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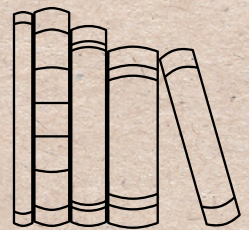
MENTAL HEALTH AMONG COLLEGE & UNIVERSITY LEVEL STUDENTS

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Mental Health Matters

*"This life, our healing, our recovery, it is
certainly a journey. What a miracle that we
don't have to do it alone".*



-To Write Love on Her Arms

SVP Events & Highlights

5/10/2023 - Presentation at the 8th annual United Way Behavioral Health Conference. "Suicide Prevention, Intervention, and Postvention: Best Practices for Behavioral Health and Social Services.

5/19/2023 - Invited Presentation for Nicklaus Children's Hospital.

8/08/2023 - S.T.E.P.S. training for Borinquen Medical Centers.

9/13/2023 - Suicide Prevention Week Event at Alvin Sherman Library.

9/26/2023 - S.T.E.P.S. training for Collier County.

Upcoming Events

10/29/2023- Out of the Darkness Walk at NSU

11/01/2023 - S.T.E.P.S. at Florida Association of School Psychologists (FASP).

STOP SUICIDE



Myths & Facts About Seeking Help

Seeking mental health services can be daunting for some people. This may be due to several reasons including personal beliefs, financial barriers, and social stigma. It can also be driven by misconceptions about therapy and counseling and who it benefits. While this newsletter focuses on mental health in college and university populations, these myths affect help-seeking at all phases of life.

Myth: **Treatment is solely for individuals diagnosed with mental health conditions.**

Fact: Individuals can seek help for any issue, varying from school stress to family difficulties. Individuals may even attend counseling or therapy to help improve their functioning at work, school, or in relationships before a serious problem occurs!

Myth: **Seeking mental health services is a sign of weakness.**

Fact: Treatment can be a challenging and emotionally demanding experience that requires strength. Those in therapy or counseling learn skills to effectively cope with problems *themselves*.

Myth: **Treatment is a life-long process.**

Fact: The experience is different from person to person. Some individuals may see a clinician for only a few months while others for a few years. It is also appropriate for some people to cease therapy and then seek it again later at another point in life. At the same time, it is important to note that therapy and counseling is a journey and simply attending is not a permanent fix to your struggles. A lot of work and commitment goes into treatment.

Myth: **Therapists and counselors simply offer advice or tell you how to live your life.**

Fact: Therapy is designed to help people find solutions independently and to talk about difficulties in a safe setting. A therapist is a guide to help you to figure out your specific needs, strengths, and goals and to work with you in developing the skills and insight needed to improve your day-to-day life.

Myths & Facts About Seeking Help

Myth: A stranger couldn't possibly understand my problems and it will be uncomfortable talking to someone I don't know.

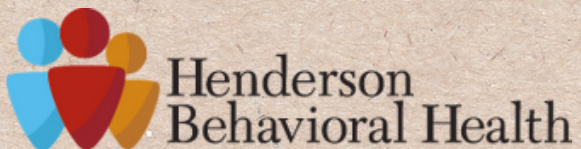
Fact: There is an advantage to meeting an unfamiliar professional. They provide unbiased reflections and interpretations which can be very useful in understanding situations or feelings. It is normal for people to see multiple counselors before finding someone that they feel comfortable with as well. It is critical to remember that there are several different ways to perform therapy or conduct counseling and to continuously seek someone that is right for you. Notably, if certain aspects of your identity are crucial to you, it may be beneficial to consider this when deciding on a clinician, although all practitioners are trained to be competent of different backgrounds.

Myth: If I go to therapy, everyone will find out about my personal struggles.

Fact: All mental health providers are bound by confidentiality and can only break it under certain conditions which should be explained to you. Treatment is a collaborative process and whatever is disclosed in sessions will remain private unless there is consent for another individual to be informed. You also have the right to not share anything you do not feel comfortable with.

A barrier to seeking services for mental health is also a lack of knowledge on the resources available. Below are several resources that are available to NSU students and those living in Florida.

*References on page 18.

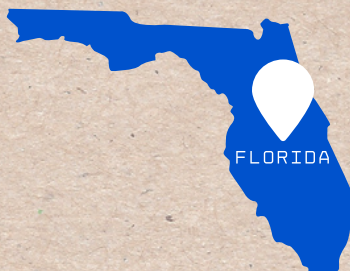


INCLUSIVE THERAPISTS
A SAFER, SIMPLER WAY TO FIND CARE

Henderson student counseling services: offers up to 10 free sessions (in person or telehealth) a year for full time and part-time students. Individual, couple
nova.edu/studentcounseling
954 - 424 - 6911

Find an inclusive therapist:
<https://www.inclusivetherapists.com/>

Mental health community resources:
<https://www.inclusivetherapists.com/resources>



Therapy for Black Girls, Find a provider:

<https://providers.therapyforblackgirls.com/>

Open Path Psychotherapy Collective, Find a more affordable therapist after membership fee:

<https://openpathcollective.org/>

Grad Resources, Faith-based graduate student crisis line: 1.877.GRAD.HLP (1.877.472.3457)

<https://gradresources.org/>

The National Alliance on Mental Illness Broward County, Local Resources:

<https://namibroward.org/resources/local-resources/>

Find a provider through PsychologyToday:

- **Broward County -**

<https://www.psychologytoday.com/us/therapists/fl/broward-county>

- **Miami-Dade County -**

<https://www.psychologytoday.com/us/therapists/fl/miami-dade-county>

- **Florida -**

<https://www.psychologytoday.com/us/therapists/florida>

Call the Florida CLEAR Warm Line, 1(800) 945-1355, 4:00pm – 10:00pm EST, 7 days per week. This is for when you need support for mental health issues from people who may have had similar experiences.
<https://screening.mhanational.org/content/need-talk-someone-warmlines/>

Mental Health Outcomes Among Dental Students

By Taylor Tejera BA

Students are often exposed to multiple pressures, such as studying for examinations and maintaining high grades. These pressures can lead to academic stress which is associated with negative mental health outcomes. For example, without a sufficient adaptive coping style, academic stress has been linked to suicidal ideation (Okechukwu et al., 2022). Graduate and professional school students may be especially at risk for poor mental health outcomes due to the added difficulty of their programs coupled with professional and personal demands. One study showed that 7.3% of graduate students reported suicidal thoughts, half endorsed feeling anxious, 86% reported feeling nervous or worrying a lot, and many met the criteria for minimal or moderate depression (Garcia-Williams, 2014). Notably, certain graduate and professional students, such as dental students, have shown to be more susceptible to these outcomes. A study conducted by Deeb and colleagues (2018) demonstrated that 38% of dental hygiene students and 40% of dental students reported burnout. 9% percent of dental hygiene students also endorsed suicidal ideation which is approximately double the percentage indicated by the average adult population in the United States (U.S.).

Specifically, between 2015 and 2019, approximately 4.3% of adults had suicidal thoughts in the preceding year (Ivey-Stephenson et al., 2022).

Dental students may also have a higher likelihood to experience major depression symptoms in comparison to the average population in the U.S., although similar rates are seen among medical students (Lerman et al., 2020). There appears to be a disparity in this risk with first-year and third-year students having a higher prevalence of depressive symptoms (Lerman et al., 2020). Anxiety can be a prevalent issue in this population as well. Reports from University of Michigan dental students showed that approximately 30% of students had moderate to severe levels of anxiety (Ash & Karl, 2021). The extent of negative mental health risks among dental students has been further supported in studies conducted outside of the U.S. In the UK, for example, a greater number of dental students endorsed moderate depression, higher levels of anxiety, and lower scores of well-being than medical students (Knipe et al., 2018).

There are several factors and possible reasons why dental students endorse poor mental health outcomes across research. One possible explanation as previously mentioned is that graduate and professional programs are generally stressful, and transitioning to this stage in education can be overwhelming. Some research indicates that students are primarily stressed because of the academic and clinical demands in their programs (Elani et al., 2014). Dental students in the U.S. typically follow a four-year curriculum and the stress they endure may begin as early as their first year of education (American Dental Education Association, n.d.). In fact, first-year students have reported lower well-being scores and greater anxiety three months after starting their program (Ash & Karl, 2021). Other reasons may include not having meaning or purpose in dental work, a close friend in dental school, and engaging in less frequent physical activity during schooling which have all been associated with depressive symptoms (Lerman et al., 2020). Some students may also be susceptible to mental health conditions as a result of the extensive financial burden they are faced with from their education. Although debt has decreased over time, responses from a 2022 survey demonstrated that dental school seniors had an average accumulated debt of \$293,900 from dental school and previous education during their dental education (Istrate et al., 2022).

Not feeling secure regarding finances while in dental school has been linked to depressive symptoms (Lerman et al., 2020).

Furthermore, dental students can experience physical pains which may be a contributing stressor. Approximately 88% of first-year students have reported symptoms of musculoskeletal disorders (Santucci et al., 2020). As like other risk factors discussed, experiencing pain, injury, or physical discomfort as a dental student has been correlated with depressive symptoms (Lerman et al., 2020). The impact of the COVID-19 pandemic also plays a role in the well-being of this population. Research showed that 69% of dental trainees in one sample indicated that the pandemic had affected their mental health and many of these individuals wanted to leave their program as a result (Chi et al., 2021). Looking out for these risk factors and assessing those who endorse them may be pivotal in the prevention of mental health conditions and suicidality.

The difficulties students express extend to dental professionals. Of notable concern, reports of depressive symptoms and poor well-being do not remediate after graduation as practicing dentists also report anxiety, depression, and low levels of well-being (Collin et al., 2019; Burger, 2022). Additionally, both students and practicing dentists reported low levels of well-being (Ash & Karl, 2021).

Younger dentists have reported greater stress and depression levels than dentists farther along in their careers. Moreover, the rate of anxiety diagnoses among dentists more than tripled between 2003 and 2021 (American Dental Association, 2022). This data reflects the importance of addressing stress and mental health concerns early on to ensure that students are better equipped when they begin their professional careers. Fortunately, organizations such as The National Alliance of Mental Illness (NAMI) have made suggestions on how to minimize stress. Recommendations include being cognizant of triggers, having efficient time management, utilizing relaxation techniques, exercising daily, prioritizing personal time, eating and sleeping well, avoiding the use of substances, and reaching out to talk to others for support (NAMI, n.d.). Literature also indicates that implementing specific stress management programs for dental students may be beneficial. A study conducted in Saudi Arabia developed a Dental Education Stress Management (DESM) program in which participants underwent psychoeducation on stress, and learned stress management techniques and time management over the course of three 90-minute sessions. Participants reported less stress after completing the program (Alzahem et al., 2015).

We encourage students to develop strategies that best work for them to prevent risk. Below are techniques that may be used to assist with stress relief and support.

*References on Page 18.

Breathing Exercises: 4-7-8

- Breathe in to the count of **four**
- Hold the breath to the count of **seven**
- Exhale to the count of **eight**

(Cleveland Clinic, 2022)

Mindfulness Meditation

- Sit in a comfortable position
- Straighten your upper body
- Focusing on your breathing. Pay attention to how it goes in and out
- Bring your attention back to your breathing each time your mind wanders
- Notice where your mind wanders

Grounding Techniques: 5 Senses or 5-4-3-2-1

- Focus on your breathing first
- Be in the present
- Notice 5 things you can see, 4 things you can feel, 3 things you can hear, 2 things you can smell, and 1 thing you can taste

(Smith, 2018)

**For more
Information
and tips on
meditations
visit:**



Breathing Exercise: 4-7-8	<ul style="list-style-type: none"> • Breathe in to the count of four • Hold the breath to the count of seven • Exhale to the count of eight <p>(Cleveland Clinic, 2022)</p>
Mindfulness Meditation	<ul style="list-style-type: none"> • Sit in a comfortable position • Straighten your upper body • Focusing on your breathing. Pay attention to how it goes in and out • Bring your attention back to your breathing each time your mind wanders • Notice where your mind wanders to <p>For more information and tips on meditation visit: https://www.mindful.org/meditation/mindfulness-getting-started/</p>
Grounding technique: 5 senses or 5-4-3-2-1	<ul style="list-style-type: none"> • Focus on your breathing first • Be in the present • Notice 5 things you see, 4 things you feel, 3 things you can hear, 2 things you can smell, and 1 thing you can taste <p>(Smith, 2018)</p>

The Mental Health of International Students

By Kate Fitzpatrick, BA & Taylor Tejera, BA

Sources indicated that in 2020 there were over 6 million international students (IS) studying worldwide (Migration Data Portal, 2023). The United States (U.S.) hosts a significant population of IS annually. In 2022 alone, there were over a million documented F-1 (i.e., “Nonimmigrant students whose primary purpose is to complete an academic course of study at an Student and Exchange Visitor Program [SEVP]-certified school or program”) and M-1 (“Nonimmigrant students whose primary purpose is to complete a vocational course of study at an SEVP-certified school or program”) in the U.S. (U.S. Immigration and Customs Enforcement [ICE], 2022). U.S. ICE reports that the majority of these students are seeking degrees in higher education and come from countries all over the world. However, records show that these students are predominately from countries in Asia, with the largest populations being from China and India. Florida is notably the state with the third-highest number of SEVP certified schools (U.S. ICE, 2022). NSU in particular hosts more than a thousand international undergraduate students across campuses (Nova Southeastern University, n.d.).

IS benefit the country in many ways including contributing billions to the economy, participating in research, and diversifying perspectives in classrooms (Institute of International Education, n.d.). Hence, IS are an important presence in the U.S.

There are undoubtedly positive benefits and valuable experiences gained from studying abroad. However, there are also expected challenges and stressors that naturally arise from being in a new environment that requires support and guidance. Research on this population is unfortunately limited, yet among the studies that assess this group, it appears that IS may be vulnerable to mental health conditions. IS may be at greater risk for anxiety and depression. One sample showed that approximately 45% of IS endorsed depression symptoms and nearly a quarter reported moderate to severe anxiety symptoms with undergraduate students demonstrating higher percentages in both conditions (Shadowen et al., 2019). Shadowen et al., also found significant disparities within the IS population, as a greater number of Asian IS experienced significant anxiety symptoms than other students.

Another finding further supported this idea, demonstrating that approximately 45% of a sample of Chinese IS at Yale University endorsed depression symptoms and nearly 30% reported anxiety symptoms (Han et al., 2013). Asian IS may also be more susceptible to self-injury, suicidal ideation, and suicidal attempts than U.S. American students and other IS (Xiong & Pillay, 2023). Moreover, in comparison to domestic U.S. students, according to Hong and colleagues (2022), IS were more likely to have a lifetime history of more than one suicide attempt and be hospitalized involuntarily, demonstrating the importance of monitoring the mental health of this population.

Beyond the adjustments of being away from friends and family, there are many factors that may be contributing to this alarming data. One significant factor is the pressure of acculturation and adjustment to everyday life in a new country. Cultural differences in home vs. host families, more specifically, the contrast between collectivistic and individualistic cultures, is often discussed in literature (Minutillo et al., 2020). Asia is generally known to host collectivistic societies, meaning that the behaviors of community members are reflective of cooperation, conformity and reliability. Critiquing the views or work of others is discouraged and an emphasis on collective success rather than individual success is evident.

In contrast, western cultures like those in the U.S. happen to take on an individualistic approach, placing emphasis on personal accomplishment, competition, autonomy and originality, particularly within academic contexts (Minutillo et al., 2020). Immersing and accommodating to an entirely new way of life in the West can contribute to adjustment-related stress and increased risk of depression for these students (Prieto-Welch, 2016).

Perceived discrimination is another factor that may contribute to the mental health outcomes among IS. Similar to acculturative stress, perceived discrimination has been positively correlated with depressive symptoms (Shadowen et al., 2019). Research has indicated that loneliness and academic stress can play a role in their mental health as well (Alharbi & Smith, 2018). Additionally, IS may be experiencing financial burdens as a result of the limited aid provided and difficulty obtaining employment (NAFSA, 2019). Regarding Asian IS, it appears that this population may be less likely to seek mental health treatment which could explain the heightened rates of negative mental health issues found in literature (Lipson et al., 2018). Lipson and colleagues (2018) also showed that 35% of Asian IS with a mental health problem reported personal stigma, providing further support for mental health disparities.

Given the presence of IS in this country and the risks this population demonstrates, it is critical that schools make active efforts to prevent negative outcomes. One way to do this is to ensure that IS have adequate support systems. Research shows that more social support is correlated with lower depressive symptoms (Shadowen et al., 2019). IS should be able to connect with each other easily and have a sense of belonging to campus as campus belongingness has been shown to play a role in preventing suicidal ideation (Servaty-Seib et al., 2016). Because IS may also be less likely to seek services, it is important to pay attention to warning signs as well as advocate for the services available. 27% of the sample of Chinese IS at Yale University did not even know about the services available on campus (Han et al., 2013), so providing additional support is pivotal to ensure IS students are informed of campus resources. With this in mind, we encourage IS to utilize resources in this newsletter and reach out for support at NSU.

*References on Page 19.



The Jed Foundation

jedfoundation.org/resource/attending-college-in-the-us-as-an-international-student/



intlstudent.org/about/



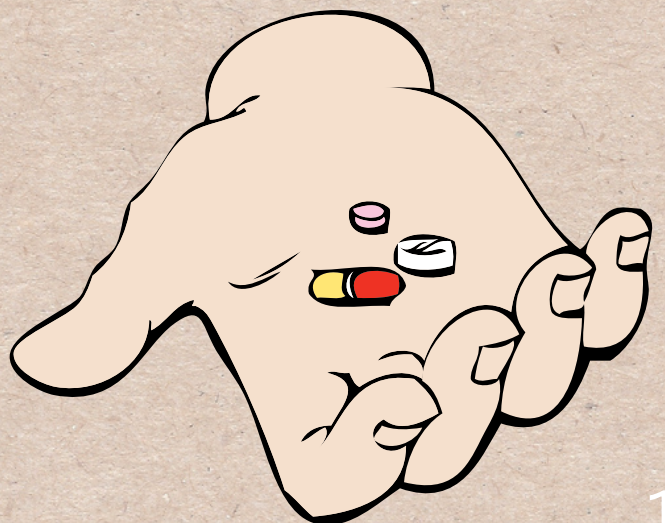
Substance Abuse in College Students

By Christina Castellana, MS

College is intended to be an era of self-discovery, unbridled potential complemented by lifelong friendships, independence, and experiencing what the world has to offer. But for tens of thousands of students, the weight of unforgiving expectations placed on them by parents, teachers, other students, society, and even themselves, sometimes worsens in college. College students are forced to adapt to a new lifestyle, with less structure than that of their childhood, while being pulled in various directions. All these factors can create a perfect storm for substance abuse issues. Alcohol flows frequently on college campuses, and people sometimes exchange drugs in dorm rooms and classrooms, either to escape from college stress or boost academic performance at the risk of developing an addiction.

Many reasons contribute to the high prevalence of drug abuse in college students. College students often experience elevated levels of stress related to their academic performance, social life, family concerns, and more, so they may turn to different substances as a way of coping or managing negative or unpleasant feelings. For many people, college is a transition time between childhood and adulthood and can be the first time in life without parental supervision.

College students may also drink or use drugs in social situations to relieve feelings of tension or decrease social anxiety. Some students may think it is acceptable or normal to abuse substances as part of the college experience or due to peer pressure. Studies show that students who are members of fraternities or sororities have a much higher rate of binge drinking, substance abuse, and cigarette smoking (Welsh et al., 2019). Many substances tend to be ubiquitous on college campuses, and easy access to drugs or alcohol can lead to an increased risk of substance abuse. Poor academic performance in college can be a cause or consequence of substance use. Finally, having a family history of substance use disorders also may give college students an increased risk of addiction (Welsh et al., 2019; Kaiser et al., 2012; Lipari et al., 2017).



The U.S. Department of Health and Human Services' National Institute on Alcohol Abuse and Alcoholism (NIAAA) explains that college students frequently use and abuse alcohol, with many students seeing alcohol use as a ritualistic part of college (n.d.) . However, the NIAAA also indicated that many students come to college campuses with pre-existing drinking habits as well. Marijuana is commonly abused by college students with past-year and past-month abuse of marijuana highest among people aged 21 to 22 (Schulenberg et al., 2020) . Schulenberg and colleagues (2020) also demonstrated that vaping marijuana is highest among people in their early 20s. Moreover, Welsh and colleagues (2019) discuss that MDMA (ecstasy), LSD, and other psychedelic or hallucinogenic drugs have gained popularity in recent years, with many students using them out of curiosity, to have the overall psychedelic experience, or to escape. They also mention micro-dosing, the act of using small doses of hallucinogens to achieve a slight effect, has also increased among college students in recent years. Additionally, stimulant medications, such as dextroamphetamine (Adderall), that are often called "study drugs" are used to help students stay awake or to enhance their ability to focus on studying for exams (Welsh et al., 2019; Nemours TeensHealth, 2022). Adderall use in college can be detrimental and eventually lead to dependence or addiction. Cocaine is also heavily used by college students. One study showed that more than 20% of college students were exposed to opportunities to

use cocaine in the past year (Kasperski et al., 2011). Finally, a high percentage of young adults between the ages of 18 and 25 suffer from prescription painkiller abuse, or prescription opioid abuse, in college. This is also a significant cause of unintentional death and injury among college students (Hudgins et al., 2019).

Substance abuse can cause many consequences for college students that are not limited to their academic life. Substance abuse can lead to a lower GPA, less time spent studying, missing class, getting behind on assignments, dropping out, or being expelled. Substance abuse can also lead to risky or dangerous behaviors, like driving under the influence, being involved in an assault, getting into fights, stealing, or engaging in risky sexual behaviors or date rape. Many of these behaviors can be potentially lethal. Substance use can also lead to poor physical health consequences, including hangovers, nausea, injury, negative effects on the immune system, and risk of overdose or death (McAlaney et al., 2021). Poor mental health can also be experienced including decreased cognitive performance, short-term memory loss, addiction, or increased risk of suicide. Social consequences including the loss of friendships or other important relationships and social isolation may be consequences of substance abuse (McAlaney et al., 2021; Palmer et al., 2012, U.S. Department of Health and Human Services, n.d.).

Many colleges and government institutions are helping prevent or manage substance abuse and drug addiction in students. For example, Collegiate Recovery Programs (CRPs) or Collegiate Recovery Communities (CRCs) are college-based programs designed to help promote recovery in students through drug- and alcohol-free opportunities to sociality, substance-free housing, crisis support, and more (Welsh et al., 2019). The NIAAA collaborated with college alcohol researchers and staff to develop the College Alcohol Intervention Matrix (CollegeAIM), which is a comprehensive and easy-to-use booklet and website that helps colleges identify specific individualized interventions and both prevent and deal with alcohol abuse on campus (Collegeaim Overview, n.d.). These interventions can include education and awareness programs, cognitive-behavioral skills education, motivational approaches, and behavioral interventions offered by healthcare professionals (U.S. Department of Health and Human Services, n.d.). Research has shown that other initiatives can also meet the needs of college students struggling with addiction. These include offering campus-based 12-step or other support meetings such as Students for Recovery, offering substance abuse counseling by trained professionals, providing campus education to reduce the stigma of accessing help, scheduling classes on Fridays to reduce alcohol-related partying on Thursdays, monitoring fraternities and sororities, and having longer opening hours of recreational facilities and libraries (Perron et al., 2011; U.S. Department of Education, 2008).

NSU provides substance use-related resources for students. On campus or via telehealth, students can receive 10 free sessions each year at The Center for Student Counseling and Well-Being to address these issues (954-424-6911). The Psychology Services Center in the Maxwell Maltz building offers the Healthy Lifestyles: Guided Self-Change Program which aims to treat mild substance use problems (954-262-4100). Additionally, some Broward County resources include Alcoholics Anonymous (954-462-0265), Narcotics Anonymous (954-476-9297), and the Broward Behavioral Health Coalition (954-622-8121). Students can also contact the Florida Department of Children and Families Substance Abuse Program Office for information on services (850-487-2920).

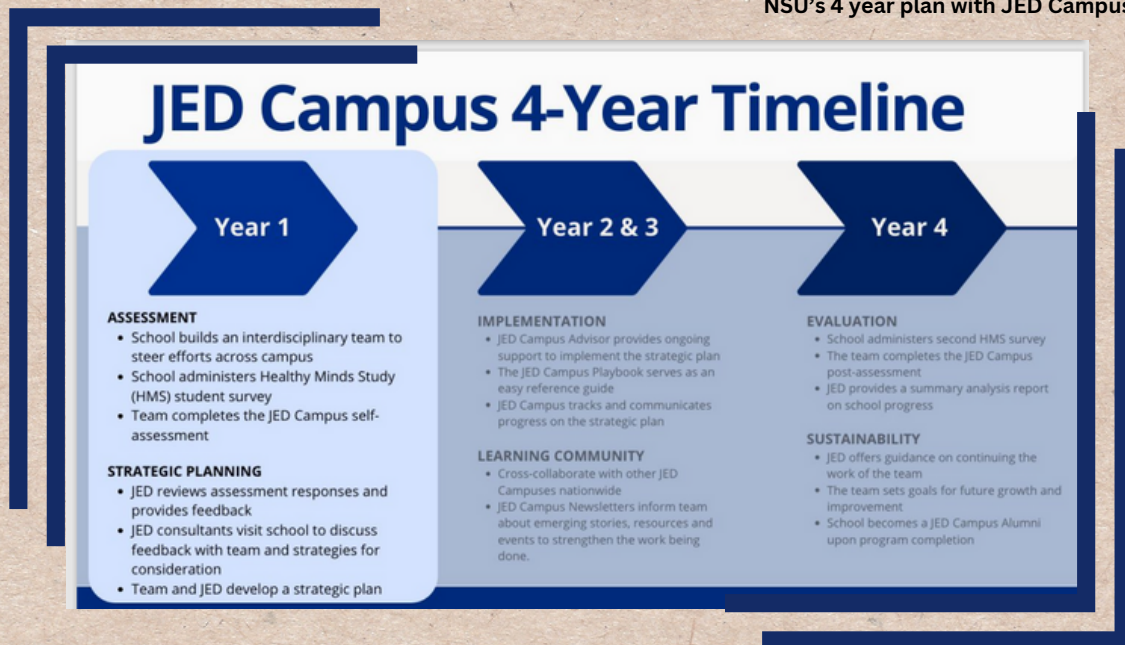
*References on Page 20.



NSU's Partnership with JED Campus

By Katlyn Bagarella MS & Juliette Hubbard PsyD

NSU's 4 year plan with JED Campus



What is the JED Foundation?

The JED Foundation is a nonprofit that protects emotional health and prevents suicides for teens and young adults all over the nation. The foundation was created in 2000 by Donna and Phil Satow after they lost their son Jed to suicide in 1998. JED has helped over 9,000 high schools and over 370 universities implement suicide prevention programs to strengthen the safety nets within these school communities. They have touched millions of people by providing free suicide prevention information and empowering young people to take action to create an inclusive environment that normalizes mental health and supportive relationships.

JED Campus

One component of the JED Foundation is their JED Campus program. Through this program, JED provides colleges and universities

expert support, evidence-based practices, and data-driven guidance to protect students' mental health and prevent suicide (JED, 2023). When a university partners with JED, representatives visit the campus to assess the school's community needs and then develop a customized strategic plan to build on strengths. In addition, they provide tools, strategies, and techniques that lead to measurable improvements in schools' mental health and help to create a more connected community (JED, 2023).

NSU and JED Campus

In the winter semester of 2023, NSU partnered with the JED Foundation to determine what steps could be taken to improve the NSU community surrounding mental health and suicide prevention. During their visit in April, the JED team members spent time with students ranging from undergrad to graduate school programs to gather an understanding of the climate at NSU and the supports provided to them.

They further met with NSU's JED Campus team, (an interdisciplinary team of over 20 faculty and staff members headed by Beth Welmaker, the executive director of environmental health and safety department) to discuss the procedures and policies put in place.

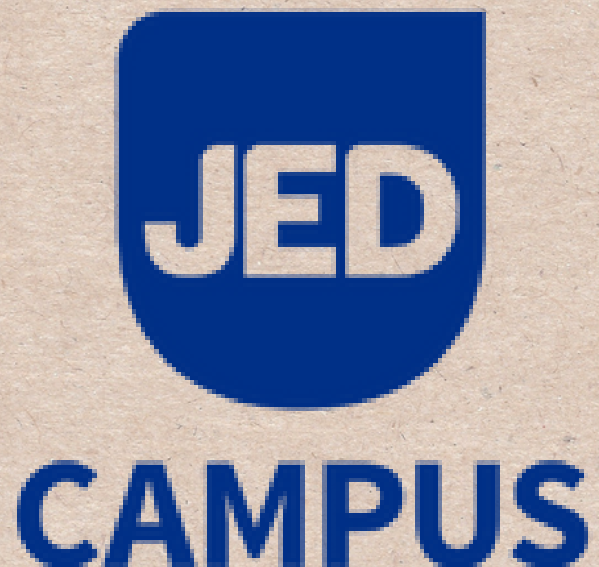
Based on data collected from NSU's campus self-assessment and student feedback gathered from focus groups and from the Healthy Minds Study, **JED provided feedback to our university in nine key areas:**

Strategic Planning
Developing and Supporting Life Skills
Social Connectedness
Identifying Students at Risk
Increasing Help Seeking Behaviors
Providing Mental Health Services
Substance Misuse
Crisis Management
Means Reductions and Environmental Safety

A second meeting was put in place with the NSU JED Campus Team to discuss the data collected and to collaborate on NSU's strategic plan to improve student's overall mental health and well-being (Pictured above).



For More Information on the JED Foundation



AFSP's Out of the Darkness Walk



Event Details

Date: 10/29/2023

Location: Nova Southeastern University

Check In Time: 8:00am

Walk Start Time: 9:00am

To register scan
the QR code below:



Can't make It? Donate
to our team using our
Venmo below!

@NsuSVP

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Mental Health Outcomes Among Dental Students

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You are a part of a living safety net!



SUICIDE & VIOLENCE PREVENTION RESOURCES

Center for Student Counseling and Well-Being

954-424-6911 (available 24/7)
www.nova.edu/healthcare/student-services/student-counseling.html

NSU Wellness

(mental health services for NSU employees)
1-877-398-5816; TTY: 800-338-2039
www.nova.edu/hr/index.html

National Suicide Prevention Lifeline

1-800-273-TALK (8255) or 1-800-SUICIDE
www.suicidepreventionlifeline.org
Veterans: Press "1" or Text 838255
Chat: www.suicidepreventionlifeline.org/chat
TTY: 1-800-799-4889

Crisis Text Line

Text: "Home" to 741741
Mobile Crisis Response Teams
(for on-site crisis assessment)
Broward (Henderson): 954-463-0911
Palm Beach: North: 561-383-5777
South: 561-637-2102
Miami-Dade (Miami Behavioral): 305-774-3627

Broward 2-1-1 Help Line

2-1-1 or 954-537-0211
211-broward.org
Chat:
<https://secure5.revation.com/211FirstCallforHelp/contact.html>

Palm Beach 2-1-1 Help Line

2-1-1 or 561-383-1111 or 211Palmbeach.org

Jewish Community Services of South Florida

305-358-HELP (4357); 305-644-9449 (TTY)
www.jcsfl.org/programs/contact-center/

Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Locators

www.samhsa.gov/find-help

The Jed Foundation (JED)

www.jedfoundation.org

Suicide Prevention Resource Center

www.sprc.org

Suicide Awareness Voices of Education

www.save.org

The Depression Center

www.depressioncenter.net

Yellow Ribbon International

www.yellowribbon.org

Florida Initiative for Suicide Prevention

www.fisponline.org

Florida Suicide Prevention Coalition

www.floridasuicideprevention.org

SUICIDE & VIOLENCE PREVENTION RESOURCES

**National Center for Injury Prevention and
Control**

www.cdc.gov/ncipc/dvp/suicide

American Association of Suicidology

www.suicidology.org

American Association for Suicide Prevention

www.afsp.org

**Florida Department of Children and Families:
Suicide Prevention**

[www.myflfamilies.com/service-
programs/mental-health/suicide-prevention](http://www.myflfamilies.com/service-programs/mental-health/suicide-prevention)