

Mental Health and the College Student:  
Recent Developments in Law and Policy Relating to Student Wellness

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- I. Overview of Self-Injurious Behaviors
  - A. Range of self-injurious behaviors
  - B. Nomenclature and definitions of self-injurious behaviors
  - C. National Statistics – Suicide and Suicidal Behaviors
    - 1. Youth Risk Behavior Study
    - 2. National Vital Statistics (CDC)
    - 3. National Co-Morbidity Study
  - D. Relationship between suicidal behaviors and suicide
  
- II. The Mental Health of College and University Students
  - A. Age of Onset of Mental Disorders
  - B. Psychiatric Illnesses associated with Suicidal Behaviors
  - C. Risk and Protective Factors
  - D. National Surveys
    - 1. American College Health Association
    - 2. AUCCCD
    - 3. University of Michigan
    - 4. University of Maryland
  - E. Suicidal Ideation, Attempts, and Completions
    - 1. CDC Study
    - 2. Big 10 Universities Suicide Study
  
- III. Evidence-based Practices in College Mental Health
  - A. The Public Health Approach
  - B. Universal vs. Selected vs. Indicated
  - C. Prevention vs. Treatment
  - D. Prevention/Intervention/Postvention Approaches
  
- IV. What We Know
  - A. High rates of suicide in young adults
  - B. Each “generation” has its unique characteristics
  - C. History of suicide attempts is best predictor

- D. Suicidal ideation is relatively common
- E. Presence of psychiatric illness increases risk
- F. Stigma still exists re: mental illness and treatment
- G. Warning signs are associated with imminent risk
- H. Suicidal ideation and behaviors fluctuate over time
- I. Suicide is a behavior and all behavior is multi-determined
- J. Many myths are associated with suicide
- K. Hotlines save lives (1-800-273-TALK)
- L. Lithium and clozapine save lives

#### V. What We Don't Know

- A. Which factors protect against suicide
- B. Which model best describes suicidal behaviors
- C. Effectiveness and efficacy of interventions

#### VI. Controversies

- A. University of Illinois mandatory assessment program
- B. Sanctity of the "doctor-patient relationship"
- C. Limits of confidentiality
- D. Can we predict suicidal behaviors (it depends.....)

#### VII. Potential Problems to Prepare for

- A. Returning veterans from the Iraq and Afghanistan wars
- B. Older returning students (e.g., Baby Boomers)
- C. Terminal Master's degree students
- D. International students (cultural values and conflicts)
- E. Health insurance coverage
- F. Setting criteria for dismissal; medical or behavioral LOA
- G. Setting criteria for re-entry
- H. Campuses as microcosms of society (e.g., violence)
- I. Self-injurious behaviors on campuses are here to stay

#### VIII. Clear Challenges

- A. If campuses are not therapeutic communities, Then.....
  - 1. Where do you draw the line?
    - a. TJF Framework
    - b. TJF Legal Roundtable
- B. How do you protect the health and safety of the community?
- C. How do you weigh individual rights vs. the greater good?
- D. Moving from a treatment focus to a public mental health approach

#### IX. What is Needed

- A. The 7 C's: cooperation, collaboration, coordination, continuity, consensus, concern, and consultation
  - 1. EDC/TJF Model
- B. Training of faculty, staff, administrators, gatekeepers, clergy, coaches, etc.

C. Specialized training of health and mental health professionals

D. Training of students

1. life skills (e.g., conflict resolution)
2. educational skills
3. social skills
4. decision-making skills
5. stress management/reduction/avoidance
6. asking for help
7. helping a friend
8. civility and tolerance
9. recognition of warning signs

## X. Source Material

Rickgarn, R.L.V. (1994). *Perspectives on College Student Suicide*. Amityville, N.Y.: Baywood Publishing.

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