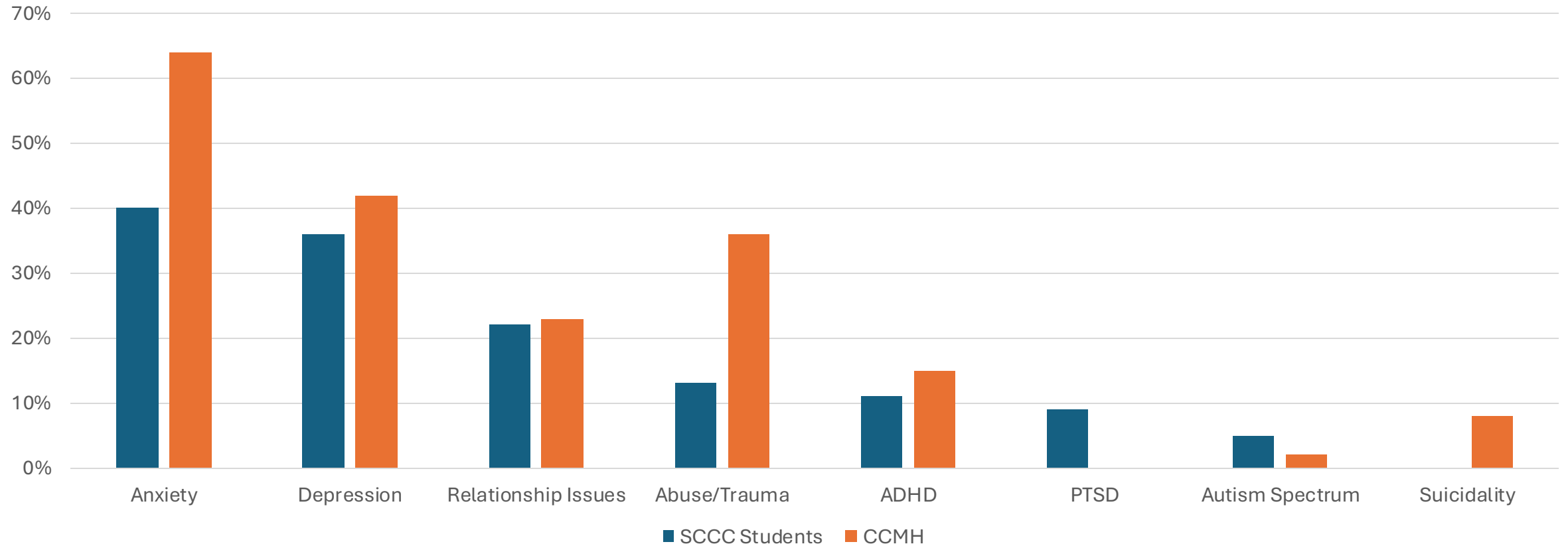


Moving Forward: Our Students Today

Dr. Julia Kiely, College Director of Mental Health
Jennifer Forni, College Director of Disability Services
Co-Chairs of College CARE Team

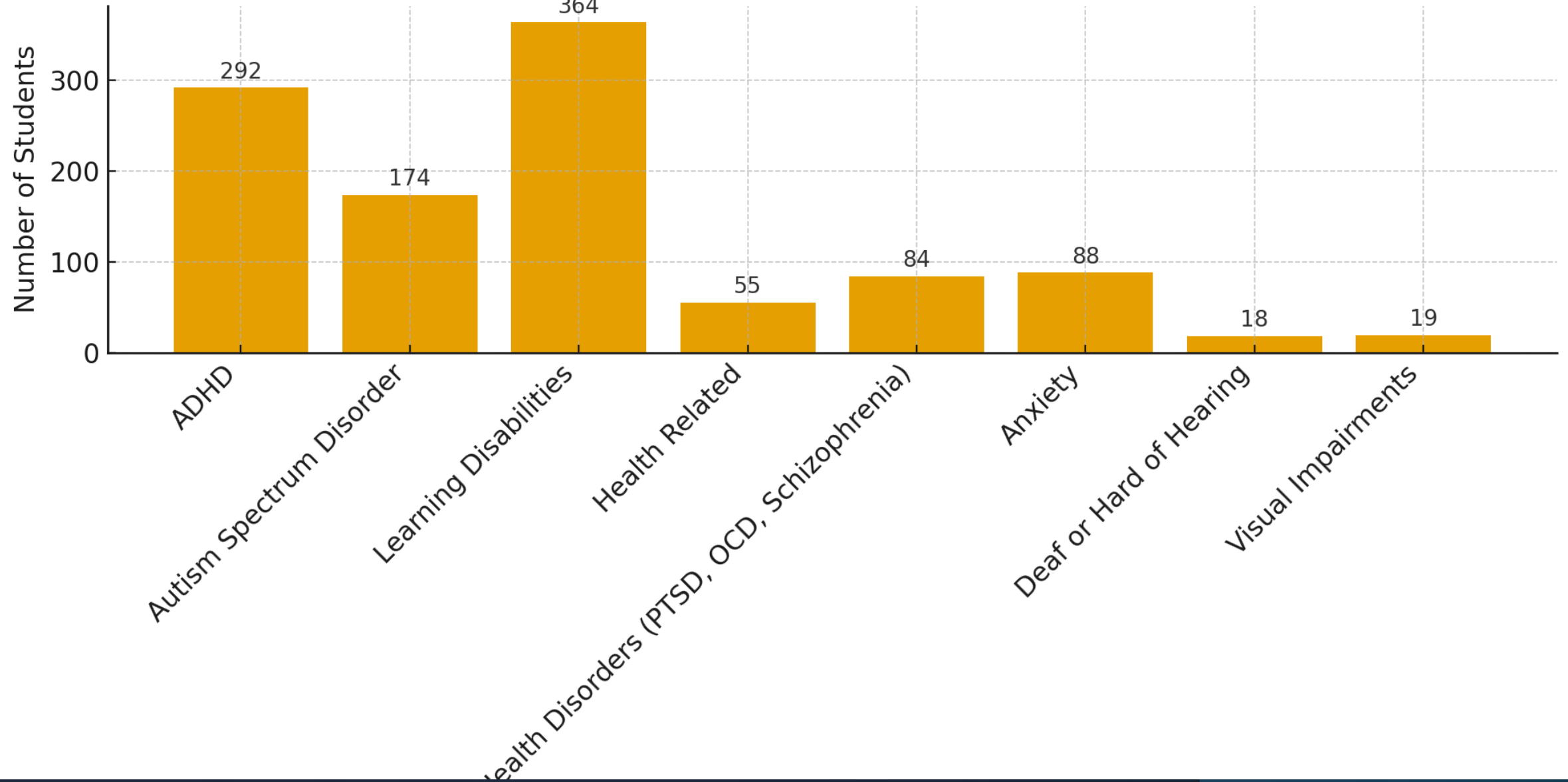
Diagnostic Prevelence Rates



College Student Mental Health

Comparison between SCCC students 2024-2025 and CCMH 2024 annual data

Student Population with Reported Conditions (Total Students: 1307)



CARE Teams

CARE teams/behavioral intervention teams are small groups of school officials who meet regularly to gather and review concerning information about at-risk students and deploy interventions to assist.

- NABITA, 2023

CARE (Coordination, Assessment, Response, and Education)

- *The CARE team is a college wide team of appointed staff and faculty responsible for identifying, assessing, and responding to concerns and disruptive behaviors by students who struggle academically, emotionally, or psychologically, or who present a risk to the health or safety of the college or its members*
- *Team Membership:*
 - *Co-Chairs are Dr. Julia Kiely Director of MHWS and Jennifer Forni Director of Disability Services*
 - *Core Members: Dr. Theresa Dereme, Dr. Meryl Rogers, Baycan Fideli, Malika Batchie-Lockhart, Dr. Theresa Saladino, Alexandra Rulli, Kimberly Birnholz, Denny Teason, Amy Karvaski*



CARE Team

Basic Needs

Environmental
Stressors

Impulse Control,
Dysregulation

Major Health
Issues

Suicidality, Self-
Harm

Disruptive
Behaviors

Concerning
Statements
(verbal and
written)

Roundtable Discussion

- CARE Team Members:
 - Alexandra Rulli, Coordinator
Mental Health & Wellness
Svs
 - Eneida Diaz, Case Manager,
Care Team and Mental
Health & Wellness Svs
 - Kim Kost, Disability
Services Counselor



D-SCALE: LIFE STRESS AND EMOTIONAL HEALTH

DECOMPENSATING

- ▲ Behavior is actively dangerous and potentially lethal
- ▲ Impaired ability to engage in basic/essential daily tasks that presents an imminent risk to their safety or the safety of others based on:
 - △ Episodic or ongoing life event or chronic condition
 - △ Communications, thought patterns, and/or behaviors that are illogical, tangential, or based on things others cannot see or hear
- ▲ Unwelcome or repetitive communications/contact that present an imminent safety risk to the recipient
- ▲ Substance use, or other addictive/risky behaviors, that present an imminent risk to their safety or the safety of others
- ▲ Specific and direct threat of potentially lethal violence that is impulsive
- ▲ Potentially lethal physical contact towards others
- ▲ Imminent suicidal ideation or suicidal ideation that includes a potentially lethal plan
- ▲ Life-threatening suicide attempt or non-suicidal self-injury that is life threatening

DETERIORATING

- Destructive or significantly disruptive actions/communications
- Impaired ability to engage in basic/essential daily tasks based on:
 - Episodic or ongoing life event or chronic condition
 - Communications, thought patterns, and/or behaviors that are illogical, tangential, rapid, or irrelevant
- Unwelcome or repetitive communications/contact that are disruptive and concerning to the recipient
- Substance use, or other addictive/risky behaviors, that:
 - Create significant or frequent negative consequences or
 - Present significant but non-life-threatening safety risk
- Vague, indirect, or non-lethal threat of impulsive violence
- Minor physical contact towards others
- Suicidal ideation that is not imminent or lethal
- Non-life-threatening, non-suicidal self-injury
- Significant impairment in mood, relationships, academic/work performance, etc.

DISTRESSED

- Limited ability to regulate emotions or actions
- Struggles to manage or cope with episodic or ongoing life event or chronic condition that does not impact their ability to engage in basic/essential daily tasks
- Moderate difficulties with mood, relationships, academic/work performance, etc.
- Interpersonal relationship difficulties or difficulties interacting/communicating with others
- If a threat to self or others is present, it is vague, indirect, implausible, and lacks detail or focus

DEVELOPING

- Healthy or safe coping skills related to an episodic or ongoing life event or chronic condition
- Minimal to no difficulties with mood, relationships, academic/work performance, etc.
- Has a need for resources or services to address a barrier or stressor
- No threat to self or others present

NONE

CRITICAL

ELEVATED

MODERATE

MILD

E-SCALE: HOSTILITY AND VIOLENCE TO OTHERS

EMERGENCE OF VIOLENCE

- ▲ Specific, direct, and potentially imminent lethal threat of violence to others
 - △ Threat to others as retaliation to resolve grievances, or to address ideologically hardened/hate-based beliefs
 - △ Individual, group, organization, or location identified as a target for the communicated threat
- ▲ Behavior, writing, and/or communication indicates attack planning behaviors
- ▲ Unusual/concerning interest in violence/violent content with a clear, articulated plan to emulate/replicate violence
- ▲ References past attacks/attackers that demonstrate a clear, articulated desire to emulate/idealize the past attack/attacker

ELABORATION OF THREAT

- Threat of physical harm to others that is either vague or non-lethal
 - Threat or ultimatum as retaliation to resolve grievances or address ideologically hardened/hate-based beliefs
 - Individual, group, organization, or location identified as a target for the threat or ultimatum of physical harm
- Unusual/concerning interest in violence/violent content with a potential desire to emulate/replicate violence
- References past attacks/attackers with a potential desire to emulate/idealize the past attack/attacker
- Engages in aggressive or harmful behavior toward animals or individuals perceived as vulnerable

ESCALATING BEHAVIORS

- Grievances concerning perceived/actual mistreatment and/or injustices
- Clearly non-violent ultimatums/consequences to resolve grievances
- Ideologically hardened or hate-based beliefs that create disruption/conflict by shaming, objectifying, or intimidating others
- Increased agitation, defiance, or oppositional behavior regarding grievances
- Unusual/concerning interest in violence/violent content without a desire to replicate/emulate

EMPOWERING THOUGHTS

- Ideologically hardened/hate-based beliefs that create conflict with others but do not disrupt, shame, objectify, or intimidate others
- Difficulty taking the perspectives of others or demonstrating empathy
- Increased isolation and/or forming new connections centered around shared feelings of being mistreated, excluded, or misunderstood
- Narrowing relationships and consumption of information (e.g., news, social media) to only those that share the same perspective
- No threat or ultimatum communicated or present

NONE



Case Study:

First-year student, Alex

- What did you notice about Alex?
- What are your next steps?
- On a scale of 1-10 (1 indicates the student is thriving, 10 indicates the student may need to go to the hospital) how would you rate Alex?
- Risk rubric rating
- Where are you going to refer Alex, if anywhere?

Faculty Perspective



At the beginning of the semester, Alex (who is in the honors program) performed well in class and participated regularly. He seemed eager to learn the material and was trying hard. Over the last few weeks, however, Alex has started to miss class. When Alex does show up, he is late and looks disheveled and tired. Yesterday, he left in the middle of an exam appearing tearful. On the last question of the exam he wrote, "I'm sorry, I just can't do this. I need time to myself."

Employer Perspective

You hired Alex after a glowing recommendation from his honors program advisor. He was a great employee for you until the last few weeks. A few weeks ago, you remember Alex getting a phone call that seemed to upset him. He appeared agitated during the call and left work right away. Since then, he has been calling off work, or not showing up at all. A few times, when he did come to work, he appeared hungover.

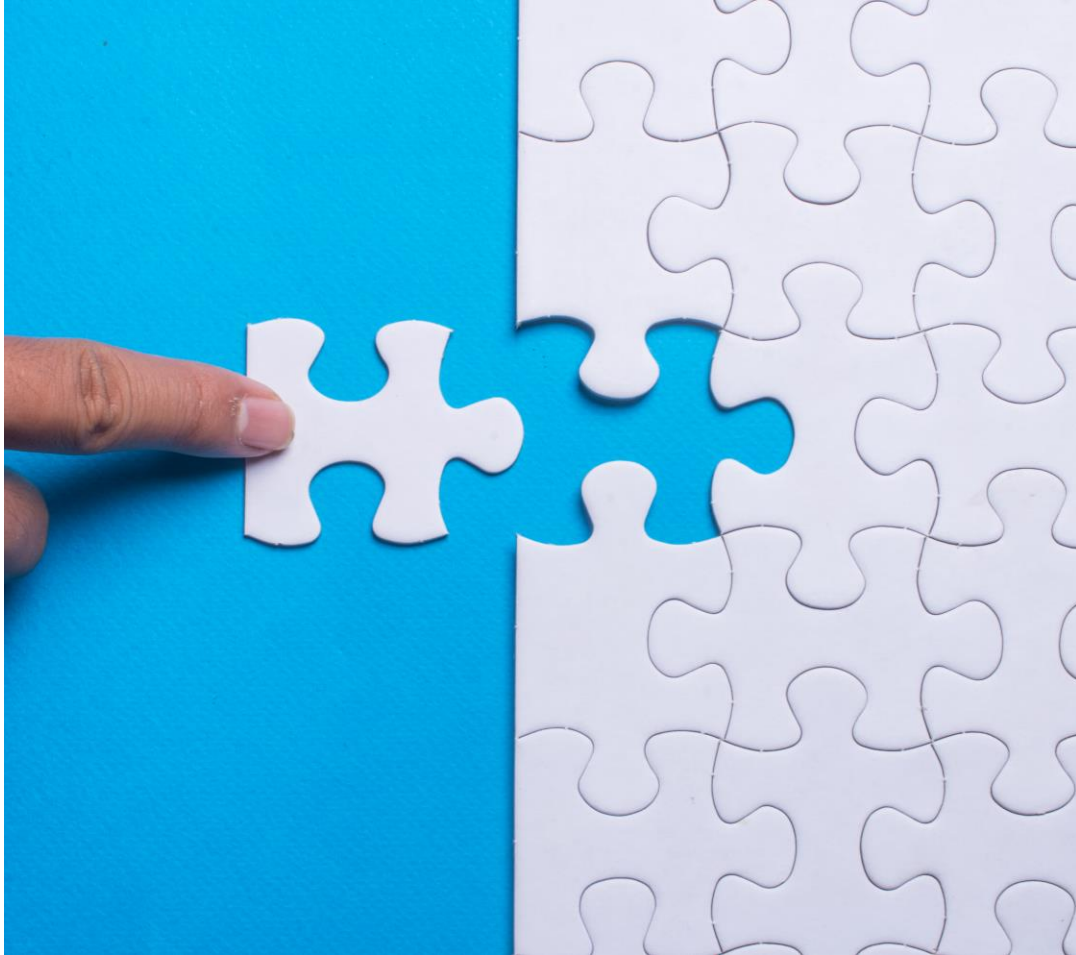


Advisor Perspective

Alex was a strong student in high school and came to the school as an honors student. He is hoping to major in biology or chemistry with the dream of going to medical school. In the fall, he seemed to struggle to adjust to college life. He earned low grades in his classes and was placed on academic probation. Midterm grades were issues for spring semester and you see that Alex has low grades again.



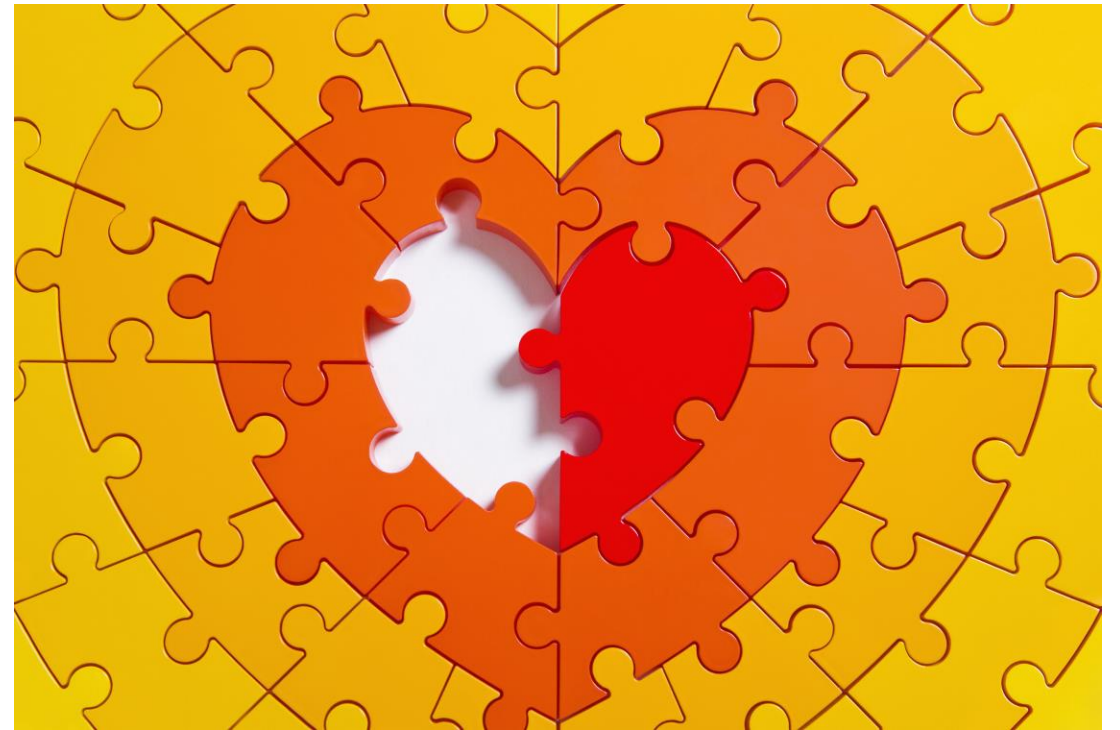
A Friend's Perspective



You met Alex last semester as you were mutual friends with his girlfriend. Alex has always seemed a little shy, but his girlfriend helped introduce him to some people. Recently though, she broke up with him and Alex hasn't really been going out since then. At dinner last night when you bumped into him, he seemed really down and said that he probably will never be able to get a girlfriend again. Alex seemed to feel like no girls like him and that he was sort of worthless because of it.

Parent Perspective

Alex was always a good student and loved school. Ever since he was a little boy, he dreamed of going to medical school and becoming a doctor. Unfortunately, adjusting to college has been hard for him and he has struggled to do well in his classes. If he doesn't bring his grades up this semester, he won't get into the major he needs. You're worried that he might not do well again though, because you saw on Facebook that he and his girlfriend broke up and she was really his only friend at school. Alex hasn't seemed like himself lately when you've talked to him and you're worried he is depressed.



A Tutor's Perspective



You began tutoring Alex last semester. Alex is bright and seems to be trying hard, but is getting increasingly frustrating that “college is designed for him to fail.” Alex has seemed really down lately and has mentioned that he is failing his classes again. The last few weeks, Alex has been quiet and withdrawn, and has smelled of alcohol. Alex was always excited about med school, but told you in the last tutoring session that he wouldn’t be coming back for tutoring because there was no hope that his grades could get better.



Case Study: First-year student, Alex

- Once you heard Alex's whole story, did your level of concern go up or down?
- Would you change your risk rubric rating?
- Is there any one person, or team of people, on campus that has all the puzzle pieces?

CARE Team: Success Stories



Responding with Care



Name the concern



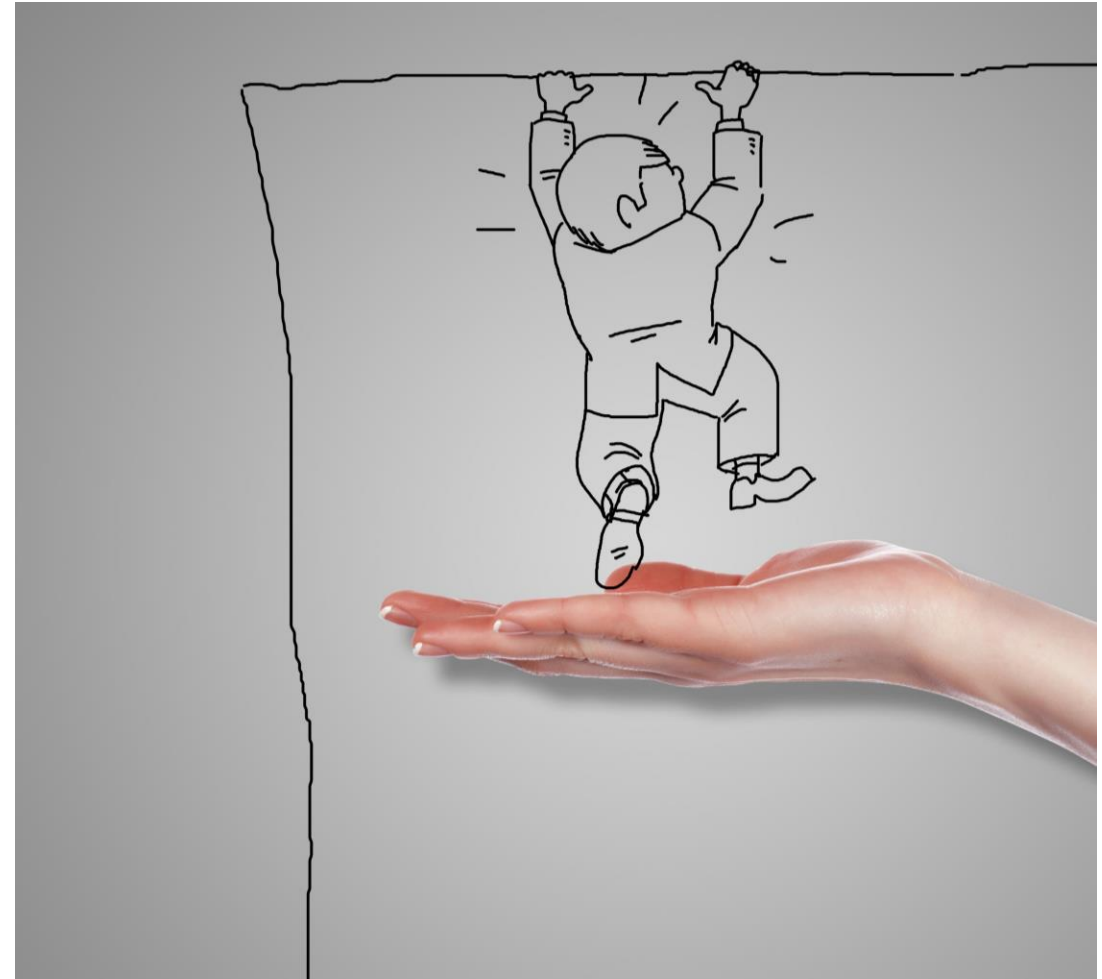
Ask open-ended questions



Demonstrate empathy



Summarize what you heard



Supportive Responses

Name the Concern

“I noticed that...”

“Lately you’ve seemed...”

“It seems like...”

Open-ended Questions

“How have things been going for you?”

“What has been difficult for you lately?”

“What could help make things better?”

Demonstrate Empathy

“Thank you for sharing that. It sounds difficult.”

“You’re really dealing with a lot right now.”

Summarize

“So what I heard you say...”

“Let me make sure I understand...”

“What I’m hearing from you...”



SAVE THE DATE!

MENTAL HEALTH FIRST AID FOR HIGHER EDUCATION

Sponsored by Mental Health and Wellness Services

Choose the date and location that works best for you! Each course limited to 30 participants.

Friday, September 19
9:30am-5pm
East Campus
RSVP by 9/10

Friday, October 10
9:30am-5pm
Ammerman Campus
RSVP by 10/1

Friday, November 7
9:30am-5pm
Grant Campus
RSVP by 10/31

This certification course teaches early intervention techniques and helps you identify and respond to signs and symptoms of mental health and substance use challenges through the 5-step ALGEE Action Plan.

Decrease stigma and help your school community to support one another.

**Please email or call
Maggie Marcincuk to
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marcinm@sunysuffolk.edu
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*Offered at no cost to your campus
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