for Mental Health Services (CMHS), within the Substance Abuse and Mental Health Services Administration (SAMHSA), has sponsored a series of participatory dialogues that offer mental health consumers and representatives from other groups an opportunity to enhance communication and build partnerships to improve mental health services and promote recovery. These meetings have led to concrete outcomes, including advances in networking, training and technical assistance, and valuable recommendations for CMHS and the field.

Student mental health consumer leaders on college and university campuses met in December 2005 with representatives from a variety of sectors of the college mental health system, including researchers, clinicians, college administrators and counselors, and leaders of national and local organizations that address student mental health issues.

The Mental Health on Campus dialogue meeting provided an opportunity for student mental health consumers and college representatives to discuss openly attitudes and practices that either hinder or promote recovery. Meeting participants identified attitudinal, cultural, and systemic barriers to mental health, and developed a set of recommendations to overcome them.

National Strategy for Suicide Prevention

Objective 4.3: Increase the proportion of colleges and universities with evidence-based programs designed to address serious young adult distress and prevent suicide.

. . . Because many of the risk and protective factors for suicide among young adults are similar to those for mental disorders and other problem behaviors, including alcohol, drug abuse and interpersonal violence . . . , suicide prevention may be best integrated within broad prevention efforts.

Source: U.S. Department of Health and Human Services, *National Strategy for Suicide Prevention: Goals and Objectives for Action*. (2001). Rockville, MD: U.S. Public Health Service; www.mentalhealth.samhsa.gov/publications/allpubs/SMA01-3517/ch4.asp

Contents

Overview

We stand at a confluence of several forces: increasing numbers of students, with increasingly severe emotional problems; students and families who look increasingly to universities to provide mental health and other supportive services for their students; levels of student stress and clinical depression that show no signs of abating; and budgetary cutbacks that make growth in mental health staffing difficult at best, unlikely at worst. (Marsh, 2004)

Suicides on campus make national headlines. In addition, these tragic events underscore the critical necessity to address significant increases in the mental health needs of college students on campuses. Recent national surveys validate what long has been evident to college counseling services—students' needs are changing and growing.

What's behind these trends?

Ninety-two percent of counseling center directors believe that the number of students with severe psychological problems has increased in recent years and is a growing concern in their centers (Gallagher, 2006). Mental illnesses such as depression, bipolar disorder, and anxiety disorder with panic attacks are on the rise (Gallagher, 2006). That same year, the National College Health Assessment revealed that more than half of the students surveyed reported feeling "things were hopeless" and that more than a third felt "so depressed it was difficult to function" (American College Health Association [ACHA], 2006). Almost a tenth of the students reported seriously considering attempting suicide, and more than 1 percent reported attempting suicide (Marsh, 2004). More than 1,000 on-campus suicides take place each year (National Mental Health Association [NMHA] & Jed Foundation, 2002).

More than 16 million young people attend colleges and universities in the United States (ACHA, 2006). According to the Suicide Prevention Resource Center, one-fifth of college students experience a mental illness, and more and more students arrive on campus these days having received mental health services before starting their college careers (Suicide Prevention Resource Center, 2004). Also, increasing numbers of students are seeking help for emotional problems that occur after they arrive at college. Clinical depression often emerges for the first time in adolescence (Centers for Disease Control and Prevention, 1997).

Compounding the problem, campus resources are often strained to meet the student demand for mental health services (Gallagher, 2006). Increasingly, student groups are calling for awareness, education, and resources for peer and self-help programs (www.activemindsoncampus.org).

What can campuses do? Not too long ago, counseling services typically focused on relationship problems and career concerns. Now, though, colleges and universities are called upon to shift and expand their priorities dramatically to address students' growing demand for mental health services—and many schools are developing plans. How can administrators balance the competing priorities of limited resources and burgeoning need? How can campuses determine the best mix of services to provide? And how should administrators deal with the hovering specter of suicide on their campuses?

> *The complex problem of suicide and suicidal behaviors on campus demands a multifaceted, collaborative approach. . . . College administrators must work to ensure that all elements of the campus and the entire community are working together. (NMHA & Jed Foundation, 2002)*

What can students do? Are services and supports available to help students recover from mental health problems and succeed academically and personally? How can they navigate their campus mental health systems to take advantage of services and supports? How can students influence and work with college administrators to create a comprehensive, user-friendly system? How can they work together to change the campus culture and put an end to the stigma and discrimination that deter students from seeking help in the first place?

To further this conversation, a group of campus mental health leaders met in dialogue with college administrators, counselors, faculty members, and a legal expert in December 2005. Two dozen people engaged in a forum, sponsored by CMHS/SAMHSA, in which they developed trust and built mutual understanding and respect—a first step toward creating effective alliances that support recovery for college students who are consumers of mental health services. Among other topics, dialogue participants discussed—

- Access to, availability, affordability, and quantity of mental health services delivered on campuses;
- Interaction of administration policies and mental health services;

- Discrimination and stigma;
- Student engagement and advocacy;
- Wellness and prevention;
- Communication among multiple stakeholders;
- Confidentiality;
- Differing cultural responses to mental illness;
- Disability rights and accommodation;
- Legal and liability issues;
- College as a safety net; and
- Training of multiple stakeholders to identify problems and take appropriate action.

The dialogue offered an opportunity for all participants to learn from the firsthand experiences of students who live with these issues and also from professionals with institutional policy, service provision, and research perspectives. Participants synthesized their discussions and developed recommendations to address attitudinal and institutional barriers and to create opportunities for promoting recovery.

> *We always hear about increased numbers of students coming in for mental health services and the need to do more. But is that really the solution? Can we keep increasing resources? Or are we going to prepare kids better to deal with life skills, to become more self-aware on the spectrum, and not to rely solely on crisis intervention?*
>
> —Campus mental health advocate

Current U.S. Government Suicide Prevention Programs

In 2001, the U.S. Department of Health and Human Services (HHS) published the *National Strategy for Suicide Prevention: Goals and Objectives for Action (NSSP)*, the culmination of years of concerted effort by advocates, clinicians, researchers, government officials, and survivors of suicide loss, to place suicide prevention on the Nation's public health agenda. A national "roadmap for action," the NSSP outlined goals and objectives to prevent premature deaths due to suicide across the lifespan; reduce the rates of other suicidal behaviors; reduce the harmful aftereffects associated with suicidal behaviors and traumatic impact of suicide on family and friends; and promote opportunities and settings to enhance resiliency, resourcefulness, respect, and interconnectedness for individuals, families, and communities.

Other influential reports, including the Institute of Medicine's Reducing Suicide: A National Imperative (2002) and the President's New Freedom Commission on Mental Health's Achieving the Promise: Transforming Mental Health Care in America (2003), endorsed the need for a public or private coordinating body.

On October 21, 2004, President Bush signed the Nation's first youth suicide prevention bill into law. Named in memory of Senator Gordon Smith's (R-OR) son who died by suicide in September 2003, the Garrett Lee Smith Memorial Act [P.L. 108-355] recognized that youth suicide is a public health crisis linked to underlying mental health problems and authorized funding for youth suicide prevention programs.

In his presentation, Richard McKeon, Ph.D., SAMHSA's special advisor on suicide prevention, explained that CMHS is able to support a number of initiatives. They improve public and professional awareness of suicide as a preventable public health problem and enhance the capabilities of the systems that promote prevention and recovery. SAMHSA also seeks to advance the National Strategy for Suicide Prevention, the Nation's comprehensive and integrated approach to reducing the loss and suffering from suicide and suicidal behaviors across the life course. SAMHSA's grant programs include the following:

- As part of the Garrett Lee Smith Memorial Act, the Campus Suicide Prevention Grants Program provides funding to

support institutions of higher education to prevent suicide and suicide attempts. The program also provides funding to enhance services for students with mental health problems such as depression and substance abuse that put them at risk for suicide or suicide attempts. Grantees build a public health infrastructure by implementing activities such as training students and staff as "gatekeepers" to engage and facilitate referrals for students who are in crisis or at risk; creating a network to link the institution with health care providers from the broader community who can treat mental and behavioral problems; conducting workshops and distributing suicide prevention materials; and creating a local hotline or promoting use of the National Suicide Prevention Lifeline at 1-800-273-TALK (8255). SAMHSA currently funds 55 campuses at up to $75,000 (plus an equivalent match from the institution) for up to 3 years.

- Also authorized by the Garrett Lee Smith Memorial Act, the State/Tribal Youth Suicide Prevention and Early Intervention Grant Program builds on the foundation of prior suicide prevention efforts to support States and Tribes in developing and implementing State or tribal youth suicide prevention and early intervention strategies grounded in public–private partnerships. The 29 States and seven Tribes and tribal organizations that were awarded these 3-year grants implement programs involving public–private collaboration among youth-serving institutions and agencies that include schools, educational institutions, juvenile justice systems, foster care systems, substance abuse and mental health programs, and other child- and youth-supporting organizations.
- The Suicide Prevention Resource Center (SPRC) is a technical assistance center for SAMHSA's State/Tribal Youth Suicide Prevention and Campus Suicide Prevention grantees, as well as for State, Territorial, and tribal suicide prevention coordinators and for local suicide prevention coalitions. The services provided by SPRC include conducting training sessions and conferences; developing publications and Web content on suicide and suicide prevention for professionals, consumers, and community leaders; identifying and disseminating best practices; and promoting suicide prevention as a component of mental health transformation.

Every dollar that helps heal those battling life-threatening depression brings us closer to saving our children and families. Young people can be lost in the deep darkness of mental illness and these programs will help find sufferers and get them life saving help.
—Senator Gordon Smith (R-OR),
SAMHSA press release, September 20, 2005

Investing in college campus mental health programs and suicide prevention programs can yield benefits far beyond the contribution these programs make to the personal well-being of students. They can help ensure that the Federal investment in post-secondary education [almost $70 billion in 2004] is returned to the taxpayers in the form of academically successful and emotionally sound college graduates ready to contribute as members of families, communities, and the workforce. (SPRC, 2004)

- The Jed Foundation and SPRC, together with a consortium of diverse colleges, are working to apply the U.S. Air Force's successful, comprehensive, multidimensional model of suicide prevention on college campuses.
- CMHS also supports the National Suicide Prevention Lifeline, a system of toll-free telephone numbers, including 1-800-273-TALK (8255). This service routes calls from anywhere in the United States to a network of certified local crisis centers that can link callers to local emergency, mental health, and social service resources. The technology permits calls to be directed immediately to a suicide prevention worker who is geographically closest to the caller. Colleges can order free promotional materials (including English and Spanish wallet cards listing the warning signs of suicide), in bulk, from SAMHSA's National Mental Health Information Center at 1-800-789-2647.

Suicide Warning Signs

Seek help as soon as possible by contacting a mental health professional or by calling the National Suicide Prevention Lifeline at 1-800-273-TALK if you or someone you know exhibits any of the following signs:

- Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself
- Looking for ways to kill oneself by seeking access to firearms, available pills, or other means
- Talking or writing about death, dying, or suicide when these actions are out of the ordinary for the person
- Feeling hopeless
- Feeling rage or uncontrolled anger or seeking revenge
- Acting reckless or engaging in risky activities—seemingly without thinking
- Feeling trapped—like there's no way out
- Increasing alcohol or drug use
- Withdrawing from friends, family, and society
- Feeling anxious, agitated, or unable to sleep or sleeping all the time
- Experiencing dramatic mood changes
- Seeing no reason for living or having no sense of purpose in life

Dialogue Themes and Findings

Your social life is alive. You're trying to figure out who you are. You don't want to admit you have a mental illness.
— Student consumer, campus mental health advocate

In Their Own Words

Participants in the dialogue shared observations about their personal and professional experiences with mental health problems on campuses.

Virtually everyone commented on the overarching shadow and pain—and consequences—of **stigma and discrimination . . .**

Stigma is the greatest impediment to recovery.
—National mental health advocate

I omitted my psychiatric meds on the university health form because I was afraid of discrimination.
—Student mental health activist

We filed a suit against George Washington University on behalf of a student no longer there. His roommate had committed suicide and he found himself thinking about suicide. The student went for help and committed himself to GWU Hospital, where he was served with notice of disciplinary infraction for endangering others. He was counseled in the end to withdraw, rather than go through a process that might involve serious sanctions. This case struck a chord with us in terms of discrimination and failure to accommodate.
—National mental health legal advocate

It's important for people who have serious mental conditions to self-identify, to be able to say, "I have a serious mental health issue and I am really doing well."
—National mental health advocate

Students say "I'm depressed," and the term depression is bandied about. Yes, it trivializes major clinical depression—but more students are able to come to terms with seeking out services.
—Student mental health activist

Some participants offered perspectives on the **unique challenges** faced by persons who are members of **minority groups and other special populations . . .**

We offer medical leaves and accommodations for psych issues, but many students do not use them, particularly students of color, even though we have a large percentage of minority counselors.
—University administrator

In Asian and Latino cultures, saving face is an important value—not revealing certain things to extended family. This attitude does not foster discourse about treatment. Stereotyping and lack of cultural competency on the part of caregivers also are barriers to getting help.
—Student mental health activist

Special populations have a difficult time getting services. The Office of Lesbian Gay Bisexual Transgender Services and the Office of Multicultural Programming and Services are two portals where some students gain access.
—Administrator, student counseling services

Some described the **inadequacy of colleges' services** to meet students' growing needs for mental health services . . .

The needs students bring to our counseling center well exceed our resources.
—Administrator, student counseling services

A business-oriented administration focused on faster-better-cheaper is reflected in our diminished counseling resources.
—Psychologist, campus counseling center

Over the last five years, the numbers of students seen in our counseling service rose by 61 percent—despite deep budget cutbacks. Students are more willing to come to counseling services, but because of our budget crisis, it's very difficult to accommodate them.
—Administrator, student counseling services

And others pointed to **specific successes . . .**

Psych medications enable more students to come to colleges than before. Even though there's not that big a reduction in stigma, we see more health-seeking behaviors.
—Campus mental health advocate

Our university does good advertising about our services.
—University administrator

Ulifeline.org provides online support services on hundreds of campuses to five million students, including information on local resources.
—Campus mental health advocate

I have been responding to student advocacy groups and media complaining about services not provided and disconnects between services on campus. We decided to create a comprehensive counseling structure that coordinates overlapping services into one place for strategic planning and services.
—University administrator

As an undergrad resident assistant and then as a fraternity officer, three people I knew attempted suicide. All three survived, but later I was diagnosed with clinical depression. I got help and had a good experience with my campus resources.
—Student mental health activist

Some described colleges' **lack of adequate communication** to students about the services available to them . . .

A lot of students don't know where mental health services are offered or how many sessions they can use.
—Student mental health activist

I tried to seek counseling on campus, and they immediately referred me out. I didn't know how insurance worked or how to get off campus. I ended up not going, and got progressively worse through the year.
—Student mental health activist

I always seem to find out about the university's many services after I need them. Recently I learned I could have done something about turning in work late. I was in the hospital for a week or two, and I found out too late about the provision. It was just so frustrating!
—Student mental health activist

And others pointed to positive campus practices to **inform and communicate** about helpful resources . . .

We show all of our freshman a short video, "Empowering You." It's reality TV, and they see it in their dorm and then have a party to talk about it. We created a pamphlet based on the images in the video, which we give to all students, administrators, and residential staff, that also includes comprehensive information about available resources.
—University administrator

Parents often call us now before their children apply to our school to talk about the services we offer.
—Administrator, student counseling services

Our counseling service was never before involved with parent orientation, but now we spend an hour with parents talking about facilitating the students' transitions and helping them understand the services we offer.
—Administrator, student counseling services

Some participants described how **student advocacy groups empower** their members and create positive awareness on campus . . .

Students are action oriented and want to do things. Advocacy groups help in recovery, because students feel worthwhile and part of campus life.
—National mental health advocate

On our campus, a group of about 40 student volunteers started a suicide prevention telephone helpline, backed up by a team of psychologists. That instant contact had a major impact.
—Administrator, student counseling services

We're starting student groups. One person shares a story and then others share theirs, too.
—National mental health advocate

Members of our student advocacy group talked to psychiatric emergency staff about what we students need when we come to emergency services. We also created a handout for them to use. The clinicians now have a better sense of how to help students.
—Student mental health activist

My organization sponsors campus-wide events, including Mental Health Awareness Day.
—Student mental health activist

I suffered from major depression. I used substances, hid in stairways, did not get out of bed. The campus counseling center told me to come back in two or three weeks. In the meantime I saw a sign that advertised a work/study job at a local mental health association in telephone counseling. I entered the world of interacting with my peers in self-help.
—National mental health advocate

Some participants recounted instances in which administrative **policies impacted students' recovery** and academic success . . .

I self-injured, and when the dean found out, he said that if I did it again, he would kick me off campus. "Great! I'm really going to tell you if I do it again!"
—Student mental health activist

I found out after my first hospitalization while I was in college that there are no excused absences from classes. I was shocked, and thought, "What am I going to do about getting help?" Some students might give more weight to unexcused absences than to getting help.
—Student mental health activist

Academic success comes before help, and students will not get help unless they're in crisis mode. Referral to outside help is too overwhelming, and students are not told where to get help or what are the costs.
—Student mental health activist

In response to increased faculty and staff anxiety because of national press coverage of college students' mental health problems and suicides, our counseling service has developed workshops and programs for faculty and staff on distressed and distressing students.
—Administrator, student counseling services

And others emphasized their **institutions' conflicting priorities . . .**

Students receive the same e-mail for self-injury as they do for a noise violation or minor possession.
—Student mental health activist

I learned firsthand what an administrator has to do to help students and how complicated it is because of conflicts of interest and confidentiality.
—Professor, administrator, provider

Keeping the university safe is a benign goal, and we all want that. On the other hand, "keeping kids safe" may mean more to universities than "we want students safe." It also can mean, "We want our reputation untarnished and for us to have no liability." Some say, "We're not concerned about whether or not you commit suicide, but don't do it around our university."
—National mental health advocate

We're getting more involved in evaluating students. When a suicide attempt takes place, our counseling staff evaluate with deans about when the student is ready to come back to the residence halls, or whether we recommend seeking treatment before the student comes back. We're concerned that it sounds punitive, but we are thinking of the best interests of students and other people in the community.
—Psychologist, campus counseling center

Several participants identified the need for attention to students who **lose family and friends to suicide . . .**

I am a suicide survivor. My brother took his life at college after having heard voices for three years and being depressed—but not telling anyone. I started Active Minds on my campus to get students talking about their experiences and to encourage students to seek treatment. Later, I founded a nonprofit organization to create a movement of young adult advocates. We now have almost 30 campus chapters.
—National mental health advocate

Many people with mental health needs are not ill, and schools are not good at identifying survivors of suicide. Four hundred kids showed up at a meeting to talk about suicide. More of them were survivors than people with illnesses, and they wanted to talk about the ongoing effect.
—University administrator

Individuals' Mental Health Care Issues

Dialogue participants identified a series of person-level factors regarding their mental health care that promote and hinder recovery. These factors are listed below.

Individual and Health Care Factors That Promote Recovery

Participants discussed factors that promote recovery from mental health problems, including actions to reduce or eliminate the effects of stigma and discrimination, student control and choice, access to information and supports, mental health care issues, and policies, rights, liability, and accommodation issues.

Elimination or reduction of stigma and discrimination

1. Location and signage for counseling services that preserve students' confidentiality and anonymity
2. Subtle approaches to inform all students about mental illnesses
3. Positive role models on campus for living with mental problems
4. Multiple portals of entry to counseling services—a "no wrong door" approach
5. Monitoring campus or local media for appropriate mental health messages

Student control and choice

6. Student participation in campus advocacy groups for mental health to promote awareness and to provide mutual support
7. Student input into service provision and policies
8. Web-based support group sponsored by a trusted entity
9. Peer support groups, including informal buddy systems, both online and in person

A lot of students deal with psych disorders and do not receive the help they need. Within our group we empowered each other to talk, and then our circle grew.
—Student mental health activist

Access to information and supports

10. In the college selection process, awareness about the availability of mental health services
11. Comprehensive orientation on mental health services for freshmen and transfer students, and refresher orientation for continuing students

Students need information about mental health services every year because different issues come up—sophomore slump, junior year abroad, and seniors' concerns about what to do with their lives.
—National mental health advocate

12. Student awareness of easy-to-access, comprehensive information about campus and other local resources, including a well-designed Web site with relevant links

13. Peer wellness educators who present information on mental health and mental illnesses to students in residence halls

> *We need to educate students, with special emphasis on getting them in the door and then working on their issues.*
> —Campus mental health advocate

14. Culturally competent information on mental health and mental illnesses

15. Timely access to counseling services staffed by adequate numbers of counselors to meet demand

> *Freshmen are inundated with information at orientation, so it is important to have a discussion a week later.*
> —National mental health advocate

16. Telephone helplines

17. Student-to-student outreach to facilitate referrals for clinical services

18. Campus-wide panel discussions and dialogues on mental health and mental illnesses

19. Awareness that the college Office of Disability Services may offer help

20. Training for students, faculty, counselors, administrators, and other staff on the components of, and how to navigate, the mental health system

> *A key to helping students seek recovery is to concentrate on friends and family members. It's important to educate family members and friends—and anyone on campus—to know the warning signs, what to do, and who to call.*
> —Student mental health activist

Mental health care issues

21. Availability of services when students need them, including walk-in, same-day, and afterhours telephone counseling services

22. Availability of a spectrum of psychodynamic approaches to meet students' diverse needs

23. Continuity of counseling services, including before and during exams, and between semesters

24. Counselor followup with students during and after mental health crises
25. Culturally competent counselors or therapists
26. Recognition that college may be the first time to assess a student's mental health problems
27. Explicit guidance that medications take time to work and do not offer a quick fix
28. Advance directives regarding communication in emergency situations with the university, or parents, or both
29. Supports appropriate for students with abusive home situations
30. Helpful policies regarding confidentiality

The best approach seems to be to offer people in crisis the services they want and need, including trying to reduce wstigma in seeking help. Universities can ask students whether information can be shared in an advance directive. Offering choice before a crisis may be the best we can do.
—National mental health legal advocate

Individual and Health Care Factors That Hinder Recovery

Dialogue participants also identified a number of factors that hinder recovery, particularly the overarching shadow of stigma and discrimination. They cited particular features of campus culture, inadequate access to information and supports, and a number of health care issues as barriers to recovery. They also called attention to academic and career pressures and social stressors as factors that impede recovery.

Stigma and discrimination

1. Successful students concealing, and not addressing, their mental health problems
2. Fears about breach of confidentiality related to self-disclosure
3. Discontinuing treatment (especially medications) because of feelings about stigma
4. Fear of violence linked to persons with mental health problems

5. Culturally specific negative attitudes toward mental health problems

Cultural issues play into students' expectations. International students and students from various socioeconomic levels and family heritage have different expectations, which do not always jive with what caregivers can offer.
—Administrator, student counseling services

Campus culture

6. Language barriers: lack of knowledge about how to talk about mental health concerns

7. High incidence of substance use or abuse, binge drinking, and recreational use of prescription drugs, any of which may represent self-medication for mental health problems

Drinking is out of control on campuses, and co-occurring disorders—the intersection between alcohol and substance abuse and depression—are huge. The amount of drinking and the harm students do to one another may be a measure of anxiety and stress.
—University administrator

8. Lack of understanding of students' mental health concerns

9. Isolation experienced, for example, by commuter students and international students

10. Perceived lack of respect by college administration for students with mental health problems

11. Reduced courseload as an accommodation, but limited by the requirement to relinquish academic or sports scholarships

12. Fear of using too many college resources

Do I want to let the administration know that they may have made a mistake in admitting me? I worry that I'm using too many resources or costing too much.
—University administrator

Access to information and supports

13. Inadequate information about, and difficulties in navigating, separate departments to access support services, for example, disability, housing, or academic policies

14. Loss of relationships and social connections

> *Students may be in isolation, having left their familiar high school friends and teachers and family, and not having yet created a new support system on campus.*
> —Faculty member and counselor

15. Financial barriers to treatment, including limited health insurance and high cost of medications

16. Delays in accessing services

> *Students get their courage worked up to go for counseling, but it falls away when they have to wait.*
> —Administrator, student counseling services

Mental health care issues

17. Students' choice not to address their mental health problems

18. Disconnect between students' problem-solving motivation and counselors' therapeutic approaches (administration unaware of the kinds of counseling services students really want)

19. Inadequate culturally competent mental health services

20. Insufficient time for relationship building between students and service providers

> *We used to provide unlimited visits, but now, because of constraints on resources, we need to set session limits and spread visits out.*
> —University administrator

21. Co-occurring alcohol, illicit drug, and prescription drug use or abuse, which complicates treatment
22. Services unavailable at the midterm or before finals
23. Self-injury treated as a disciplinary, not a mental health, issue
24. Lack of resources for referrals into the community
25. Pharmaceutical advertising that raises expectations of unrealistically rapid recovery
26. Reputation for poor services, so students avoid consultation

Issues Related to Systems and Contexts

Acknowledging the need for administrators to balance the welfare of the institution as a whole with the welfare of individual students, participants identified a number of system-level factors that they know promote or hinder recovery.

System-Level Factors That Promote Recovery

Dialogue participants identified a series of system-level factors that promote mental health recovery on campuses.

> *Helping keep students safe drives our approach to services.*
> —Psychologist, campus counseling center

Elimination or reduce reduction of stigma and discrimination

1. Effective confidentiality practices that encourage seeking help
2. Student-run campaigns on mental health awareness
3. Policies for students with mental health problems that avoid inappropriate disciplinary measures
4. Law enforcement and mental health issues covered appropriately in student media

Student control and choice

5. Student partnerships with the college community on mental health policy
6. Student participation on search committees for counseling service directors and key staff

7. Students trained to facilitate referrals for their friends to mental health services

Access to information and supports

8. Use of multimedia approaches and easy access to information on mental health resources
9. Use of campus orientation: all first-year students tour counseling centers, attend student-to-student seminars held on mental health issues and services, and participate in followup discussions conducted after orientation about mental health services and in annual orientations given on mental health services
10. Online appointment scheduling for counseling services
11. Mental health education embedded in broad-based, student-delivered wellness programs in residence halls
12. Education on mental illnesses made fun to attract students' interest
13. Timely access to mental health services
14. Outreach to the community to broaden the availability of referral services
15. Counselors' followup with students during and after mental health crises
16. Data on counseling services tracked

The phone number of our campus help line is printed on the back of every faculty and student ID card. We make presentations to freshmen, transfer students, and parents during orientation. We run a successful gatekeeper training program—for example, for police—on how to talk with students and clues to look for.
—Administrator, student counseling services

Policies, rights, liability, and accommodation issues

17. College policies and practices designed, provided, and promoted to help students succeed
18. Students welcomed to bring problems to the administration's attention

19. Human rights approach to address mental health issues on campus
20. Reasonable, flexible accommodations in compliance with the Americans with Disabilities Act
21. Confidentiality procedures that allow for choices and sensible behavior (e.g., use of advance directives)
22. Students as members of valued partnerships on mental health policy within the college or university
23. College support for peer education and peer support networks, designed and developed by or with students
24. Sufficient mental health providers to meet the demand for services where and when it exists
25. Student health fees that cover mental health services
26. Campus-wide collaborations to coordinate services, reallocate resources, and create cost savings—interdisciplinary, one-stop health services on campus
27. Consolidated peer advocacy groups with funds allocated from the student life budget
28. Faculty adequately trained to identify problems and/or intervene
29. Common sense applied to handling suicide attempts, on a case-by-case basis
30. Appeals process for administration's determinations related to mental health
31. College presidents engaged in development and implementation of prevention and early-intervention programs
32. Accommodations for students unable to return to abusive situations in their homes

Counselors ask, "How do we provide services for students, particularly those with significant history? How do we do best with our resources?" Administrators must decide what kind of services they want to provide.
—Administrator, student counseling services

System-Level Factors That Hinder Recovery

Students on college campuses across America who experience significant mental health problems encounter common barriers to getting help. Students may not have easy access to the information they need. Their schools' counseling services may be underfunded, understaffed, and overwhelmed by students seeking services, with wait times for an initial appointment of weeks, not hours or even days.

Participants identified system-related factors that impede recovery. These factors include issues related to administrations' fear of legal consequences related to campus suicides that may outweigh their motivation to do all they can to help students with mental health problems to succeed. Participants also identified a number of other concerns.

Campus culture

1. Lack of administration support of student mental health groups
2. Shift of focus away from student well-being and acting in place of a parent (in loco parentis)

> *Higher education has shifted from a nurturing alma mater, where students were well cared for and faculty lived with students, to fragmentation and a decline in institutional capability to care about students' well-being.*
> —Faculty member and counselor

Inadequate access to information and supports

3. Information on mental health services offered only at the start of the school year
4. Insufficient campus supports to combat isolation and loss of social network
5. Untimely or inconvenient access to services, or both
6. Lack of coordination among college services, such as mental health counseling, disability, and academics, in serving students

> *Counseling services might help ease housing situations, but universities typically silo their departments.*
> —Campus mental health advocate

Students have the burden of proving a disability, but they don't know about the availability of disability benefits.
—Student mental health activist

7. Mental health policies driven by fears of malpractice suits, institutional liability, and adverse publicity, rather than focused on students' success
8. Self-injury dealt with as a disciplinary issue, not a mental health issue
9. Students excluded from the decisionmaking process about mental health policies by the administration for fear of losing control of the proces

The campus culture offers incentives for students to pretend nothing is amiss. If a student is in the hospital, no opportunities are offered to make up missed work.
—Student mental health activist

Even when counseling services enabled students to obtain the help they needed, we could not pull together the academic piece. That was the breaking point as to whether students could continue. We routinely spoke to faculty, but encountered bias, insensitivity, and lack of support.
—Faculty member and counselor

Recommendations for Action

Dialogue participants suggested several overarching recommendations critical for college campuses to improve their mental health approaches and policies, and the relevance and access to the services they offer their students.

I. Articulate a policy of "campus as safety net."

II. Recognize the critical importance of meaningful representation by all campus stakeholders in policy development.

III. Recognize the critical importance of engagement and participation of top administrators in strategic planning and their sustained interest in evolving changes.

IV. Establish or enhance communication channels among administrators, counselors, faculty, and students. Here are some examples:

   A. Create a high-level task force on mental health and welfare that includes students and representatives of every office on campus. Counseling center staff would serve as experts on student mental health.

   B. Hold a campus dialogue on student health and safety, planned and attended by multiple stakeholders, including, for example, students, faculty, upper-level administrators, counseling services personnel, researchers, law enforcement and security representatives, and grant writers.

   C. Include students meaningfully in policy development efforts.

V. Create a broad climate of interest in students' mental health on campus.

   A. Offer a mandatory program during freshman year on mental health and wellness, with emphasis on mental health, alcohol and substance abuse, sexual health, and other universal issues, including stress.

   B. Mount a public relations campaign using best practices.

C. Develop and offer education and training to faculty and other staff on student mental health issues and campus practices.

VI. Advocate for, broaden, and simplify access to counseling services to reflect the growing need and demand for student mental health care.

Participants also proposed a series of specific recommendations for action. Major categories included improving the campus culture, improving access to information, and managing expectations. Participants suggested specific activities for a variety of stakeholder groups, but strongly advocated for creating and working in partnerships.

1. Improve Campus Culture

Culture change must come from the top. And from the grassroots. And from the middle out. A comprehensive approach works best.

Stigma

1.1 Conduct campus awareness campaigns.

1.2 Include mental illnesses as an awareness issue in residential life programs.

1.3 Operate a speaker's bureau on mental health and mental illnesses.

1.4 Co-locate counseling centers with health centers to desegregate mental health services and protect students' anonymity.

1.5 Create a warm and welcoming atmosphere in counseling centers, including conducting training for reception staff.

1.6 Use and monitor campus and local media to ensure appropriate representation of mental health and mental illnesses.

1.7 Recognize that students minimize their symptoms; be alert to unarticulated need for emergency services.

Trust, respect, dignity, and sensitivity

1.8 Adopt a campus-wide "encouraging" approach to students with mental health issues.

Campus Awareness Campaigns: Suggested Activities

- Mental Health Awareness Week
- Faces of Mental Illness: students' smiling headshot photos displayed in glass cases
- Information disseminated on counseling services and other mental health resources
- Art exhibit with visual/written entries by students with psychological disorders, with partitioned-off workspace where students or others can create and post their own art. Ideal timing: during study days or Mental Health Awareness Week, or both
- Distribute silver ribbons attached to cards with mental health facts
- "Wake-Up Call": early morning beating of drums in residence halls

1.9 Conduct student dialogues in which student advocates serve as positive role models to convey the experience of a mental illness.

1.10 Target mental wellness for all college students.

1.11 Develop a holistic mental health mission statement written with an accountability framework and based on a needs assessment.

Cultural competency

1.12 Create partnerships to help minorities access counseling services, including identifying points of entry such as residence halls, ethnic group organizations on campus, fraternities, and sororities.

1.13 Reach out to underserved populations, including men and minorities.

1.14 Develop and implement a strategy to meet mental health needs of college students studying abroad.

1.15 Develop and implement a strategy to meet special needs of veterans on campus returning from combat.

2. Improve Access to Information

Information needed

2.1 Create and disseminate Frequently Asked Questions (in print and online) on aspects of mental health and mental illnesses on campus, including medical leave, insurance, description of a first appointment at counseling services, community resources, medications, confidentiality, parent notification, hospitalization options, students' rights and appeals, ways to help a friend, and other resources.

2.2 Provide information on college counseling centers' Web sites, including what to do when counseling centers are closed.

2.3 Provide a mental health, voluntary, self-screening tool online, accompanied by a scoring rubric and contact information for help.

2.4 Establish mechanisms and materials to help survivors of suicide loss.

2.5 Inform students of "magic words" that prompt immediate care from counseling centers or other providers—"crisis" and "emergency."

Communication and dissemination practices

2.6 Provide training and disseminate information health problems.

2.6.1 Target faculty.

2.6.1.1 Offer short presentations at faculty meetings.

2.6.1.2 Offer workshops on how to recognize problems and access help.

2.6.1.3 Incorporate ample opportunity for faculty dialogue at all meetings and workshops.

2.6.1.4 Designate persons on whom faculty can rely for consultation.

2.6.1.5 Address adjunct professors and teaching assistants in addition to full-time, tenure-track professors.

2.6.1.6 Engage mentors and faculty advisors to target department chairs and other faculty to talk about mental health.

2.6.1.7 Place mental health information on tables in faculty dining halls.

2.6.1.8 Provide business cards to faculty to help get mental health resources into the hands of students. Information can include resources for faculty for consultation about students, guidelines on responses to imminent danger— call 911, not the counseling center—and to ambiguous danger.

2.6.1.9 Establish a faculty and staff mental health network that holds monthly meetings. Expand the network eventually throughout the community.

2.6.2 Target administrators.

2.6.2.1 Frame communications about campus changes in language that resonates with administrators, for example, "We're afraid a student will be hurt," or "We want to avert the crisis of a completed or interrupted suicide."

2.6.2.2 Write short letters with many signatures.

2.6.2.3 Ensure that counseling centers and mental health facilities share records and communicate with each other.

2.6.2.4 Capitalize on a campus crisis to get administrators' attention, as well as advocate on an ongoing basis for culture and systemic change.

2.6.2.5 Increase student input to the administration, including students sitting on advisory boards.

2.6.2.6 Capitalize on personnel changes to inform new administrators about students' mental health needs.

2.6.2.7 Encourage creative ways to meet needs for mental health services. For example, increase student activities or health fee according to calculations based on increased hours or staff that would meet the student need.

2.6.3 Target other staff, including, for example, resident advisors, public safety personnel, and custodians, and provide information on identification and responses to mental health problems.

2.6.4 Target students.

2.6.4.1 Expand and enhance freshman orientation programs to include annual refreshers and additional target audiences. Involve student advocates.

Freshmen have orientation. Let us older students give a little seminar with them, because they'll probably tune out some of the administrators.
—Student mental health activist

2.6.4.2 At parent orientation, distribute two card-size refrigerator magnets that list important telephone numbers, Web sites, and addresses—one for parents, one for students.

2.6.4.3 Post counselors' photos and video clips on the Web site to introduce themselves and describe their focus.

Students can access services through different portals of entry—no wrong door. They may have trouble with a roommate, trouble studying, trouble with a certain professor. We want resident advisors in dorms, professors, and other academic advisors to know what the resources are, and we don't care what door they come in. We should make it generic and easy, and not force students to decide that they need "mental health" assistance.
—University administrator

2.7 Compile and use campus data to describe services and influence change.

2.8 Disseminate mental health information. Examples:

- 2.8.1 Expand the role of counseling centers to do general wellness programming, incorporating mental health along with other issues.
- 2.8.2 Print helpline telephone numbers on backs of student and faculty ID cards.
- 2.8.3 Use the multiple capabilities of the Internet, including e-mail, a newsletter, and an online "face book."
- 2.8.4 Distribute brochures, pamphlets, and other handouts.
- 2.8.5 Distribute a "Toilet Paper" publication in restrooms, with monthly themes on a mental illness—symptoms and famous people with the disorder—and specific directions to access counseling services.
- 2.8.6 Develop a resource book or Web site with available services.
- 2.8.7 Involve the student newspaper in investigative reporting.

Campus Mental Health Web Sites: Selected Guidelines

- In the search engine capability, include keywords and background on specific topics students search for, such as depression, anxiety, and eating disorders.
- Provide online appointment-scheduling capability.
- Provide online mental health screening tools.
- Include information on emergency services.
- Place mental health services Web site on the home page (optimal).
- Offer links to www.ulifeline.org and other relevant Web sites.
- Offer capability for student blogs, contributions, and links.
- Use listserv to disseminate information.

2.9 Use approaches successful in creating HIV/AIDS awareness to promote awareness of mental health and mental illnesses.

3. Manage Expectations

Dialogue participants articulated expectations of their campus mental health systems, and of themselves, in order to transform the system to promote mental health and recovery on campus.

Student control and choice

3.1 Enlist and advocate for students as partners in developing campus mental health policies, practices, and resources.

3.2 Use a report card system, or comparison to a set of standards, to describe and/or measure adequacy of campuses' mental health programs.

3.2.1 Encourage U.S. News and World Report to report on health-related matters related to their review of colleges and universities.

3.2.2 Devise ways to collect and/or use existing data, for example, on students-to-counselors or psychologists ratio.

3.2.3 Incorporate a section on mental health system measurements in commercial college guidebooks.

3.2.4 Create separate standards and guidelines for small and large educational institutions.

3.3 Be aware of available mental health services and supports in the college selection process.

3.4 Offer career guidance services in addition to counseling services.

3.5 Collaborate on developing programs at counseling centers.

3.6 Establish and participate in student advocacy groups on campus and in the community.

3.7 Offer opportunities for supported education—provides resources and supports to people with mental health problems who are pursuing a college education.

3.8 Inform students about steps in the campus counseling process. Provide timetables, guidance on what to expect, introduction to the organization of services, and definitions of services.

3.9 Define recovery and treatment for each student, with each student.

3.10 Inform students that the magic word for immediate help is "crisis," regardless of the length of wait times for counseling services.

3.11 Establish a buddy system for students with mental health issues.

3.12 Provide a proactive menu of activities for students waiting for medications to work.

3.13 Train counseling center reception staff to handle students effectively regarding crisis response, the need to be warm and welcoming and nonconfrontational, confidentiality and Health Insurance Portability and Accountability Act of 1996 (HIPAA) practices, and available resources.

3.14 Offer opportunities for students to learn how to identify symptoms of mental distress and mental illnesses, as well as the normal process of maturation to adulthood.

3.15 Educate students to engage in therapy in a proactive way. Content should include disorders, stress, medications, what makes a good counselor, ability to switch counselors, types of therapy, and expectations of therapy.

3.16 Encourage student participation in decisionmaking about the supports and treatments that are provided.

3.17 Implement a standard medical leave or readmission plan that focuses on student well-being.

3.17.1 Develop a plan that is reasonable, understandable by students, transparent, and flexible; preserves students' rights; is nonpunitive (academically, legally, and financially); is nonstigmatizing (no adverse record on transcript); includes an appeals process for involuntary leave; and is discussed personally and effectively with students.

3.17.2 Convene an advisory board of diverse stakeholders, including student representatives, to develop medical leave or readmission policies.

3.17.3 Describe the plan in information about campus mental health services.

3.17.4 Enlist crisis management teams to work with students to create and monitor individualized, structured plans for readmission.

3.18 Develop and implement a plan to support survivors of suicide loss, including sensitive reporting of suicides on campus and recognition of the grieving process.

3.19 Use advance directives to guide treatment for students in times of crisis.

Mental health care expectations

3.20 Offer a comprehensive, voluntary screening process, including one for substance abuse, with an emphasis on prevention.

3.21 Provide a spectrum of services to reflect an understanding of student needs, including counseling on developmental issues, intervention and care for serious mental illnesses, promotion of wellness and mental health, and prevention of mental health problems.

3.22 Offer same-day appointments at counseling centers for students who call in the morning.

3.23 Offer afterhour and emergency services, in addition to daytime counseling services.

3.24 Teach faculty and staff how to handle student crises on campus.

3.25 Conduct outreach programs.

3.26 Offer peer education and supports, as well as peer training and peer-provided services.

3.27 Offer case management services in addition to clinical services.

3.28 Develop methods to help students with the referrals process.

3.29 Establish standards of care for counseling centers in the context of campus mental health services as a whole.

3.30 Focus on general sources of stress that affect students.

3.31 Encourage proactive student involvement in therapies to promote progress.

3.32 Emphasize understanding the reasons why students discontinue their medications, instead of focusing on the concept of noncompliance.

Administrative expectations

3.33 Establish a campus Americans with Disabilities Act (ADA) committee for mental health to prompt attention and action.

3.34 Approach the administration about risk management.

3.35 Develop a needs assessment task force of multiple stakeholders (including students) to examine the current state of campus mental health practices and to begin a strategic planning process.

3.36 Conduct an ongoing campus dialogue on standards to achieve buy-in and sustainability.

Accommodations and policy

3.37 Develop and implement flexible accommodation policies, based on the ADA and the disability community's experience, understanding that psychiatric problems constitute disabilities.

3.38 Take a proactive approach in describing disability services and other supports to students and parents.

3.39 Adopt flexible attendance policies that do not require students to choose between caring for themselves and attending class.

3.40 Use academic advisors as points of contact.

3.41 Locate psychologists at campus disability centers to consult on legal accommodations and decisionmaking; engage legal counsel to enhance understanding about disabilities.

3.42 Promote awareness that disability records may affect employment later in life.

Community approaches

3.43 Devise ways to enhance student mental health advocacy with funds and logistical support.

3.44 Conduct panel discussions with directors of all community counseling services.

3.45 Use principles of community organization to gain buy-in of the administration.

3.46 Engage alumni, State and local government representatives, members of Congress, and other financial supporters in discussions of long-term mental health needs on campus.

3.47 Engage the media to publicize mental health policy and other successes, including letters to the editor and op-ed pieces.

3.48 Encourage mental health experts to serve on various campus health committees.

3.49 Share responsibility for balancing the needs of students with mental health issues against the needs of all students.

3.50 Identify, and take advantage of, funding opportunities.

SAMHSA actions

3.51 Convene a group to develop baseline standards of care, best practices, or a list of items to consider when developing standards, for institutions of higher learning. Examples of topics include crisis team, hotline, safety net, medical leave or readmissions, review and appeals process, monitoring, stakeholder advisory board, accreditation of counseling centers, and national measures to facilitate comparison between schools. Disseminate the completed document broadly and to relevant organizations.

3.52 Publicize all resources and programs, including grant programs, to campus counseling services.

3.53 Coordinate a clearinghouse for best practices, accessible through the Internet and conferences.

3.54 Encourage professional mental health guilds and insurance companies to join in awareness campaigns about mental health needs and services on campus in the college selection process.

3.55 Avoid creating unfunded mandates in grant programs.

3.56 Convene a group to formulate strategies for working in partnership with other agencies and organizations to promote mental health on campuses. Organizations should include the International Association of Counseling Services (accrediting body), the Association of University Centers on Disabilities, the Association of University and College Counseling Center Directors, and companies that offer college exam prep courses (which could offer a curriculum on life skill sets).

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* This list is provided as a resource. It is not exhaustive, and it does not imply endorsement by SAMHSA.

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Resources†

Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

The Center for Mental Health Services leads the national system that delivers mental health services in order to provide the treatment and support services needed by adults with mental disorders and children with serious emotional problems.

Address: 1 Choke Cherry Road
Rockville, MD 20857

Web site: www.mentalhealth.samhsa.gov

Enews Alert: Consumer/Survivor Mental Health Information
www.mentalhealth.samhsa.gov/consumersurvivor
(see signup at bottom of screen)

Suicide Prevention Resource Center: www.sprc.gov,
and see below

Funding opportunities: www.samhsa.gov (click on
Hot Topics, "New Grant Funding Opportunities")

Resource Center to Address Discrimination and Stigma:
www.adscenter.org; 1-800-540-0320

† This document provides contact addresses and Web sites for information created and maintained by other public and private organizations. This information is provided for the reader's convenience. SAMHSA does not control or guarantee the accuracy, relevance, timeliness, or completeness of this outside information. Furthermore, the inclusion of information or addresses or Web sites for particular items does not reflect their importance and is not intended to endorse any views expressed or products or services offered.

Active Minds on Campus

Active Minds is a nonprofit, student-run mental health awareness, education, and advocacy organization for young adults on the high school and college levels. Its mission is to use peer outreach to increase students' awareness of mental health issues, provide information about available resources, encourage students to seek help as soon as they need it, and serve as liaison between students and the mental health community. By planning campus-wide events that promote awareness and education, the group aims to remove the stigma that surrounds mental illness and to create an open environment for discussion of mental health issues. Its Web site offers fact sheets and information on how to start a chapter.

Address: 1875 Connecticut Avenue, N.W., Suite 418
Washington, DC 20009

Telephone: 202-719-1177

E-mail: info@activeminds.org

Web site: www.activeminds.org

American Foundation for Suicide Prevention

The American Foundation for Suicide Prevention (AFSP) is the only national nonprofit organization exclusively dedicated to understanding and preventing suicide through research and education, and to reaching out to people with mood disorders and those affected by suicide.

Film: "The Truth about Suicide: Real Stories of Depression in College" (DVD and VHS), with downloadable *Facilitator's Guide* including Frequently Asked Questions and discussion topics, plus feedback forms

Project: College and University Screening Project (planned publications based on pilot tests)

Web site: www.afsp.org

American Psychiatric Association

The American Psychiatric Association posts a Web page on college mental health on its Web site.

Address: 1000 Wilson Boulevard, Suite 1825
Arlington, VA 22209

Web sites: www.psych.org; www.healthyminds.org (college focus); and www.healthyminds.org/collegementalhealth.cfm

Association for University and College Counseling Center Directors

The Association for University and College Counseling Center Directors (AUCCCD) assists college and university directors in providing effective leadership and management of their counseling centers, in accord with the professional principles and standards of psychology, counseling, and higher education. AUCCCD promotes awareness of college student mental health through research, education, and training provided to members, professional organizations, and the public, with special attention to issues of diversity and multiculturalism.

Web site: www.aucccd.org

Jed Foundation

The Jed Foundation is a nonprofit public charity committed to reducing the young adult suicide rate and improving the mental health safety net provided to college students nationwide. The foundation works to identify and address young adults at risk for depression and other emotional disorders. It also develops models that colleges can follow in introducing campus interventions that increase protective factors and reduce risk factors for suicide. More than 500 colleges and universities participate in ULifeline, an Internet-based resource that provides a self-screening tool and information to students about mental health and the signs and symptoms of emotional problems.

Projects:

ULifeline

National College Suicide Registry

Evaluation of existing and new mental health and suicide prevention programs and development of support for their dissemination, in collaboration with the Educational Development Center, Inc. (EDC), and the University of Rochester Center for the Study and Prevention of Suicide

Address: 583 Broadway, Suite 8B
New York, NY 10012

Telephone: 212-647-7544

Fax: 320-210-6089

E-mail: emailus@jedfoundation.org

Web site: www.jedfoundation.org

Helpline: www.ulifeline.org

NAMI on Campus

NAMI on Campus is part of the National Alliance on Mental Illness and has affiliates in all 50 States, the District of Columbia, Puerto Rico, and more than a thousand local affiliates. The 23 NAMI on Campus affiliates specially focus on college campuses and students and have the same goals as NAMI: commitment to improving the lives of all individuals affected by mental illness, dedication to ending its stigma, and eradication of mental illness.

Address: Colonial Place Three
2107 Wilson Boulevard, Suite 300
Arlington, VA 22201-3042

Telephone: 703-524-7600

Fax: 703-524-9094

TDD: 703-516-7227

Member services: 1-888-999-NAMI (6264)

E-mail: namioncampus@nami.org

National Institute of Mental Health

In addition to conducting world-class research on mental and behavioral disorders, the National Institute of Mental Health (NIMH) carries out educational activities. NIMH also publishes and distributes research reports, press releases, fact sheets, and publications intended for researchers, health care providers, and the general public.

Address: Office of Communications and Public Liaison
Information Resources and Inquiries Branch
6001 Executive Boulevard, Room 8184, MSC 9663
Bethesda, MD 20892-9663

Telephone: 301-443-4513

TTY: 301-443-8431

E-mail: nimhinfo@nih.gov

Web site: www.nimh.nih.gov

Mental Health America

Through its Finding Hope and Help: College Student and Depression Initiative, Mental Health America (formerly known as the National Mental Health Association (NMHA)) addresses mental health issues facing college-age students. Several local mental health associations work with eight universities in a pilot project to form campus coalitions.

Address: 2000 North Beauregard Street, 6th Floor
Alexandria, VA 22311
Telephone: 1-800-969-6642
Fax: 703-684-5968
E-mail: infoctr@nmha.org
Web site: www.nmha.org/index.cfm or
www.mentalhealthamerica.net

National Organization for People of Color Against Suicide

The National Organization for People of Color Against Suicide (NOPCAS) offers various educational and training programs for citizens and professionals. Some training programs are approved for college credits or continuing education credits for counselors, correctional workers, law enforcement, and a variety of health care providers. In addition, NOPCAS offers a support group in Washington, DC, and a speakers bureau.

Address: 4715 Sargent Road, N.E.
Washington, DC 20017
Telephone: 202-549-6039
Fax/voicemail: 1-866-899-5317
E-mail: info@nopcas.org
Web site: www.nopcas.com

National Suicide Prevention Lifeline

The National Suicide Prevention Lifeline is a network of crisis centers around the country. Persons can call a single toll-free number from anywhere in the Nation, and the call is routed automatically to the nearest crisis center to talk with a trained crisis counselor.

Lifeline: 1-800-273-TALK (8255)

Suicide Prevention Action Network USA

The Suicide Prevention Action Network USA (SPAN USA) is a public grassroots advocacy organization composed of survivors of suicide loss, attempters of suicide, community activists, and health and mental health clinicians. The organization raises awareness, builds political will, and calls for action with regard to creating, advancing, implementing, and evaluating a national strategy to address suicide in the United States. Grassroots volunteers and staff work in communities, state capitols, and Washington, DC, to advance the public policy response to the problem of suicide in America.

Address: 1025 Vermont Avenue, N.W., Suite 1066
Washington, DC 20005
Telephone: 202-449-3600
Fax: 202-449-3601
E-mail: info@spanusa.org
Web site: www.spanusa.org

Suicide Prevention Resource Center

The Suicide Prevention Resource Center (SPRC), a SAMHSA-sponsored project, promotes implementation of the National Strategy for Suicide Prevention (2001) and enhances the Nation's mental health infrastructure. SPRC provides States, Government Agencies, private organizations, colleges and universities, and suicide survivor and mental health consumer groups with access to the science and experience that can support their efforts to develop programs, implement interventions, and promote policies to prevent suicide.

Address: 55 Chapel Street
Newton, MA 02458-1060
Telephone: 1-877-GET-SPRC (438-7772)
TTY: 1-617-964-5448
Fax: 1-617-969-9186
Web site: www.sprc.org

Also:
Address: 1000 Potomac Street, N.W., Suite 350
Washington, DC 20007
Fax: 202-572-3795

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