

*Study pressures, relationship problems, late nights and little sleep – all are college students' rights of passage. However, more and more frequently, students aren't able to just shrug off daily stressors. Instead, they're overwhelmed to the point all they see is*

# The dark at the end of the tunnel

*By Gina Carroll Howard*

Although a real student and counselor at UNC Charlotte, "Suzanne's" and "Dr. Madison's" real names and other identifying details have been changed to protect Suzanne's privacy.

stock photo: not a UNC Charlotte student

## The day she thought about killing herself, "Suzanne" felt bad from the second she got up.

It had been a rough couple of days, what with an athletic team practice, school and all. A lot of little things were adding up. She had been trying to think positive thoughts to keep the depression at bay. She kept telling herself she could do it, but the feeling of being immobilized was setting in.

Suzanne plodded to the bathroom. She faced the medicine cabinet and swung the door open. Her housemate's bottle of pills offered peace. She reached for them and headed back to her room in a haze. She put the bottle under her bed – for later. First, she had to go to work.

Suzanne knew she needed help. She knew she should call her counselor but she was afraid. In therapy, Suzanne had talked about her feeling of being a burden, of feeling she shouldn't need so much help. Suzanne remembered "Dr. Madison's" instructions to call, but she couldn't pick up the phone. So she compromised. She left a message for Madison, vague, saying only that she needed to talk. Madison left a time to call that afternoon.

After work, Suzanne uncharacteristically skipped team practice and didn't call the coach. Instead, she walked home. She began to cry. The house was dark and empty. Her depression deepened.

Suzanne went to her room and reached under her bed. She snapped the cap, the pills tumbling into her hand. Sitting on the edge of the bed, she looked at the colors she cupped and thought about her family. She knew she couldn't kill herself without saying good-bye.

Suzanne heard the front door open. Her housemate had returned. It was time to call Dr. Madison. She didn't want to. But now she had another fear, a greater fear that gave her courage. She was afraid of what would happen if she didn't pick up the phone.

That call may have saved her life.

Suzanne is among the growing number of college students suffering from depression. In the 2004 National College Health Assessment, 18.5 percent of students reported being diagnosed with this illness, a percentage similar to that at UNC Charlotte. Of all the students surveyed, about 45 percent reported feeling so depressed at some time that it was difficult to function. Of those students, 10 percent seriously considered suicide and about 1 percent attempted it.

Based on a 2004 survey, Suzanne is one of an estimated 3,600 UNC Charlotte students who has been diagnosed with depression and one of about 2,000 who is projected to have seriously considered suicide.

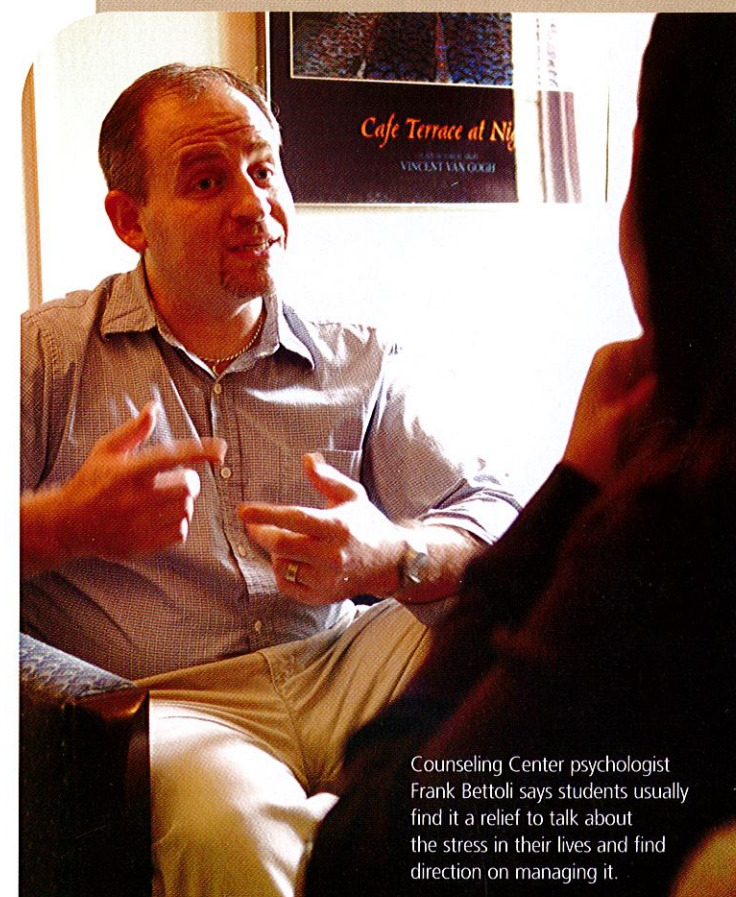
According to Richard Kadison, chief of mental health at Harvard University Health Services, today's students are arriving on campus with more psychological problems than those from previous generations. The reasons, he says, are varied. They are more likely to be children of divorce or have experimented with drugs, alcohol and sex. They worry about college costs, grades and terrorism, he notes in the Dec. 10, 2004, issue of The Chronicle of Higher Education, "The Mental-Health Crisis: What Colleges Must Do."

And they are more likely to have received psychiatric treatment in high school. Most mental health professionals concur that thanks to new medications, students who previously never would have been able to do so now attend college.

However, Kadison notes, many more students are unaware that they have problems and thus, don't seek help.

"They consider what they are experiencing a weakness and don't realize that they can't just will themselves to be better, any more than diabetics can will themselves to produce more insulin," he wrote in The Chronicle.

To reach those students seeking help – as well as to those who aren't – UNC Charlotte's Counseling Center offers dozens of workshops each year. Staff members take their presentations and pamphlets on such topics as stress management and healthy life styles to the residence halls, learning communities, athletics teams and Greek organizations.



Counseling Center psychologist Frank Bettoli says students usually find it a relief to talk about the stress in their lives and find direction on managing it.

That was how Suzanne learned about the Counseling Center.

Beginning in junior high and escalating in high school, she had suffered bouts of depression and feelings of being overwhelmed. To cope, she used positive strategies – journaling and being in sports – but also negative ones – developing an eating disorder and cutting herself. Emotional fights with her divorced mother, who believed everything would be all right, exacerbated the situation.

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"She didn't realize how hard it was for me," Suzanne remembers. "She thought I could just stop. Being an athlete probably saved me."

As a UNC Charlotte student athlete – and because of her history, Suzanne was required to attend a proactive program her freshman year. Through this program, she met Madison.

To raise awareness of their services, Counseling Center staff members talk to parents during Student Orientation, Advising and Registration; participate in Week of Welcome; and even stand outside at a busy campus intersection each semester offering coffee and bagels to passing students.

They also teach faculty and staff how to identify and refer students they feel may have emotional, relational or behavior problems. Staff members offer information at department meetings and meet with new faculty as part of orientation.

"Faculty and staff are on the frontlines with students every day," Bettoli notes. "We are working with them to better recognize and respond to significant problems they might see in the classroom."

One empathetic faculty member made a critical difference to Suzanne.

At times, Suzanne went on what she calls "autopilot," moving into a dissociative state to just get through the day.

She began to skip her morning classes and her GPA plummeted. Part of her felt bad about neglecting her responsibilities, but another part knew she had to conserve what energy she had. Her dread at facing the professor whose class she was failing grew so great, she no longer wanted to attend class on her "good" days. At her sister's urging, Suzanne screwed up her courage and e-mailed the professor, explaining that she was experiencing some "problems."

To her relief, she found the professor to be supportive and respectful, motivating her to complete the work.

"She never judged me, and it made a big difference," Suzanne avows. Although Suzanne was in therapy, negative thoughts about herself were continual.

"I felt I was a failure. I was unmotivated, fatigued. I'd just stay in bed. I had to do what I had to do to survive," she recalls. "I couldn't complete my workout. I'm very consistent, and that inconsistency was another failure. Nothing seemed to matter any more. Even if it were a nice, sunny day, everything felt dead, dark."

That was right before Suzanne nearly killed herself.

When Dr. Madison received Suzanne's call for help that night, she did what she does with all students who are actively suicidal: She tried to keep her safe.

Hospitalization is a last resort, says Rebecca MacNair-Semands, Counseling Center associate director and clinical services coordinator. Instead, she and the other counselors encourage students to talk about their suicidal thoughts. They encourage them to call a friend and engage in coping strategies that work for them. They set up a plan to help them get through the day, then the next day, then the next week. Individual therapy sessions often become more frequent until things become more manageable for the student.

"Having suicidal thoughts doesn't mean a person has to act on them," MacNair-Semands maintains. "Many people who have been experiencing suicidal thoughts for years come in and discover they can learn new strategies and tap into their own strengths and build on them."

Together the student and therapist look at the strategies the student has been using, explore why they haven't been working and develop some new ones.

But sometimes students consider acting on their suicidal thoughts. As an off-campus student, Suzanne was fortunate to have the support of Madison and her housemate to get her through the crisis.

Resident students have additional lifelines. With nearly 800 programs ranging from workshops that build skills or cope with stress, to social programs or community service opportunities, the residential environment is designed to foster student connections both to campus resources and to each other. When that connection breaks down, specially trained resident advisors (R.A.s) on every floor are the first resources.

In a crisis, the R.A. would call senior Housing and Residence Life staff, who would work with mental health professionals to assess the student's needs.

Because of legal restrictions, the Counseling Center staff cannot notify parents of students over 18 without the student's permission. The staff of Housing and Residence Life must also abide by the Family Educational Rights and Privacy Act, which prohibits the release of a student's medical records – even to parents. However, the law does allow for parental contact in the case of emergency and based upon the circumstances surrounding the student situation. Housing staff determines whether parental contact is appropriate.

Allan Blattner, associate director for staff and student development, is one of the Department of Housing and Residence Life administrators who weighs a student's right to privacy with the need to involve parents. While The Counseling Center serves as the student's advocate, Housing and Residence Life advocates both for the student and for the entire campus community. Blattner must determine what is best not only for that student, but for the residential community affected by that student.

"There's a lot going on in the halls, lots of energy and potential distractions. While this is just the right environment for most, it may not necessarily be the right place for students in crisis," Blattner points out. "Sometimes, after consultation with the doctors, students do not return to the residence halls. Other times, we work with the Counseling Center and other community professionals who monitor the students to help ensure they receive the treatment they need while living on campus."

Sometimes taking a semester off is what a student needs before getting the necessary help upon returning to campus, agrees David Spano, Counseling Center director. Other times, a directed plan combining counseling and medication is effective.

Yet, many people are hesitant to share suicidal thoughts, MacNair-Semands notes, adding that those who do join a therapy group with people who have had the same thoughts find it can be relieving.

"It doesn't mean you're weak if you don't do it on your own," she insists. "It's a sign of strength to walk through the door and talk to a stranger about very intimate feelings."

Suzanne feels she has that strength now. It's been a gradual process, she says, one that's been hard, and one that has required a lot of work. She's thankful she had the support of family, friends, teachers and a therapist she trusted. To be successful, she had to learn to love herself.

"I had to rewire my thinking," Suzanne explains. "Now, when I'm going through stressful times, it's a matter of looking at it in a positive way. It's not the easiest thing to do. Things happen, but I'm much healthier, not just physically but spiritually and emotionally. I experience depression occasionally like the average person does, and I have better ways of dealing with it. It's hard sometimes, but it's part of life."

## SIGNS OF STRESS IN STUDENTS

- Social isolation, withdrawal, lethargy
- Inability to focus on a specific topic in a conversation or activity
- Disorganized thinking and speech, feelings that are inappropriate to the situation or other evidence that student is "out of touch with reality"
- Expression of feelings of persecution, strong mistrust of others
- Violent outbursts
- Signs of excessive alcohol or drug use
- Expressions of general unhappiness over a period of several weeks
- Frequent class absence or "disappearance" over extended periods
- Gain or loss of significant amounts of weight
- Abrupt change in manner, style or personal hygiene
- Increasing dependence on you or others
- Marked anxiety, extreme restlessness, inability to concentrate or relax
- Marked decrease or increase in appetite
- Marked decrease or increase in sleep
- Loss of interest in formerly pleasurable or meaningful activities, such as classes, social life, intimate relationships
- Expression of irrational fears
- Physical complaints without a medical cause, such as headache, stomach pains, etc.
- Unusual ritualistic or repetitive behavior
- Chronic fatigue
- Suicidal thoughts, plans, threats
- Overwhelming financial obligations

## UNC CHARLOTTE'S COUNSELING CENTER

The UNC Charlotte Counseling Center provides confidential, free short-term individual and group counseling; consultation for faculty, staff, parents and students; and educational programs to the campus community. Information on the Counseling Center's services; help for concerned faculty, staff, parents and friends; an online screening program; self-help information and links to other mental-health resources are all available online at [www.counselingcenter.uncc.edu/](http://www.counselingcenter.uncc.edu/).

To contact the center, stop by Atkins 158 Monday through Friday from 8 a.m. to 5 p.m. or call 704-687-2105.



Rodney Bragdon and Jocelyn Buhain, two predoctoral interns, raise awareness of the Counseling Center's services by visiting classes to talk to students.

Suzanne's deteriorating family situation and past issues that had returned to haunt her were wearing her down, so she asked the nutritionist to contact Madison.

"Society makes you feel that you must be crazy if you go to a therapist, but I'd gotten tired of it interrupting my life," Suzanne says of the depression. "I figured the intelligent decision was to use the resources here."

Suzanne's willingness to try therapy was a success for the center's outreach programs.

"It's usually something of a relief to talk about what's going on and find some direction on how to manage it," says Frank Bettoli, one of seven licensed doctoral-level psychologists on the Counseling Center staff.

Bettoli says one of the center's goals is to normalize the counseling experience and reduce the stigma of seeking help.