RESPONDING TO DIFFICULT OR DISTRESSED ONLINE STUDENTS: MENTAL HEALTH ASSESSMENT AND REFERRALS

Presented by Ken Einhaus
Center for Applied Research Solutions (CARS)

CARS
CENTER FOR APPLIED RESEARCH SOLUTIONS

The California Community Colleges Student Mental Health Program (CCC SMHP)

In October, 2011 the California Community Colleges Chancellor's Office (CCCCO) was awarded $6.9 million by the California Mental Health Service Authority (CalMHSA). This funding is being utilized through the CCC SMHP, and is intended to focus on prevention and early intervention strategies which address the mental health needs of students and advance the collaboration between educational settings, county services, and the community at large which should form the foundation of future CalMHSA programs. The CCC SMHP is a partnership between the CCCCO and the Foundation for California Community Colleges (FCCC).

Training and Technical Assistance Project

The overall goals of the CCC SMHP are to enable the CCCs to implement and sustain prevention and early intervention strategies that will allow campuses to better identify and address the mental health needs of students. And, ultimately to promote sustainable student mental health systems and policies.

The purpose of the technical assistance and training (TTA) is to build CCC system capacity in order to achieve these goals.

About the Facilitator

Ken Einhaus is a Project Manager at the Center for Applied Research Solutions (CARS) in Santa Rosa, California, where he helps manage Statewide technical assistance and training for two projects:

- California Community Colleges Student Mental Health Program (www.cccstudentmentalhealth.org)

- Community Alliance for Culturally and Linguistically Appropriate Services (www.allianceforclas.org)

He has created and facilitated numerous workshops across California on providing culturally responsive mental and behavioral health services proven effective with historically underserved cultural groups. He has a BA in Psychology from the University of Michigan Ann Arbor, and a graduate certificate in Online Teaching and Learning from California State University East Bay.

Learning Objectives

By the end of the training, participants will be able to:

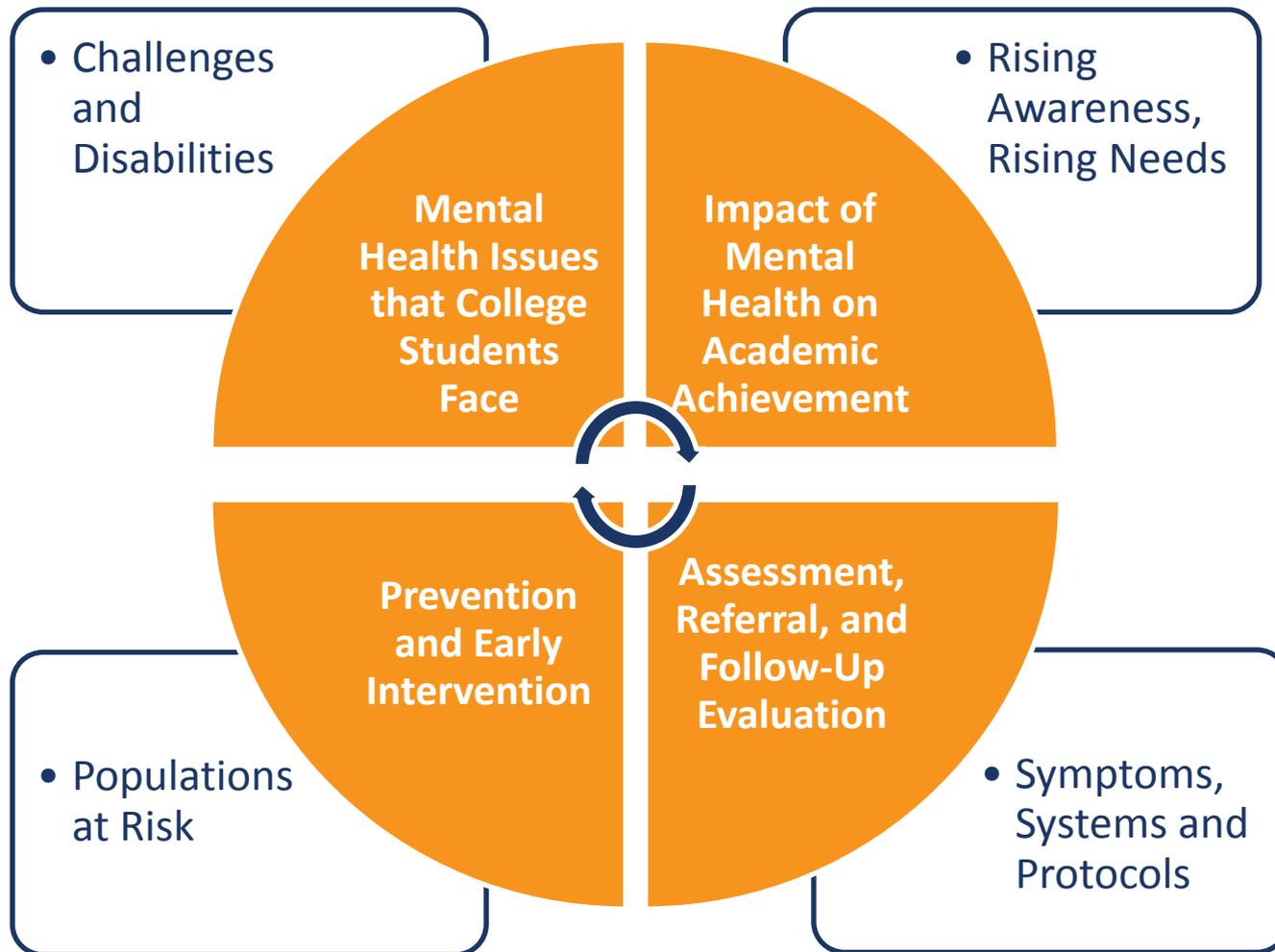Recognize common mental health issues that college students face

Describe the impact of mental health on academic achievement

Illustrate how mental health issues may appear in virtual learning environments

Make referrals as appropriate to five types of services

Follow appropriate protocols to ensure referrals succeed

Course Outline

- Challenges and Disabilities

- Rising Awareness, Rising Needs

Mental Health Issues that College Students Face

Impact of Mental Health on Academic Achievement

Prevention and Early Intervention

Assessment, Referral, and Follow-Up Evaluation

- Populations at Risk

- Symptoms, Systems and Protocols

MENTAL HEALTH ISSUES
THAT STUDENTS FACE

"I think colleges should pay attention to the fact that many more students need mental health services than who actually access them. Some of the students most affected or most at risk for mental health conditions are the hardest to reach because they are secluded in their rooms."

- NAMI Student Survey Respondent

Mental Health Challenges

Mental health challenges are common among adults

- 1 in 2 (46%) experience mental illness within their lifetime[1]
- 1 in 4 (26%) experience at least one diagnosable disorder each year[2]
- 1 in 17 (6%) experience a seriously debilitating disorder each year[3]

... and older youth

- 1 in 5 (22%) ages 13-18 experience at least one severe mental disorder each year[4]
  - Over 50% of special education students 14 and older with a mental health condition drop out – the highest rate of any disability group[5]
- Suicide is the third leading cause of death for youth ages 15-24[6]
  - Over 90% of those who die by suicide had one or more mental disorders[7]

Sources: 1) Kessler et al, 2005a; 2) Kessler et al, 2005b; 3) Ibid; 4) Merikangas et al, 2010; 5) US Department of Education, 2006; 6) McIntosh & Drapeau, 2012; 7) American Association of Suicidology, 2012

Mental Health Challenges

- **Treatment can be delayed, inadequate, and inequitable**

  - Average age of onset for chronic mental illness symptoms:
    - 50% begin by age 14
    - 75% begin by age 24

  - Long delays between first symptoms and getting help - sometimes decades

  - People with diagnosable illness who receive no treatment, each year:
    - Youth: About 50%
    - Adults: About 60%

  - Accessing treatment varies by race and ethnicity:
    - African Americans and Latinos access services at one-half the rate of whites
    - Asian Americans access services at one-third the rate of whites

Source: NAMI, 2013

Clinical Diagnoses

California Community College Students
Diagnosed or Treated Professionally *within last 12 months*

Anxiety	**9.4%**
Depression	**9.4%**
Panic Attacks	**5.1%**
Insomnia	**4.9%**
Attention Deficit and Hyperactivity Disorder	**3.7%**
Other Sleep Disorder	**2.9%**
Obsessive Compulsive Disorder	**2.5%**
Substance Abuse or Addiction	**2.5%**
Bipolar Disorder	**2.3%**
Phobia	**1.5%**
Bulimia	**1.1%**
Anorexia	**0.9%**
Schizophrenia	**0.8%**

Source: American College Health Association, 2010.

Disabilities

California Community College Students
## with Recognized Disabilities *within last 12 months*

Attention Deficit and Hyperactivity Disorder (ADHD)	**6.7%**
Learning Disability	**6.2%**
Other Disability	**3.3%**
Psychiatric Condition	**3.2%**
Chronic Illness (e.g., cancer, diabetes, auto-immune disorders)	**2.8%**
Deaf/Hard of Hearing	**1.8%**
Partial Sightedness/Blindness	**1.7%**
Speech or Language Disorder	**1.6%**
Mobility/Dexterity Disability	**1.4%**

Stress Can Make Symptoms Worse

Populations under added stress:

- **Student Veterans**

- **Former Foster Youth**

- **LGBTQ** **(Lesbian, Gay, Bisexual, Transgender, and Questioning**

- **Low-Income**

- **First Generation** **(parents did not attend college)**

- **Student Athletes**

- **International**

- **Historically marginalized racial, ethnic and cultural groups**
  - African Americans, Latinos, Native Americans, Asian Americans, etc.

Distance Learner Demographics

Source: Education Today, 2011
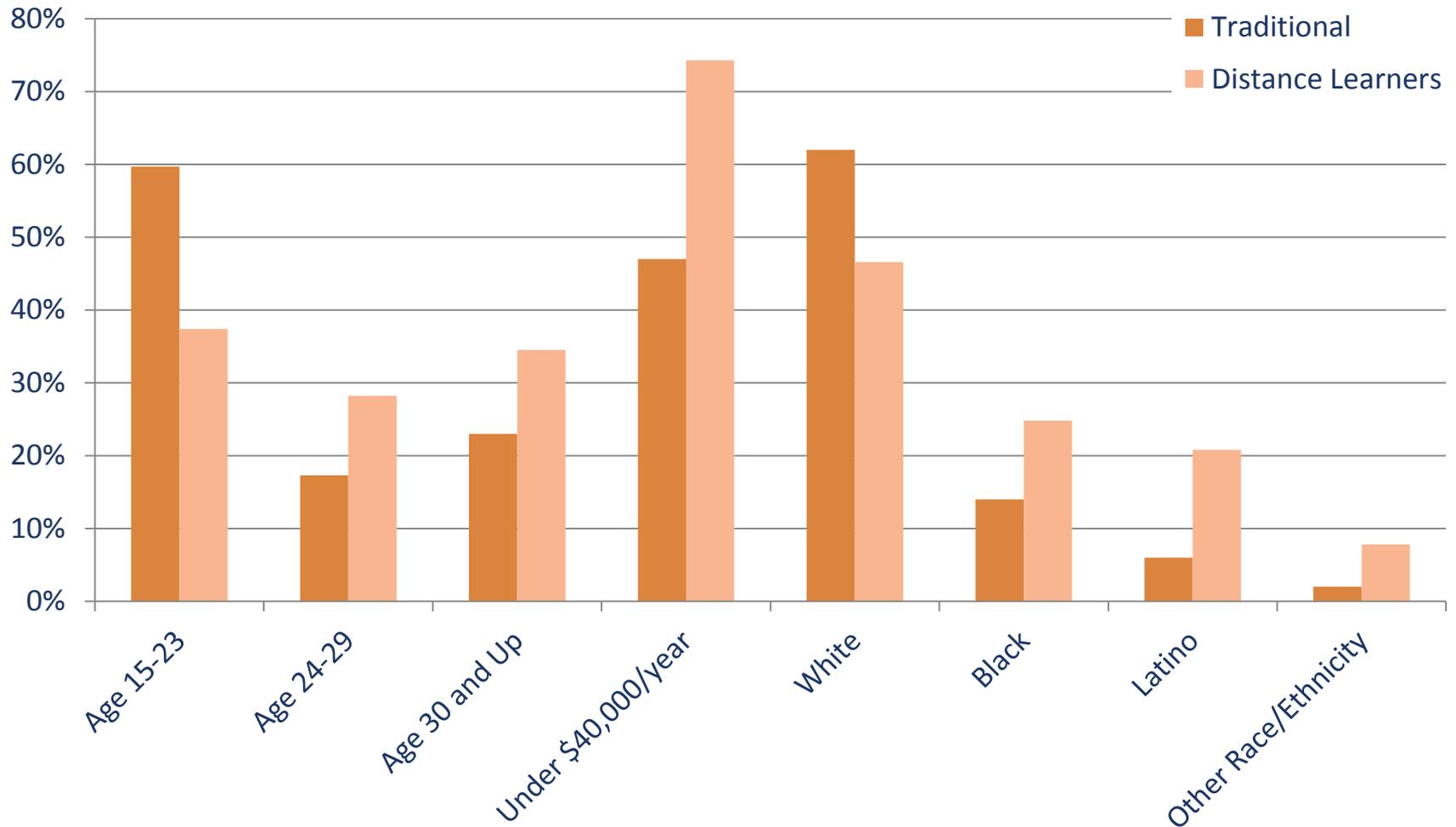
Online Student Stressors

More likely to be older, non-white, lower income, rural, international, disabled, working, married, and parenting

More likely to have:

- **Fewer mental health service providers in region**

- **Different time zones complicating communication**

- **Different cultural beliefs and practices regarding mental health**

- **Constellation of ongoing mental health stressors related to physical, cognitive, emotional or psychiatric disabilities**

- **Additional stress from competing demands related to work and family commitments**

- **Adult learning styles and expectations for the classroom experience**

IMPACT OF MENTAL HEALTH
ON STUDENT ACHIEVEMENT

"A depressive episode made it impossible for me to go to classes and I did not get help until it was too late and I was withdrawn, and I could never afford the cost to go back because I lost my scholarship for being withdrawn."

- NAMI Student Survey Respondent

Impact of Mental Illness on Academics

Poor emotional health impairs academic success

- Students who report psychological distress also report[1]

  – Receiving a lower grade on an exam or important project

  – Receiving a lower grade in the course

  – Receiving an incomplete or dropping the course

  – Experiencing a significant disruption in thesis, dissertation, research, or practicum work

- 86% of students with a diagnosis of mental illness fail to complete their degree, more than double the rate of the general population[2]

- Substance use disorders also strongly associated with lower GPA[3]

Sources: 1) AHCA, 2012; 2) Kessler et al, 1995; Svanum & Zody, 2001.

Impact of Treatment on Academics

- **Improving emotional health improves academic success**

  - Example: Students treated for depression report substantial gains in academic performance[1]

    - 31% were more satisfied with their ability to study/work

    - 34% were more satisfied with how much schoolwork they can do

- **Advances in medication and rehabilitation enabling more to pursue higher education without disruption**

  - More students receiving treatment for mental illness now in college[2]

    - 24.4% in 2012 up from 17% in 2000 and 9% in 1994

Campus Infrastructure for Mental Health

Addressing student mental health most effectively requires

- Awareness among senior campus administrators of the connection between academic achievement and student mental health

- Commitment among senior administrators to build capacity for mental health care through campus-wide, sustainable systems and infrastructure
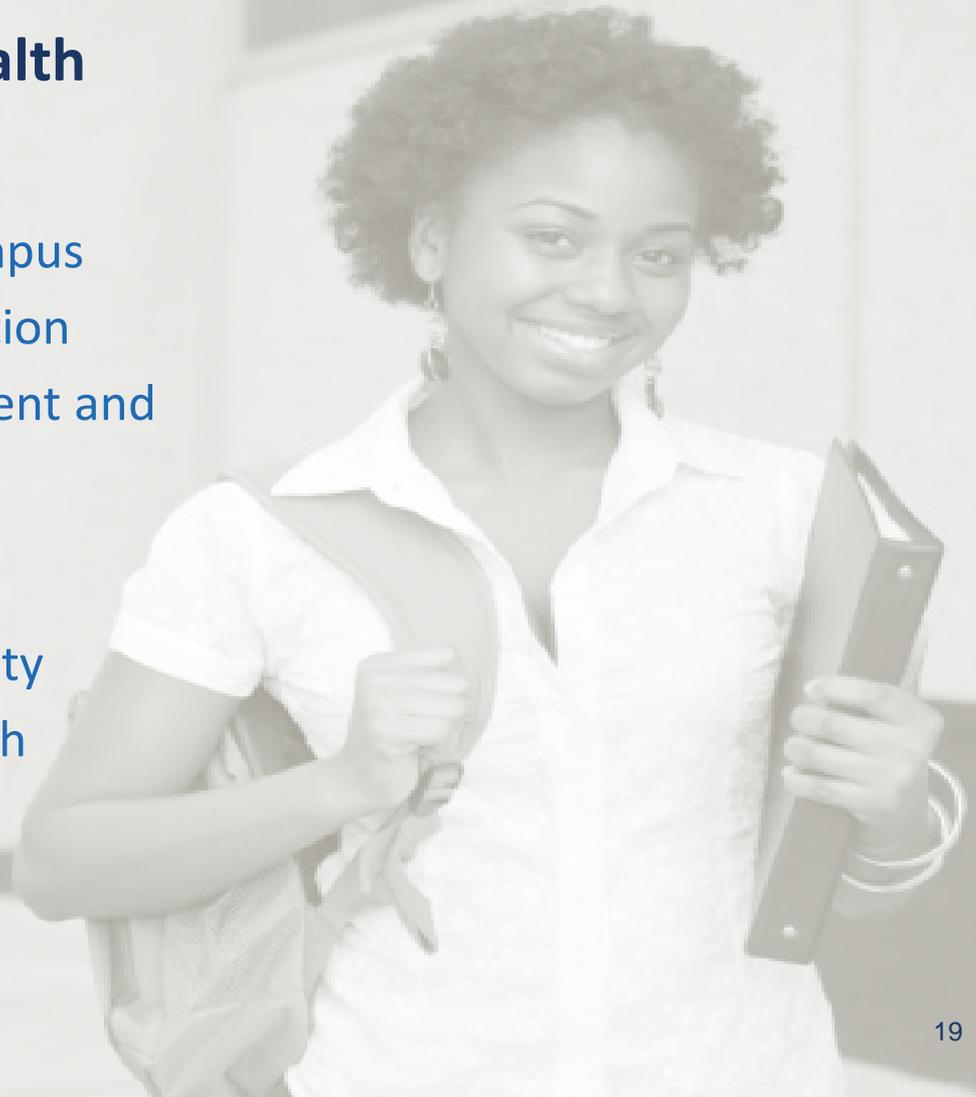
Campus Infrastructure for Mental Health

Senior Campus Administration Role

- Convene a campus-wide team focused on building capacity to address student mental health needs

- Provide all faculty and staff with clear guidelines on how to identify students at-risk or in need of services, and protocols for referring them to available resources

- Provide ongoing access to professional development to train all faculty and staff on how to effectively communicate mental health information and tools to the full diversity of students in need, and how to follow recommended guidelines for referrals and monitoring

Campus Infrastructure for Mental Health

Health Services Role

- Provides access to counselors, therapists, psychiatrists, and other sources of support, whether on campus or off. Services can include[1]

Crisis management	Eating disorders counseling	Sexual harassment/assault recovery counseling program
Short-term psychological counseling	Stress management	Mental health assessment
Alcohol/drug counseling	Suicide prevention	Health education and promotion

Disabled Student Programs and Services (DSPS) Role

- Arranges for reasonable accommodations for students with psychological disabilities of a more lasting or permanent nature

Source: California Administrative Code Title 5, § 54702

Campus Infrastructure for Mental Health

Campus Webmaster Role

- Maintains a student-focused website containing not only information and links for getting help, but also basic information on the typical mental health issues students experience in college, and information on how to respond and refer

Behavioral Intervention Team (BIT) Role

- Sometimes called Threat Assessment Teams or Crisis Intervention Teams, these standing committees execute formalized protocols involving campus stakeholders such as crisis counselors, campus security and senior administrators in managing cases of students reported as posing potential or imminent danger to themselves or others

The Instructor's Role in Mental Health

- Instructors can be first to notice changes in either emotional health or academic success

- Students in need often turn to their instructors as reliable and trustworthy resources for guidance beyond academics

- Online instructors may be the only connection between off-campus students and the campus community, perhaps even the only person interacting with a specific student during a period of time

- Online instructors are uniquely positioned to connect students in distress to counseling and other resources

ASSESSMENT, REFERRALS AND FOLLOW-UP

"I was concerned that the information would become part of a permanent record that could be viewed negatively. I still feel that there is a lot of stigma and the benefits of disclosing do not outweigh the risks."

- NAMI Student Survey Respondent

Signs of Distress in Traditional Classes

Missed Classes or Assignments	Procrastination	Inability to Concentrate	Confusion
Persistent Worrying	Social Isolation	Increased Irritability	Bizarre Behavior
Dangerous Behavior	Restlessness	Disheveled Appearance	Mood Swings
Indecisiveness	Depression	Anxiety	Coming to Class Intoxicated

Source: Content compiled from faculty/staff guides created by Ventura College, Long Beach City College, Shasta-Tehama-Trinity Community College District, and Santa Monica Community College Psychological Services

Signs of Distress in Online Classes

Not Logging Into the Course Regularly	Missed Discussion Board Postings	Missed Assignments	Sudden Drop in the Quality of Work Submitted
Not Retaking a Low-Score Quiz When Offered	Emails that Bounce Back	Poor Quality of Postings - Rambling or Nonsensical	Postings Indicating a Threat to Self or Others
Difficulty Following Written Directions	Written Assignments Indicating Mental Turmoil	Two or More of the Above Signs Combined	Missed Quizzes

Source: Russo-Gleicher, R.J., 2013.

Guidelines for Intervention

What should
I do?

The biggest barriers for instructors responding to student mental health needs are uncertainty about when and how to intervene, and concern about offending the student by misreading their situation.

- When have you faced a potential need to assist a student with mental health issues, and what were some of the concerns you had that caused you to hesitate or not act?

- It is better to offend a student by "over-reacting" and apologize afterward, than to ignore early warning signs and fail to act. Sincere apologies about matters of safety are usually well received.

27

Guidelines for Intervention

How to reduce uncertainty

and get ready to act:

- Know well the policies and protocols in place on your campus for mental health referrals and follow up, and keep contact information nearby

- Familiarize yourself with campus resources related to supporting student wellness and mental health, especially for populations at risk

- Familiarize yourself with mental health resources available online and nationally for students with no access to campus resources
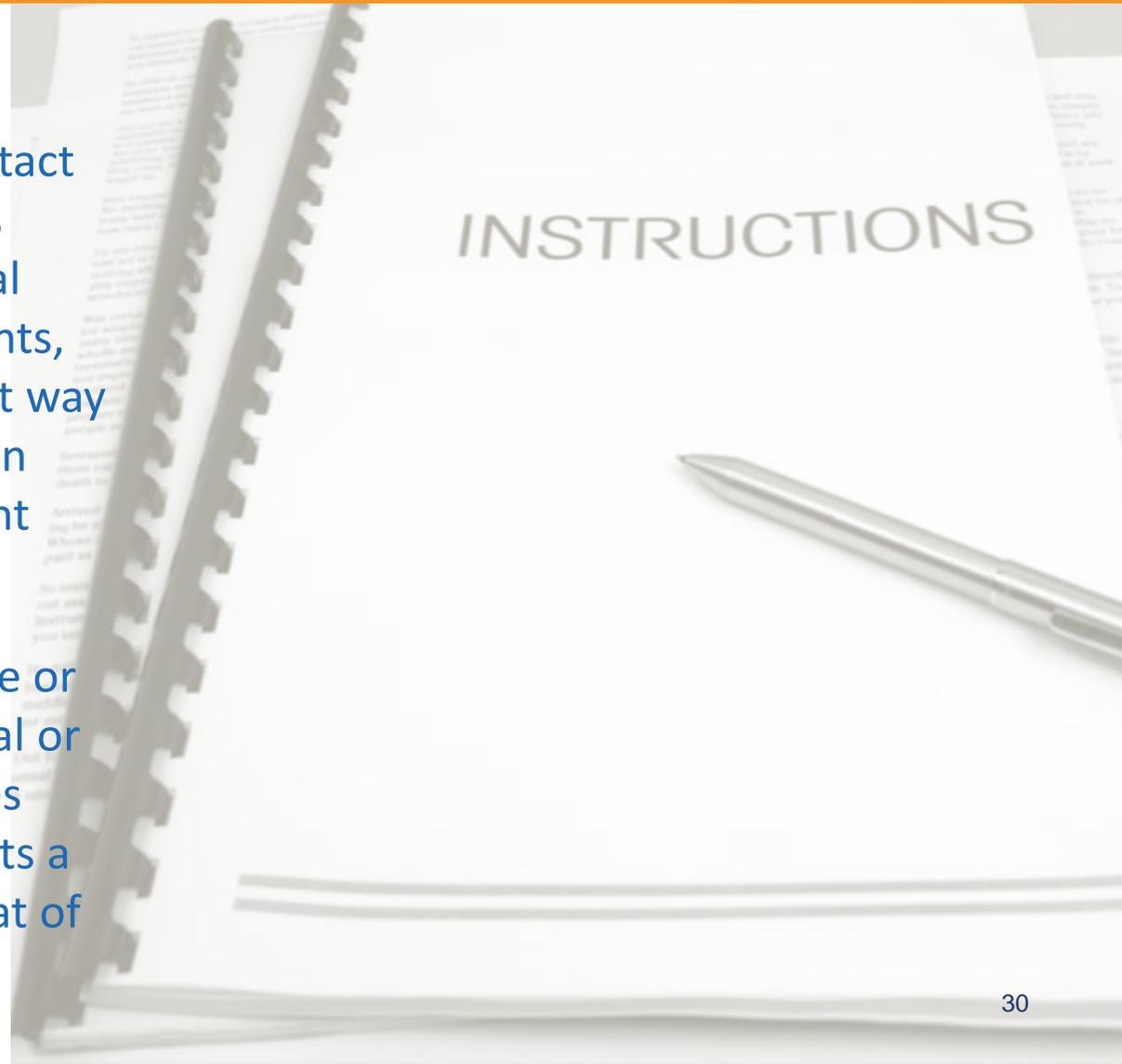
Guidelines for Intervention

Be familiar with any existing campus policies and protocols for identifying and referring students at-risk or in need of mental health support.

- If your campus doesn't provide a manual for this purpose, contact your campus Health Services or DSPS office for clarification about procedures and key contacts, including what to do after hours and on weekends when the campus is shut down although online learning interactions continue.
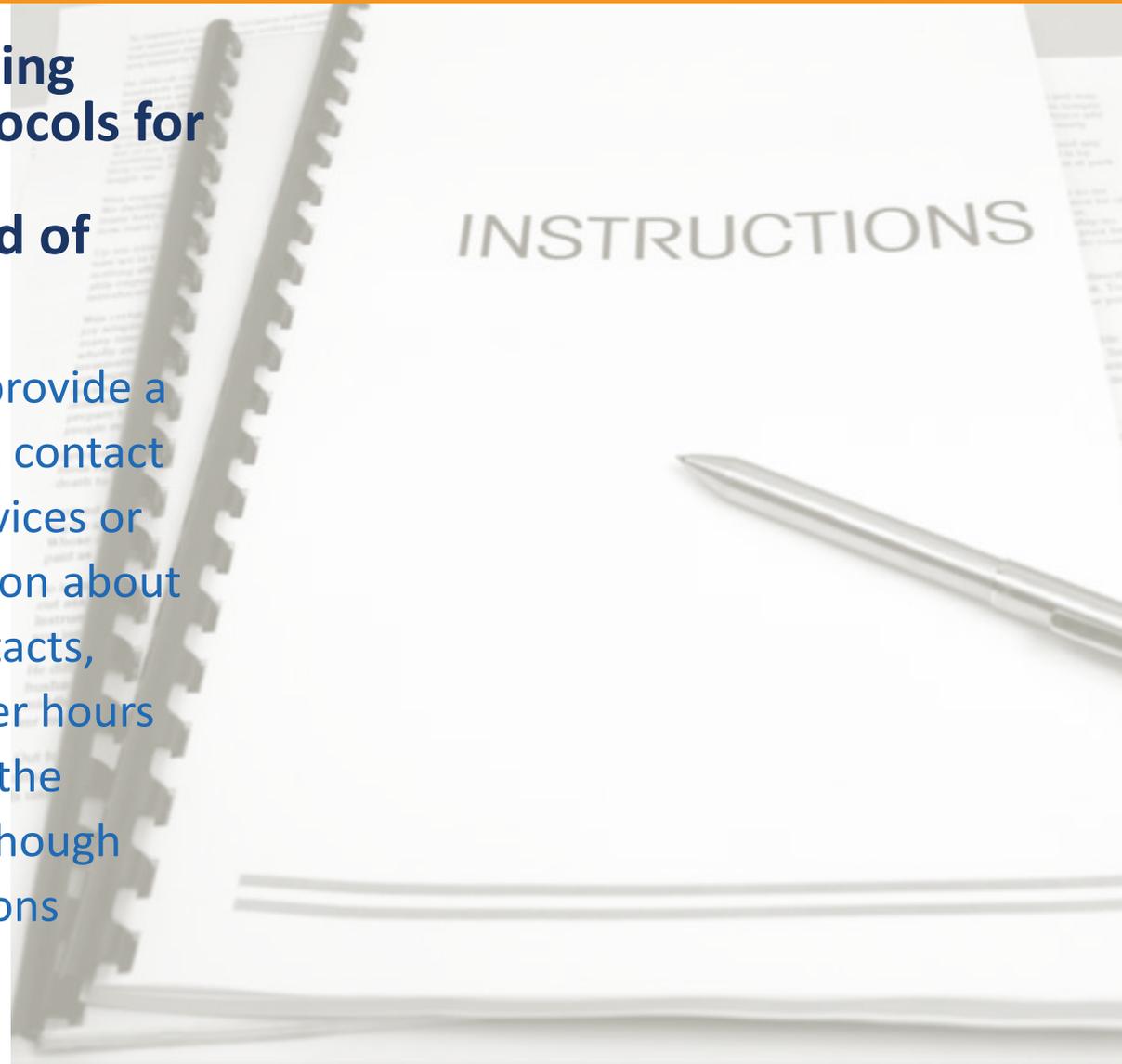
Guidelines for Intervention

- If there are no protocols, identify a key campus contact who is qualified to discuss concerns about the mental health of individual students, and inquire about the best way to initiate this conversation should a distressed student situation arise.

- Know to call campus police or 911 for emergency medical or security assistance in cases where the student presents a clear and immediate threat of harm to self or others.

INSTRUCTIONS

Guidelines for Intervention

Know the resources available on campus

- Counselors, therapists, and psychiatrists provided through campus health services directly on-campus and indirectly through links to off-campus providers

- Disabled Student Programs and Services (DSPS)

- Peer-to-peer groups, such as Active Minds, BACCHUS, NAMI On Campus

- Support programs for at-risk students, such as Veterans, LGBTQ, Foster Youth, marginalized racial/ethnic groups

- Campus-maintained website on mental health resources for students, which might include links to local and national resources

31

Guidelines for Intervention

Know the resources available online and nationally.

http://us.reachout.com	• ReachOut – blogs, forums, fact sheets, videos and twitter feeds all providing information on mental illness including coping strategies and personal stories. For teens and young adults. Useful to provide access to a sense of peer and community support for students otherwise isolated.
www.jedfoundation.org	• The JED Foundation – promoting emotional health and preventing suicide through multiple programs and resources.
www.mentalhealth.va.gov	• US Department of Veterans Affairs Mental Health Home – resources and information on meeting the mental health needs of Veterans and their families.
www.thetrevorproject.org	• The Trevor Project – LGBTQ youth suicide and violence prevention.

Guidelines for Intervention

Now that you're fully prepared, have the courage and clarity to identify and approach any student exhibiting signs of distress, and in private, communicate your observations, concerns and willingness to help

- In an online environment, this is best done directly in a private chat session or scheduled phone call, or if that isn't possible, via personal email

- Keep it relevant by being mindful of where the student is based and any other background you have from first-week online introductions

- Listen carefully and try to view the issue from the student's perspective without agreeing or disagreeing; identify their concerns as well as your own

Guidelines for Intervention

- Keep a written record of your concerns, interventions with the student, and the student's responses

  - The Family Educational Rights and Privacy Act (FERPA) permits educators to share confidential information with law enforcement, medical personnel, and others without the student's consent to protect the health and safety of others when necessary.[1]

- Share your concerns and intervention record with the BIT or key contact at Health Services or DSPS as soon as possible

  - Notifying others as early as possible allows the situation to be monitored formally, and enables a trained clinician to contact the student before the situation escalates.

  - Often, early signs of distress are detected by many, but in isolation are dismissed as not disruptive or serious enough for action. Notifying others on campus about any of your concerns allows them to connect the dots and intervene before problems lead to academic failure, endanger student health, or create an unsafe learning environment.

Source: Fischer & Wilson, 2007

Supports Favored by Students Who Dropped Out of College Due to Mental Illness

- **Receiving accommodations**

  - Tutoring, books on tape, lower course loads, help with communicating needs to professors or online classes

- **Accessing mental health services and supports**

- **Connecting with mental health providers earlier**

- **Having peer-run support groups available**

- **Getting assistance with medical bills and transportation**

- **Managing side effects of medications**

- **Getting support from family and friends**

Source: Gruttadaro & Crudo, 2012.Source: NAMI, 2012.

PREVENTION AND EARLY INTERVENTION

"Publicizing services helps reduce stigma. Also, when you are having a crisis, calling all over the campus or searching the website for hours would be the last thing on your mind."

- NAMI Student Survey Respondent

Prevention and Early Intervention

Prior to course registration:

- **Promote each student's ability to assess their readiness for a specific online course or program before making a commitment**

  - Provide basics for judging stress load – weekly hours of study expected, reading volume, written deliverables and tests

    - » If possible, include an online tour of a sample course so students new to online learning can anticipate what they're signing up for

Prevention and Early Intervention

During orientation:

- **Discuss what it is like to be a distance learner**

- **Provide tips for success in an online environment**

Throughout the course:

- **Maintain visible links to academic resources and other student services within your learning management system (e.g., Blackboard)**

Prevention and Early Intervention

- **Help students identify, confront, cope and resolve problems before they impose obstacles to success**

- **Incorporate information about mental health issues and mental health care resources into course information about "Tips for Success" provided to all students at the beginning of the semester, including links to online resources**

- **Provide information about on- or off-campus resources for at-risk populations such as veterans, former foster youth, LGBTQ, and racial/ethnic minorities**

APPENDIX: DO'S AND DON'TS FOR SPECIFIC SITUATIONS

Sample Faculty/Staff Guides for Helping Distressed Students

- Assisting the Distressed Student: Administrator, Faculty, and Staff Guide (Ventura College)

- Faculty/Staff Guide to Assisting the Emotionally Distressed Student (Long Beach City College)

- Helping the Distressed Student: A Faculty and Staff Guide (Shasta-Tehama-Trinity Joint Community College District)

- Assisting the Emotionally Distressed Student: Faculty and Staff Guide, 2011 (Santa Monica Community College Psychological Services)

Stressed and Anxious Students

DO

✓ **Listen sincerely to the student's feelings and thoughts**

➢ that alone releases a great deal of pressure

✓ **Provide appropriate reassurance and a safe and quiet environment until the symptoms decrease**

✓ **Be calm, clear, and directive**

✓ **Encourage the student to see a counselor, attend a workshop in stress management, or pursue online resources**

41

Stressed and Anxious Students

DON'T

– **Minimize the severity of anxiety symptoms or the perceived threat**

– **Take responsibility for their emotional state**

– **Overwhelm them with solutions to "fix" their situation**

Depressed Students

DO

- ✓ **Let the student know you're aware they are feeling down, and you would like to help**
- ✓ **Reach out more than halfway, and encourage the student to express how they are feeling**
  - ➢ Depressed students are often reluctant to talk at first, but attention from others increases their feeling of mattering
- ✓ **Tell the student of your concern**

Depressed Students
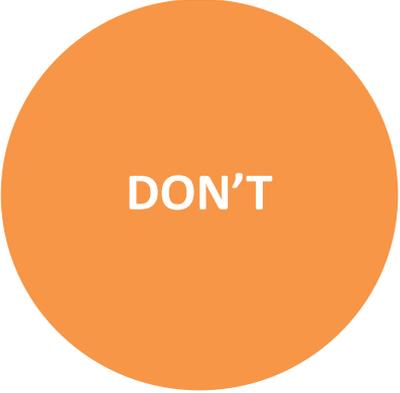
DON'T

- Minimize their situation by saying "Don't worry," "Crying won't help," or "Everything will be better tomorrow"

- Be afraid to ask whether the student is suicidal if you think they may be

Suicidal Students

High Risk Indicators

- Feelings of hopelessness, helplessness, and futility

- Severe loss or threat of loss

- Detailed suicide plan

- History of previous suicide attempt

- History of alcohol or drug abuse

- Feelings of alienation and isolation

Suicidal Students
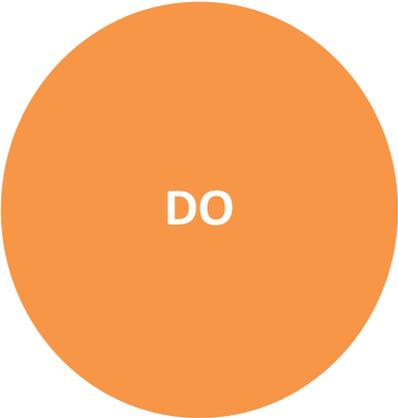
DO

- ✓ **Take it seriously – 80% of successful suicides warn others**

- ✓ **Be willing to listen – it might help them seek professional help**

- ✓ **Voice your concern – take the initiative**

- ✓ **Get professional help immediately – call to arrange on-campus, or off-campus resources or referrals**

Suicidal Students

DON'T

- **Assume the situation will take care of itself**
- **Be sworn to secrecy**
- **Act shocked or surprised at what the person says**
- **Challenge or dare**
- **Argue or debate moral issues**

Substance Abusing Students

DO

- ✓ **Be alert for signs of drug abuse, such as**
  - ➢ Preoccupation with drugs
  - ➢ Inability to participating in class activities
  - ➢ Deteriorating performance in class
  - ➢ Periods of memory loss or blackouts
- ✓ **Share your honest concern for the person**
- ✓ **Encourage them to seek help**
- ✓ **Get necessary medical help in instances of intoxication**

Substance Abusing Students

DON'T

- **Ignore signs of intoxication**

- **Convey judgment or lecture critically**

- **Enable by making allowances for irresponsible behavior**

Suspicious Students

DO

- ✓ **Express compassion without close friendship – suspicious students may have trouble with intimacy**

- ✓ **Be firm steady, punctual, and consistent**

- ✓ **Be specific and clear regarding standards of behavior – including requirement for academic performance**

Suspicious Students

DON'T

- **Assure the student that you are his or her friend**
    - agree you're a stranger, but even strangers can be concerned
- **Be overly warm and nurturing**
- **Flatter or participate in their games**
    - you don't know the rules
- **Be cute or humorous**
- **Challenge or agree with any mistaken or illogical beliefs**
- **Be ambiguous**

Students in Poor Contact with Reality

DO

- **Respond with warmth and kindness, but with firm reasoning**
- **If meeting in person, remove extra stimulation from the environment and meet with them in a quiet atmosphere (if you are comfortable doing so)**
- **Acknowledge your concerns and state that you can see they need help**
  - e.g., "It seems very hard for you to integrate all these things that are happening and I am concerned about you, I'd like to help."
- **Acknowledge the feelings or fears without supporting the misperceptions**
  - e.g., "I understand you think they are trying to hurt you and I know how real it seems to you, but I don't hear the voices (see the devil, etc.)."

Students in Poor Contact with Reality
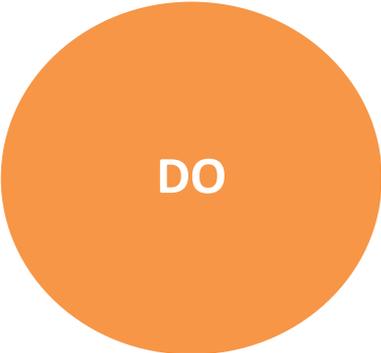
DO

✓ **Reveal your difficulty in understanding them (when appropriate)**

➢ e.g., "I'm sorry but I don't understand – could you repeat that or say it in a different way?"

✓ **Focus on the "here and now" – switch topics and divert the focus from the irrational to the rational or the real**

✓ **Speak to their healthy side, which they have – it's O.K. to joke, laugh, or smile when appropriate**

Students in Poor Contact with Reality
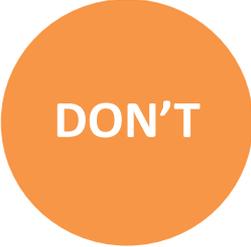
DON'T

- **Argue or try to convince them of the irrationality of their thinking for it makes them defend their positions (false perceptions) more**
- **Play along**
  - e.g., "Oh yeah, I hear the voices (or see the devil)."
- **Encourage further revelations of hallucinations or delusions (aka "craziness")**
- **Demand, command, or order**
- **Expect customary emotional responses**

Verbally Aggressive Students
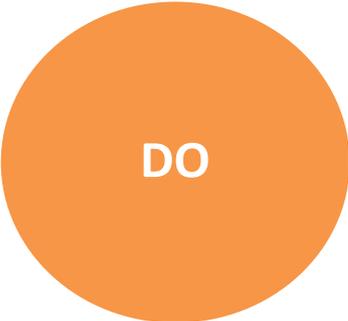
DO

- ✓ **Acknowledge their anger and frustration**
  - ➤ e.g., "I hear how angry you are."
- ✓ **Rephrase what they are saying and identify their emotion**
  - ➤ e.g., "I can see how upset you are because you feel your rights are being violated and nobody will listen."
- ✓ **Allow them to vent, get the feelings out, and tell you what is upsetting them**
- ✓ **If meeting in person, reduce stimulation; invite the person to your office or other quiet place if this is comfortable**

Verbally Aggressive Students

DO

✓ **Tell them that you are not willing to accept their verbally abusive behavior**

➢ e.g., "When you yell and scream at me that way, I find it hard (impossible) to listen."

✓ **Help the person problem solve and deal with the real issues when they become calmer**

✓ **If meeting in person,**

➢ **Tell them they are violating your personal space and to please move back (if they are getting physically too close)**

▪ e.g., "Please stand back; you're too close."

➢ **Consider keeping your office door open or inviting another faculty or staff member to join you**

Verbally Aggressive Students

DON'T

- ✓ **Get into an argument or shouting match.**
- ✓ **Become hostile or punitive yourself**
  - ✓ e.g., "You can't talk to me that way."
- ✓ **Press for explanation or reasons for their behavior**
  - ✓ "Now I'd like you to tell me exactly why you are so obnoxious."
- ✓ **Ignore and not deal with the situation**
- ✓ **Give away your own rights as a person**
- ✓ **Hesitate to call the campus security or police if the situation escalates**

Violent or Physically Destructive Students

DO

✓ **Prevent total frustration and helplessness by quickly and calmly acknowledging the intensity of the situation**

- ▪ e.g., "I can hear you're really upset and really mean business and have some serious concerns on your mind."

✓ **Explain clearly and directly what behaviors are acceptable**

- ▪ e.g., "You certainly have the right to be angry but screaming, hitting (breaking things) is not O.K."

If meeting in person,

- • **Get necessary help (other staff, campus security, Police, Counseling Services)**

- • **Stay in an open area**

- • **Divert attention and when all else fails**

  - ▪ e.g., "If you hit me, I can't be of help."

Violent or Physically Destructive Students

DON'T

- **Ignore warning signs that the person is about to explode**
  - e.g., yelling, screaming, clenched fists, statements like, "You're leaving me no choice."
- **Threaten, dare, taunt, or push into a corner**

Bibliography

- American Association of Suicidology. (2012). *Suicide in the USA Based on 2010 Data*. Washington, DC: American Association of Suicidology.
- American College Health Association. (2010). *American College Health Association-National College Health Assessment II: Reference Group HSACCC Consortium Executive Summary Spring 2010.* Linthicum, MD.
- American College Health Association. (2012). *American College Health Association-National College Health Assessment II: Reference Group Executive Summary Spring 2012.* Hanover, MD
- Fischer, K., & Wilson, R. (2007, August 31). Review panel's report could reverberate beyond Virginia Tech and Virginia. *The Chronicle of Higher Education, 53*(34), p. 1B.
- Grasgreen, A. (2012, Oct. 30th). Colleges don't always help with mental health issues, student survey shows. *Inside Higher Education*. Online. Retrieved from: http://www.insidehighered.com/news/2012/10/30/colleges-dont-always-help-mental-health-issues-student-survey-shows
- Gruttadaro, D., & Crudo, D. (2012). *College Students Speak: A Survey Report on Mental Health.* NAMI. Retrieved from http://www.nami.org/Content/NavigationMenu/Find_Support/NAMI_on_Campus1/collegereport.pdf.
- Kessler, R.C., Foster, C.L., Saunders, W.B., & Stang. (1995). Social Consequences of Psychiatric Disorders I: Educational Attainment. *American Journal of Psychiatry*, 152, 1026-32.
- Kessler, R.C., Berglund, P.A., Demler, O., Jin, R., & Walters, E.E. (2005a). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). *Archives of General Psychiatry.* Jun;62(6):593-602.
- Kessler, R.C., Chiu, W.T., Demler, O., & Walters, E.E. (2005b). Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). *Archives of General Psychiatry.* Jun;62(6):617-27.
- Klein, M., Behen, J., & Roy, N. (2010). *National College Depression Partnership.* Depression, Recovery, and Student Success. Retrieved from www.ncdp.nyu.edu/sites/default/files/Naspa%202010%20FNL%20minus%20data%2005%2010.pdf
- Merikangas, K.R., He, J., Burstein, M., Swanson, S.A., Avenevoli, S., Cui, L., Benjet, C., Georgiades, K., & Swendsen, J. (2010). Lifetime prevalence of mental disorders in U.S. adolescents: Results from the National Comorbidity Study-Adolescent Supplement (NCS-A). *J Am Acad Child Adolesc Psychiatry.* Oct;49(10):980-989.
- McIntosh, J.L.. & Drapeau, C.W. (for the American Association of Suicidology). (2012). *U.S.A. suicide: 2010 official final data.* Washington, D.C: American Association of Suicidology.
- National Alliance on Mental Illness (NAMI). (2013). Mental Illness Facts and Numbers. Online. Retrieved from: http://www.nami.org/factsheets/mentalillness_factsheet.pdf
- Russo-Gleicher, R.J. 2013. *Qualitative insights into faculty use of student support services with online students at risk: Implications for student retention.* Journal of Educators Online. Volume 10, Number 1, January 2013.
- San Diego State University. 2007. *A Faculty/Staff Guide: Enhancing Communication & Working with the Emotionally Distressed Student.* San Diego, CA: San Diego State University Counseling & Psychological Services.
- Shea, P., & Armitage, S. 2002. WCET LAAP Project Beyond the Administrative Core: Creating Web-based Student Services for Online Learners. Retrieved from http://wcet.wiche.edu/wcet/docs/beyond/overview.pdf
- Svanum, S., & Zody, Z. 2001. Psychopathology and College Grades. *Journal of Counseling Psychology, 48(1),* 72-76.
- U.S. Department of Education. (2006). *Twenty-eighth annual report to Congress on the implementation of the Individuals with Disabilities Education Act, 2006, Vol. 2.* Washington, D.C.: U.S. Department of Education.

Support and Resources

Toll Free: (855) 304-1647
Email: SMHP-info@cars-rp.org
Website: www.cccstudentmentalhealth.org

Thank you for your time!