



SIENACollege

*FACULTY AND STAFF*  
*RESOURCE GUIDE*

*CENTER FOR COUNSELING*  
*AND*  
*STUDENT DEVELOPMENT*

WWW.SIENA.EDU/CCSD

PHONE: 518-783-2342

**2011 - 2012**

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Dear Faculty and Staff,

This guide was written to assist Siena College faculty and staff in making referrals to the Center for Counseling and Student Development (CCSD). The primary objective of the guide is to familiarize you with the referral process and thereby increase the likelihood of a successful referral to the CCSD. In writing the guide we have attempted to provide answers to the kinds of questions that are commonly asked of us by faculty and staff who want to make a referral.

The Center for Counseling and Student Development is committed to helping students acquire the skills necessary to meet the demands of their academic and social life. We do this in collaboration with faculty and other members of the Siena community. Some individuals accept a referral for professional help more easily than others. It is usually best to be frank and delineate your role as a concerned faculty or staff member who can help them access other sources of assistance. Assure the student that seeking help is a sign that they are appropriately and constructively responding to the situation. **Avoid making blanket promises about not sharing information with other professionals. Such assurances may complicate swift intervention in the case where a student may be at risk to themselves or others.**

College is a time for discovery, excitement and challenge. At times, these challenges may lead to excessive stress, anxiety, depression, interpersonal difficulties and a disconcerting lack of direction. Adjustment issues, stress, relationship problems, substance abuse and more chronic mental health concerns such as depression and anxiety can impede student success. In their interactions with students, faculty and staff may be the first to notice those who might benefit from assistance. A timely and supportive referral by a faculty or staff member may start a process which ensures that students will be better able to learn and fully participate in college life. Sometimes students benefit from a one session consultation with us. Others may need several sessions to develop adequate coping mechanisms. Regardless, our goal is to alleviate stress and facilitate student success.

In the spirit of continuing to work collaboratively we offer you this updated edition of the Faculty and Staff Resource Guide. We have tried to make the guide more user friendly by including a quick reference page of emergency contact numbers and our guidelines for same- day emergency consultations. We have found that the more faculty and staff know about common emotional and relational challenges that students face and about our services, the more likely students are to find their way to us. As we continue to increase our contact hours with students each year, we know that we owe thanks to you for recognizing when students would benefit from our help. For those of you who are new to Siena we invite you visit our Center and meet our counselors.

Sincerely,

Wally Bzdell, Ed.D., Director  
Pat A. Bradway, Psy.D., Associate Director  
Nathan Pruitt, Ph.D., Psychologist  
Mena Stramenga, Ph.D., Psychologist

## **SERVICES OF THE CENTER**

The Center for Counseling and Student Development (CCSD) strives to help students cope more effectively with personal, emotional and situational barriers to learning; improve students' adjustment to unavoidable stress; and contribute to their personal growth and development by providing psychological support and guidance. This is accomplished primarily through the provision of counseling services for enrolled students and secondarily by offering psycho-educational programming and consultations to the campus community.

What we do:

- Provide counseling to students experiencing personal, adjustment, developmental, or psychological problems.
- Offer psycho-educational programming to assist students in identifying and learning skills that will support them in effectively meeting educational and life goals.
- Consult with college staff, faculty and family members who are concerned about a student.
- Faculty/Staff consults.

### **Office Hours:**

**8:30 AM - 4:30 PM Academic Year**

**Monday-Friday**

**(Closed from 12-1pm)**

**Summer Hours are Consistent with College Hours**

**783-2342**

**Foy Hall**

**Room 110**

### **Academic Year 24 Hour emergency contact:**

When classes are in session (excluding summer sessions) there is a counselor on-call 24 hours a day for consultation in emergency situations. After hours the on-call counselor can be reached by calling Public Safety at **783-2999 or 911 from any campus phone**. During regular business hours, please call the CCSD in an emergency situation.

## CCSD STAFF

### **Dr. Wally Bzdell, Ed.D.,** Licensed Psychologist/Director

Dr. Bzdell received his doctoral degree in counseling psychology from Boston University, and his Master's degree in Counseling and Psychological Services from Springfield College. He is a "generalist" by training and his expertise covers a wide spectrum of concerns that college students often encounter including, but not limited to: anxiety and depression, stress management, family difficulties, dating and relationships, adjustment to college, career/major decisions, academic stress, study skills, and time management. Dr. Bzdell has particular interest in sexual assault prevention programs on college campuses and men's health issues. Additionally, he has a proficiency in sport psychology and a strong collaborative working relationship with Siena Athletics.

### **Dr. Pat A. Bradway, Psy.D.,** Licensed Psychologist/Associate Director

Dr. Bradway is a licensed psychologist in the State of New York. She received her doctoral degree in clinical psychology from Antioch New England Graduate School. She also holds a Masters in Education from the University of Massachusetts. Before coming to Siena, Dr. Bradway held positions in counseling centers at SUNY- Albany and at Westfield State College. Dr. Bradway's areas of specialization include relationship issues, disordered eating, body image issues, recovery from interpersonal trauma, and self harm. Her clinical orientation is a blend of relational, developmental and psychodynamic theories. In addition to her clinical experience, Dr. Bradway has over ten years experience teaching college courses in psychology. She is a visiting lecturer in the graduate program of counseling at the College of St. Rose and a private consultant with the Consultation Center in Albany.

### **Dr. Nathan Pruitt, Ph.D.,** Licensed Psychologist

Dr. Nate Pruitt completed his undergraduate education at the University of Wisconsin-Madison and majored in psychology and zoology. He earned a master's degree in counseling and a doctorate in counseling psychology at Marquette University. Dr. Pruitt's clinical interests include career counseling, cultural issues, eating disorders, and relationship issues. Additionally, he is also proficient in working with individuals with anxiety disorders, depression, and ADHD. Dr. Pruitt has also taught undergraduate and graduate courses in psychology and has an interest in psychological assessment and generating research. He greatly enjoys his clinical work with college students.

### **Dr. Mena S. Stramenga, Ph.D.,** Licensed Psychologist

Dr. Stramenga received her doctoral degree in counseling psychology from the University at Albany and her master's degree in counseling psychology from Boston College. Although Dr. Stramenga enjoys working with students who have a variety of concerns, she has a strong interest in working with students who experience career exploration/decision struggles, relationship/familial difficulties, and women who have experienced interpersonal trauma. Dr. Stramenga also has experience interpreting psychological and educational assessments and is available to offer support to students who may be struggling with a learning disability or Attention Deficit/Hyperactivity disorder. Dr. Stramenga also holds an adjunct faculty position for the University at Albany in the Division of Counseling Psychology.

**Maureen Roeth, RN, FNPc, PNP, Psychiatric Nurse Practitioner**

Maureen Roeth is a licensed Family and Psychiatric Nurse Practitioner. She earned her RN from the Albany Medical Center School of Nursing, BSN from NYS Regents College and MSN from the Sage Graduate School. She has been a practicing nurse for more than 20 years and joined the Health Service and Center for Counseling and Student Development in 2006. She is available for psychiatric medication evaluation and monitoring.

**Dr. Michael Priest, MD., Consulting Psychiatrist**

Michael Priest, M.D. is a Board Certified Psychiatrist. He has over 20 years of experience and has been working with college students since 1987. Dr. Priest is a graduate of the SUNY Buffalo School of Medicine and the Albany Medical College of Psychiatry. He has been a Consulting Psychiatrist with the Center for Counseling and Student Development at Siena College since 2000. Dr. Priest is available for medication evaluation and monitoring for clients of the Center for Counseling and Student Development.

**Annette Manning, Receptionist/Secretary**

Annette Manning is a graduate of Mercy High School. She has been with the Center for Counseling and Student Development since 2007.

**BASIC INFORMATION ABOUT THE**  
**CENTER FOR COUNSELING AND STUDENT DEVELOPMENT**

- Student Fees cover the cost of counseling. There is no additional charge to students who seek counseling.
- The Center for Counseling and Student Development uses a brief counseling model which means each client can have a maximum of 8 sessions per semester and 16 sessions in a one year period.
- We see over 10% of Siena students for counseling each year. This does not include consultations, workshops, etc.

**94%** of students who use the services of the CCSD report that their counselor helped them develop a new perspective.

**95%** of students who use the services of the CCSD report that their counselor helped them develop strategies to cope with their concerns.

**96%** of students who use the services of the CCSD reported they would recommend the Center to another student.

***Counseling Can Be a Key Experience  
on the Journey to Academic and Personal Success***

## FACULTY AND STAFF CONSULTATIONS

### **Consultations Regarding Students**

Faculty and Staff are encouraged to consult with CCSD Psychologists regarding academic and mental health concerns of students.

Consultations may be in person or via phone. E-mail consultations are discouraged due to confidentiality risks. When staff and faculty initiate a consultation via e-mail, the psychologist will attempt to reach the faculty/staff by phone to address their concerns.

Psychologists and Office Staff of the CCSD cannot confirm or deny that the student is a client without a written release from the student. The psychologist will encourage the faculty/staff to identify the student for whom there is concern and explain that if the student is a client, or if the student later comes to us for assistance, it may be helpful to the psychologist treating the student to have the faculty/staff's information.

The psychologist will attempt to get specific information about what the faculty/staff person has observed. The psychologist will ask directly about concern for the student's safety, or concern for the safety of others.

These consultations will be documented and stored in the student's file.

In the event that the student for whom there is concern is a present or past client of the CCSD, the treating psychotherapist will be made aware of the consultation.

### **Consultations Regarding Personal Concerns of Faculty and Staff**

CCSD offers a one half hour, one time consultation to faculty and staff related to personal concerns of a psychological nature. These limitations apply also to concerns about family members or coworkers.

Typically the meeting will be organized around gathering enough information about the situation to make an informed referral to community and private resources.

To maintain professional boundaries a CCSD psychologist will not enter into a psychotherapist/client relationship with a member of the Siena staff or faculty.

A potential role conflict in our setting would involve a student presenting for counseling whose parent or close relation holds a position at the college and in this position works closely with the counselor. When this situation arises the counselor will consult with the director. When necessary, to minimize role conflicts and to provide the student with the best possible support, the student may be transferred to another counselor within our setting or to an off campus provider. ***No student, regardless of relationship will be denied crisis services.***

## INDICATIONS FOR COUNSELING

The reasons that individuals seek help from counselors are as varied as people themselves. An individual's motives for seeking counseling might range from wishing to solve a particular problem to desiring to enhance his/her own personal development. The following indications can be useful in making a decision about referring an individual to the Center for Counseling and Student Development.

### **1. Stated Need for Help**

The desire for assistance in dealing with a problem may be stated directly or indirectly. For this reason, it is important to attend to both the content of what a student is saying and the possible feelings and intentions underlying his/her message. Listening involves hearing the way things are being said, noticing the tone used, and observing the expressions and gestures employed.

### **2. Changes in Mood or Behavior**

Actions that are inconsistent with an individual's normal behavior may indicate that he/she is experiencing psychological distress. An individual, who withdraws from usual social interaction, demonstrates an unwillingness to communicate, commits antisocial acts, has spells of unexplained crying or outbursts of anger, has a lack of personal hygiene, or demonstrates unusual irritability may be suffering from symptoms associated with a psychological problem.

### **3. Anxiety and Depression**

Anxiety and depression are two of the more common psychological disturbances which can present significant problems for students. Both of these rather common emotional states, when they become prolonged or severe, can impair an individual's normal functioning. When an individual's ability to function in a normal manner becomes impaired due to anxiety or depression, some kind of assistance should be recommended.

### **4. References to Suicide**

If an individual directly tells you or gives you the impression that he/she may be contemplating suicide, then an immediate intervention is necessary. Regardless of the circumstances or context, any reference to committing suicide should be considered serious. To conclude that a student's suicidal talk is simply a bid for attention is extremely risky. A judgment about the seriousness of the suicidal thought or gesture should not be made without consultation with a professional counselor.

### **5. Physical Complaints**

Physical distress or complaints which seem to have no apparent cause may be indicative of psychological or stress-related problems. Some physical symptoms of psychological problems may include a loss of appetite or excessive eating, insomnia or excessive sleeping, or gastrointestinal distress.

## **6. Traumatic Changes in Personal Relationships**

Personal problems often result when an individual experiences traumatic changes in personal relationships. The death of a family member or close friend, difficulties in marriage or family relationships, divorce, changes in family responsibilities, and difficulties in other significant relationships can all result in increased stress and psychological difficulties.

## **7. Drug and Alcohol Abuse**

Excessive drinking, drug abuse, or drug dependence are almost always indicative of psychological problems.

## **8. Career Choice Problems**

It is rather common for college students to go through periods of career indecision and uncertainty. Such experiences are often characterized by dissatisfaction with an academic major, unrealistic career aspirations, and/or confusion with regard to interests, abilities, or values. However, chronic indecisiveness or choice conflict can be a debilitating experience, and many students need assistance in developing alternative goals when previous decisions prove to be in need of revision.

## **9. Academic Problems**

Many students find the demands of college-level academic work to be greater than anticipated. While it is expected that all students will go through some adjustment periods, those who demonstrate a consistent discrepancy between their performance and their potential may be in need of assistance. Frequent absences, failure to complete assignments, repeated requests for extensions, noticeable changes in classroom behavior, and inattentiveness in class are problems which might have a psychological/emotional basis and thus might be appropriate for personal counseling.

The CCSD gets occasional requests regarding testing for learning disabilities. We can provide screening for learning disabilities and referral information on where diagnostic evaluations can be obtained when indicated.

## **ADDITIONAL REASONS TO REFER**

Aside from the signs or symptoms that may suggest the need for counseling, there are other guidelines which may help you to define the limits of your involvement with a particular student's problem. A referral is usually indicated in the following situations:

1. A student presents a problem or requests information which is outside your range of knowledge. Students often present difficult problems, some of which can be complex even for professional counselors.
2. You feel that personality differences between you and the student will interfere with your helping the student.
3. You feel uncomfortable dealing with the issue or problem because of your personal relationship (he/she is a friend, neighbor, relative, etc.).
4. A student is reluctant to discuss a problem with you.
5. You do not believe your intervention with the student has been effective.
6. You lack sufficient time to listen effectively to the student.
7. A student is becoming over-reliant or dependent upon you.

**\*Are you looking for additional information about mental health issues that affect college students or a way to learn more about what might be happening with a particular student?**

Please visit our website ([www.siena.edu/ccsd](http://www.siena.edu/ccsd)) to connect with Ulifeline, or go directly there by using the address below. Ulifeline is a confidential online resource center for college students, faculty, and staff. Access to information sheets, mental health facts, related web-sites, and **online screenings** are available. **The online screenings can be filled out by you, a faculty or staff member, to help you better understand what might be happening with a student for whom you are concerned.**

<http://www.ulifeline.org/schools/siena>

## GUIDELINES FOR MAKING A REFERRAL

**Get to know the CCSD staff and where we are located.** Learn the names of staff members in the Center for Counseling and Student Development and stop by to view our facility. This will tend to increase your comfort in making referrals.

When you have determined that a student might benefit from a professional assessment or counseling, we suggest the following guidelines:

1. **Use a direct approach** with the student and express your concern for his or her welfare. Do not attempt to deceive or trick the student into seeking counseling. Make it clear that this recommendation represents your best judgment based on your assessment of his/her particular concern(s). Be specific regarding the behaviors that have raised your concerns, and avoid making generalizations about the individual. (For example- “You have been late for several classes and I have heard you arguing with other students during the break”, rather than “You are unmotivated and angry.”) Try to remind students that counseling is a normal, healthy way to develop coping strategies and it does not mean that you think they are “crazy”.
2. **Anticipate some reluctance.** Students often have concerns and fears about seeking counseling. Be prepared to address them. Some typical issues are presented on page 15 of this guide.)
3. **Create a positive expectation.** It is important that you firmly believe in the competence of the professional counselor and communicate that belief to the student. A successful outcome is more likely and your credibility is heightened by integrating this measure into the process. The more that you help the student see this as a normal and healthy process, the more likely he or she is to follow-through on your referral.
4. **To make an appointment** the student can either call 518-783-2342 or stop by 110 Foy Hall. Some faculty members have had the student call to make an appointment while the student was in their office. Others have walked the student to our office to make an appointment.
5. **Leave the option open**, except in emergencies, for the student to accept or refuse counseling. If the student is skeptical or reluctant for whatever reason, simply express your acceptance of those feelings so that your own relationship with the student is not jeopardized. Give the student an opportunity to consider other alternatives by suggesting that he/she might need some time to think it over. If the student emphatically says "no," then respect that decision, and again leave the situation open for possible reconsideration at a later time. (For emergency situations, see page 13 of this guide.)
6. **Follow up.** Ask the student at a later date what action he/she has taken. Even if the student did not accept your attempted referral it will show your continued interest.

## **CRISIS AND EMERGENCY SITUATIONS**

### **WHAT TO DO WHEN A STUDENT IS IN IMMINENT DANGER OF HURTING HER/HIMSELF OR OTHERS:**

- Do not leave the student alone.
- If the student is actually making a threat or made a threat, call Public Safety at **911 from a campus phone or 783-2999 from your cell phone.**

### **WHAT TO DO IF THE STUDENT IS SO EMOTIONALLY DISTRAUGHT THAT YOU ARE AFRAID THAT THEY MAY BE AT RISK TO HURT HER/HIMSELF OR OTHERS:**

- Tell the student that you would like to call the Center for Counseling and Student Development (at x **2342**) to consult with them about how you can best support the student.
- Briefly explain the situation to the secretary or encourage the student to speak with the secretary.
- Offer to walk with the student to the Center for Counseling and Student Development.
- If you are unable to accompany the student, offer to help him/her to contact someone who can, e.g. Public Safety, Resident Director, etc.
- If it is after business hours or during the lunch hour, call Public Safety (911 from a campus phone, 783-2999 from a cell phone) and request to speak with the on-call counselor.

## **SAME-DAY EMERGENCY CONSULTATIONS**

On the following page you will find a copy of our Same-Day Emergency guidelines. We use the document to help students articulate the level of urgency of their request for a consultation with us.



SIENACollege

515 Loudon Road  
Loudonville, NY 12211-1462  
[www.siena.edu](http://www.siena.edu)

Center for Counseling and Student Development  
Telephone 518-783-2342  
Fax 518-786-5069

**Same-day Emergency Consultations**

The staff at the Center for Counseling and Student Development is aware that emergencies requiring immediate attention can exist for students seeking our services. Because of the demand on our services, however, we are not able to see most students the same day they contact us. This handout has been prepared to help you decide whether our same-day crisis services are right for you.

Our same-day crisis services are designed to assist students who are confronting life-threatening circumstances, current or recent traumatic crises, and serious mental illness. Examples of such issues include:

- suicidal thoughts
- the need to be hospitalized
- thoughts about harming another person
- recent assault or abuse
- concern about your own safety
- knowledge of another person recently/currently being abused or assaulted and concern about his/her safety
- hallucinations
- recent death of a loved one
- witnessing or experiencing a recent traumatic event

A counselor will meet with students in crisis when not being seen immediately could lead to serious consequences or seriously aggravate their existing condition. Most often this means the counselor will need to interrupt or reschedule a previously arranged appointment.

**If you believe your situation is a crisis that cannot wait for a regularly scheduled appointment, please check the concern (from the list above) that applies to you. A counselor will meet with you today to do a brief assessment and make recommendations as to how to proceed.**

**If you feel you cannot wait until your scheduled appointment, but this is not an emergency, please provide us with your phone number for a counselor to call you back today.**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

## **FAULTY BELIEFS ABOUT COUNSELING**

Students often have faulty beliefs about counseling that, if not directly discussed, can deter them from acting upon a referral. It is useful to anticipate these issues and subsequently to make responses that are factual, encouraging, and appropriate.

Concern: *Only crazy people go to counseling (and I'm not crazy).*

Response: I don't think you are crazy. People go to counseling for all kinds of problems. The Center for Counseling and Student Development sees approximately 10% of our student population for on-going counseling each year for a variety of concerns.

Concern: *Going for counseling is a sign of weakness. It shows I can't handle my own problems.*

Response: You are capable of handling most of your problems. There are some, however, that are difficult to handle alone. Recognizing when you need assistance, and then getting it, is a sign of good problem-solving ability.

Concern: *Counseling won't work for me. It's not effective.*

Response: There are no guaranteed results, that is true. There is a high probability, though, that counseling can be helpful. It has worked for a large number of students and it could work for you. Give it a try.

Concern: *The counselor will tell other people about my problem.*

Response: What you share with a counselor is considered confidential. Information is not released to anyone (parents, friends, instructors) without your permission.

## CONFIDENTIALITY

Professional ethics and New York State law dictate that the sessions conducted by the Center for Counseling and Student Development professional staff are confidential in nature. Information about those sessions or their content will be released only (a) upon a student's written request, (b) in circumstances which would result in clear danger to the individual or others, or as may be required by law. The Center for Counseling and Student Development adheres strictly to this policy.

Faculty/staff members often have an understandable desire to know if a student who has been referred to the CCSD has actually attended a session and/or if any progress is being made. We will not acknowledge any contact, or lack of it, unless that student gives us permission to do so.

The professional limits of confidentiality can at times be a source of frustration for faculty/staff who continue to be concerned about a student. We recommend you ask the student directly if they are continuing in counseling and if they are finding it helpful. We also encourage students to let the referring faculty/staff member know that he/she kept an appointment.

Although as professional counselors we cannot disclose to you, without the student's consent, attendance or progress in counseling, **we can listen to any new or ongoing concerns you may have.** This additional information may help to guide our future interventions with the student.

## **THE COUNSELING PROCESS: WHAT TO EXPECT**

Students who have not been to counseling may want to know what happens on a first visit to the Center for Counseling and Student Development. We follow a uniform set of procedures which make up our "intake" process:

1. The student completes intake paperwork. The paperwork takes approximately 10-20 minutes to complete and includes: basic demographic information (age, major, race, etc.), a checklist of "concerns," the student's goals for counseling, and a description of our confidentiality policy.
2. The student ("client") is introduced to a counselor. All counseling sessions are conducted in private offices.
3. The counselor begins with an intake interview. Typically, the intake will be 45-60 minutes. Some of that time is devoted to establishing good rapport and putting the client at ease. The client is encouraged to express his/her concerns. The purpose of the session is to make an initial assessment of the client's concerns, contributing factors, and coping strategies. Rarely do we administer a "psychological test" during a first session. The counselor will determine whether the CCSD can be of assistance; if we cannot, he/she will suggest an off campus referral to the client.
4. The counselor schedules a subsequent session if appropriate. In the majority of cases the counselor who does the intake interview will see the client for later sessions. Exceptions are when the counselor already has a full case load or believes another staff member has skills better suited to the client's needs. The client is not pressured to schedule a second appointment. Typically, we will see a client once per week or once every two weeks for 45 minute sessions.

## A SNAPSHOT OF COLLEGE STUDENT MENTAL HEALTH

Greater than 10% of respondents report that the following emotional concerns had a negative impact on academic performance:

**Stress**  
**Sleep Difficulties**  
**Anxiety**  
**Concern for a Troubled Friend or Family Member**  
**Depression**

These emotional difficulties contributed to receiving a lower grade on an exam or important project, receiving an incomplete or dropping a course, disrupting a thesis, dissertation, research or practicum work.

**Within the last 12 months, the following percentage of college students reported experiencing:**

Feeling things were hopeless	43.9%
Overwhelming Anger	36.7%
Feeling so depressed it was difficult to function	28.4%
Overwhelming Anxiety	46.4%
Depression	8.3%
Seriously considering suicide	6.0%
Attempting suicide	1.3%
Deliberate Self harm	5.1%
(Intentionally cut, burned, bruised, or otherwise injured themselves)	

**72% of students report one or more events in their lives over the past 12 months that has been either *traumatic or very difficult to handle*.**

**Students who report professional treatment over past twelve months for:**

Anorexia 0.9%	Anxiety 9.2%
ADHD 4.2%	Bulimia 0.8%
Depression 8.3%	Insomnia 3.0%
OCD 2.0%	Panic Attacks 4.9%
Other Sleep Disorder 1.8%	Bipolar Disorder 1.3%

*\*SOURCE: Fall 2010 ACHA-NCHA Reference Group. Data set of 30,093 students and 39 schools.*

## **COLLEGE STUDENT MENTAL HEALTH: NATIONAL TRENDS**

- Since 1998, the estimates for college students with severe depression increased by two times; suicidal plans increased by three times; and sexual assaults of college women increased by four times.
- 50% of college students will suffer from a severe depression
- 10% of college students will develop plans for suicide
- In 2003, 20% of college students were taking psychotropic medications
- 45% of college students engage in high-risk drinking.  
(The majority of Siena students, who drink, do so responsibly (64.5%) but we need to recognize that still leaves 35.5% of our students engaging in high risk drinking.)

From: Kadison, R, and Digeronimo, T.F. (2004). The College of the Overwhelmed, data gathered from the American College Health Association:

### **Facts about Youth Suicide**

- Suicide is the second leading cause of death among college students and the third leading cause of death among all youth 15–24 years old. In the U.S., only accidents and homicides claim more young lives.
- Seventy percent of youth who make a suicide attempt are frequent users of alcohol and/or other drugs.
- Over 90 percent of youth who die by suicide had at least one psychiatric illness at the time of death; in about half such cases, the psychiatric illness was present, although often unrecognized, for two years or more. The most common diagnoses among youth are depression, substance abuse and conduct disorders.
- Certain intense emotional or affective states may suggest a suicide crisis in individuals who suffer from depression. These include intense desperation, hopelessness, rage, abandonment, self-hatred or anxiety.

### **Facts about Suicide, Mental Illness and Prevention**

- Over ninety percent of people who die by suicide had at least one psychiatric illness at the time of death. The most common diagnoses are depression and drug and/or alcohol abuse.
- Early recognition and treatment of depression and other psychiatric illnesses appear to be the best ways to prevent suicide.

\* Provided by the American Foundation for Suicide Prevention

## **DEPRESSION AND SUICIDE PREVENTION**

**Depression is present if at least five or more of the following symptoms are present during a two-week period; at least one of the symptoms must be either depressed mood or loss of interest or pleasure in usual activities.**

- Depressed mood
- Loss of interest or pleasure in usual activities
- Change in appetite or weight
- Change in sleeping patterns
- Speaking and/or moving with unusual speed or slowness
- Decrease in sexual drive
- Fatigue or loss of energy
- Feelings of worthlessness, self-reproach or guilt
- Diminished ability to think or concentrate, slowed thinking or indecisiveness
- Thoughts of death, suicide, or wishes to be dead

**Additional factors that point to an increased risk for suicide in depressed individuals are:**

- Anxiety, agitation, or enraged behavior
- Isolation
- Drug and/or alcohol use or abuse
- History of physical or emotional illness
- Feelings of hopelessness or desperation

### **Depression and Suicide**

- Although most depressed people are not suicidal, two-thirds of those who die by suicide suffer from a depressive illness.
- About 15 percent of the population will suffer from depression at some time during their life. Thirty percent of all depressed inpatients attempt suicide.

**Prevent suicide through early recognition and treatment of depression and other psychiatric illnesses.**

Adapted from [www.asfp.org](http://www.asfp.org) (American Foundation for Suicide Prevention)

## **FREQUENTLY ASKED QUESTIONS ABOUT SUICIDE**

1. ***What percentage of college students who kill themselves are male? Why do you think more/ less males than females kill themselves?***

Seventy-five to 80 percent are males although more females attempt suicide. Males are more involved than females in all forms of aggressive and violent behavior.

2. ***I've heard that suicides are more frequent around the holidays? Is this true, and if so, how much do they increase at that time?***

Suicides are not more frequent during the holidays. It appears that the rates are the highest in April, and the summer months, June and July.

3. ***What is the biggest cause of suicide among college students?***

Ninety-five percent are suffering from mental illness, usually depression. If depressed, substance abuse, anxiety, impulsivity, rage, hopelessness and desperation increase the risk.

4. ***Apart from talking to a suicidal person and encouraging him/her to go for counseling, what else can we do to prevent this?***

Going with someone to the counselor often helps. If the person won't listen to you, you may need to talk to someone who might influence him or her. Saving a life is more important than violating a confidence.

5. ***People often get uncomfortable when one discloses something as intimate and frightening as suicidal thoughts. What do you think can be done to reduce this stigma, either of suicidal people, or of depressive patients? Can people actually "change" their minds and accept someone who is suicidal?***

As people recognize that suicidal behavior is the result of a medical condition not a sign of weakness or character defect it will change.

Adapted from [www.asfp.org](http://www.asfp.org) (American Foundation for Suicide Prevention)

**QUICK REFERENCE**  
**EMERGENCY NUMBERS**

**Public Safety:**

On-campus (from an on-campus phone)	911
Off-campus or cell phone	518-783-2999
Non-emergency	518-783-2376

**Albany Mobile Crisis:** 518-447-9650

**Center for Counseling  
and Student Development:** 518-783-2342

(M-F 8:30 – 4:30)  
During academic year

Summer hours as determined by the college