THE PENDULUM

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Nine N.C. college newsrooms partner to cover the mental health crisis



THE **PENDULUM**

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Producer of ENN On-Air

CHARLOTTE PFABE New Member Coordinator

Cailey Cetani, Sophie Rosenthal, Erin Sockolof and Elizabeth Wieboldt

contributed to the copy editing of this edition. Sophie Rosenthal contributed to the design of this edition.

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CORRECTIONS

In the last edition of The Pendulum, in the housing story, the yearly price of an on-campus apartment lease was wrongly stated as a semesterly price.

BEHIND THE NORTH CAROLINA MENTAL HEALTH COLLEGE COLLABORATION

Avery Sloan

Managing Editor of The Pendulum

Whether it's been through university wide mental health initiatives, campus organizations hosting events or an Elon student eating a rotisserie chicken everyday for 40 days to raise money for National Alliance on Mental Illness — the Elon community has made an effort to prioritize mental health.

Right now, four years after safety measures around COVID-19 sent many of us home from school, the mental health effects of the social isolation from COVID-19 has not been forgotten. According to NAMI, the pandemic affected people's mental health in North Carolina in many ways including increased isolation and loneliness, rise in depression and anxiety and rise in substance use disorder.

Across college campuses, mental health has remained an issue on people's minds. Last year, N.C. State lost seven students to suicide. From 2016 to 2020, there were 878 deaths by suicide in North Carolina of people ages 15-24. A 2021 study by Mental Health America ranked North Carolina 44th among states with mental health care. While this problem isn't new, it is an issue The Pendulum has felt compelled to continue covering.

That's why The Pendulum decided to join eight other college newspapers, led by The Daily Tar Heel, to report on mental health challenges shared by those in each of their communities. This project is the culmination of each school's reporting on different issues relating to mental health.

The Pendulum is honored to have had the privilege of working with The A&T Register, The Daily Tar Heel, The Duke Chronicle, The East Carolinian, The Niner Times, The Old Gold & Black, The Seahawk and The Technician on this project.

With a selection of many topics regarding mental health across North Carolina schools, we touch upon many issues related to mental health - from how students of color find community at predominantly white institutions, how universities are coping after a tragedy to how student athletes balance their own mental health.

For all stories from this collaboration, visit the indepth webpage on our website and scannable at the bottom of this page.

SPECIAL THANKS TO

The Daily Tar Heel **NINER**TIMES

Old Gold Alark

THE A&T-REGISTE

THE INDEPENDENT NEWS ORGANIZATION AT DUKE UNIVERSITY



MENTAL HEALTH RESOURCES

Crisis Counselor-on-Call at **(336) 278-2222**. Counselor-on-Call will complete a brief risk assessment of the situation, recommend crisis management interventions, and identify additional supports or follow-up to ensure safety. This may include a referral to the hospital for an in-person assessment and may include the involvement of University administrative staff.

National Suicide Prevention and Crisis Lifeline. **9-8-8**. A national network of local crisis centers that provide free and confidential emotional support to people in suicidal crisis or emotional distress.

Crisis Text Line, text **START** to **741-741**, to message a trained crisis counselor. Crisis Text Line serves anyone, in any type of crisis.

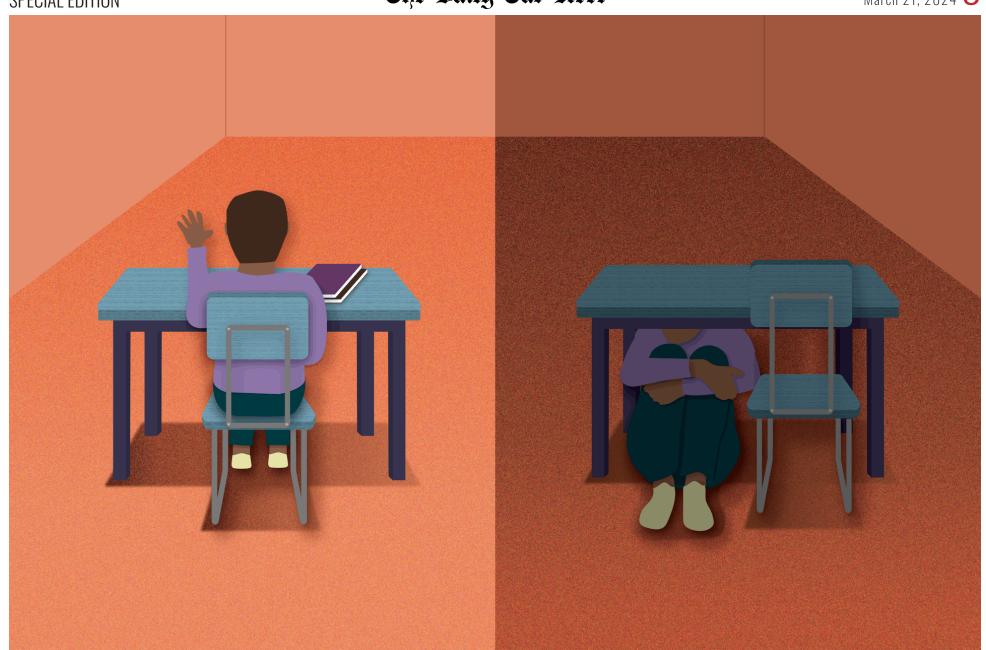
Students can also set up a TimelyCare appointment, which provides access to 24/7 mental and medical virtual health care, and students have enhanced access to scheduled counseling, psychiatry, with referral and health coaching services.

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IN-DEPTH WEBPAGE





DESIGN BY GIULI HOFFMANN | THE DAILY TAR HEEL

STUDY EXAMINES MENTAL HEALTH IMPACT OF CAMPUS GUN-RELATED INCIDENTS

Students more likely to have PTSD symptoms after UNC's two incidents of gun violence

Lucy Kraus

The Daily Tar Heel | Senior Writer

UNC junior Mary McKenzie said she rarely sits on the first floor of the Student Union. That's where she was during the Sept. 13 lockdown after a person threatened an Alpine Bagel Cafe employee with a gun.

"When I see something out of the ordinary, my first thought always goes to, 'Something's going on again," she said. "And then I'm waiting for an alarm or an alert."

Joe Friedman, a clinical psychology graduate student, is researching the long-term effects on campus mental health from the two incidents of gun violence early in the fall semester.

The ongoing research study will track the survey responses of students, faculty and staff throughout the academic year, following the shooting on Aug. 28 and the Sept. 13 lockdown.

Of the five scheduled surveys, the first was sent out six weeks after Aug. 28 and received 287 responses, Friedman said. Although the number of responses dropped in the following surveys, he said survey respondents were largely sourced through email listservs. The last survey will be sent out this month.

"The purpose of the study is for us to learn why certain people are having a more challenging time coping with stressful or traumatic events such as this, and also how we can better help people who have been most affected during this," Friedman said.

Friedman said the first survey found that one in five respondents reported clinically significant symptoms of post-traumatic stress. That number jumped to one in four among students.



WHEN I SEE SOMETHING OUT OF THE ORDINARY, MY FIRST THOUGHT ALWAYS GOES TO, 'SOMETHING'S GOING ON AGAIN,' AND THEN I'M WAITING FOR AN ALARM OR AN ALERT.

MARY MCKENZIE

UNC CHAPEL HILL FRESHMAN

"We're seeing that students are reporting more severe symptoms than faculty and staff," Friedman said. "And we're also seeing that individuals who identify as a racial or ethnic minority are reporting more severe post-traumatic stress symptoms on average." He also said the surveys showed a significantly higher level of post-traumatic stress symptoms among individuals who were close to Alpine and the Union during the second lockdown but did not show a significant difference based on proximity to Caudill Labs on Aug. 28.

Friedman said there is potential for bias in the sample because people who felt more mental health repercussions from the events may have been more likely to elect to complete the survey.

Jonathan Abramowitz, Friedman's research mentor and director of clinical training in the psychology and neuroscience department, said when a group of people experiences a traumatic event, the majority tend to recover on their own, but there are always some individuals who continue to have difficulties.

Abramowitz said anxiety presents in three ways: physically in the form of muscle tension and headaches, mentally through symptoms such as racing thoughts and difficulty concentrating and behaviorally through avoidance and taking extra precautions. He said post-traumatic stress is a subset of anxiety and can include additional symptoms such as an exaggerated startle response and loss of interest in activities.

One undergraduate student who wished to remain anonymous said she struggled with increased anxiety after being in the Union during the second lockdown. She also said she had a difficult time prioritizing her mental health while completing classwork

after the incidents.

"As soon as we were back, we still had the same amount of material to cover but you had less time to cover it," she said. "That has always been the question — were those mental health days really worth it?"

Friedman said two-thirds of the sample reported not seeking any kind of support or psychological services in response to what happened.

"From Aug. 29-Sept. 1, 2023, CAPS provided walk-in services to 192 students," UNC Media Relations said in an email statement. "During that same time frame in 2022, CAPS provided walk-in services to 87 students."

Media Relations said they were unable to attribute a reason to the visits.

Although memories of the incidents last fall no longer impact her every day, McKenzie said there are still one or two times a week when something out of place, like someone yelling or running, makes her feel tense.

Friedman said the research is a reminder that it is very common to still be affected by a traumatic event, even months later. He said he encourages people to seek support from friends and family, as well as trained mental health professionals.

"If you are struggling with this, just realize that you're not alone," Friedman said. "Even though the lockdown happened in the past, your current emotions about it are real and valid and not something you should feel ashamed about."

EXPERIENCES OF PEOPLE OF COLOR AT PREDOMINANTLY WHITE INSTITUTIONS

Male ECU students find community within Talented Empowered Aspired Men organization

Kiarra Crayton

The East Carolinian | Editor-in-Chief

When coming to college, most students are leaving their family and their community which can take a toll on someone's mental health, especially because it's most students' first time away from home for an extended time.

Anyanson Kalu, a senior public health major found his community in the Talented Empowered Aspired Men organization. Kalu is a first-generation Nigerian student who knew a cousin that attended East Carolina University around the time Kalu was a freshman. His cousin introduced him to TEAM, and asked the other members of the organization to treat Kalu like a brother.

Kalu is now the president of TEAM and still feels like there's a community in the organization. He gave the example of if a member were to text the organization's group chat saying they were stranded on the road and a member would go and help them, even in the pouring rain.

"That's why I'm so big on TEAM, because I've seen what it's done for me and for others," Kalu said. "It's like when you come into college you need somebody of the same gender who has your best interest in mind. And that community offered it and for Black men there's nothing else besides fraternity life."

THAT'S WHY I'M SO BIG ON TEAM, BECAUSE I'VE SEEN WHAT IT'S DONE FOR ME AND FOR OTHERS.

ANYANSON KALU ECU SENIOR

Without being a part of TEAM, Kalu said he still would've been successful but he wouldn't have met his lifelong friends. He said his confidence level would've taken longer to get to where he's at now. Kalu said he was very shy coming into college but this past year, he ran for the Student Government Association vice president position.

Senior public health major Genesis Ray, said she feels a "strong sense" of community with the African-American students of ECU but she said it's different than the larger Pirate Nation community. She said being a part of the Black

community at ECU has made her feel "heard," and "understood," and described it as not feeling like she was in a different world. Ray said it's because there's some things no one else can relate to other than black students.

"Even though they might say like 'We're all welcome,' or try to make us feel welcome, that feeling isn't universal," Ray said. "I just feel like some of the, even down to the activities and things, aren't really catered to black culture."

At least once a semester, the Black Student Union hosts a showcase which Ray described as a way for students to dress up for the theme and celebrate. It's a time for students to embrace their culture with music, art and performances by various organizations around campus.

Ray said something for the community could improve on is capitalizing on opportunities and being more inclusive and open to other members. She said when there were white students who wanted to join the Black Student Union the other members questioned if that was something the organization would do. Ray was open to the idea, "We have allies and just people wanting to learn more about our culture."

Something Ray hopes for in the next coming years is for the general ECU community and the black community to come together more often so there's less of a divide.

"It's actually down to the recent election we just had," Ray said. "And you know, us being involved in student government, things like that."

For international students with the distance from home to ECU being so far, it's important for them to try and find a community to feel a part of. The International Students Association does just that. Recently the organization has been hosting weekly coffee hours for international students to come and socialize with other international students.

Victor Ihuka is the president of the ISA and an international student from Nigeria. He said international students face a lot of challenges, normal students might not know of. For example, Ihuka said the immigration laws prevent students from staying in the United States unless they are in a science, technology, engineering, or math program or continue their education.

"So what we try to do is create a community for everyone," Ihuka said. "Everyone really has to create a community and what that means is people don't realize the challenges. I mean, how difficult it is to move from a different culture."



Members of TEAM and special guest speaker George Cherry dressed up as their dream careers on Oct. 27, 2022.

Mental health resources, student organizations at UNC build communities for students of color

Hamsini Sivakumar & Daneen Khan

The Daily Tar Heel | Staff Reporters



ZHIHAN GAO I THE DAILY TAR HEEL STAFF PHOTOGRAPHER

Sophomore Mariam Hasan, first year Leila Dahir, sophomore Ndumbeh Boye, sophomore Maab Sulieman and first year Anosha Shah, members of UNC Muslim Student Organization, celebrate World Hijab Day on Feb. 1.

When UNC senior Jessica Holloway first came to UNC, it was difficult for her to find community on campus, both as a student during the COVID-19 pandemic and as a Black student at a predominantly white

As of fall 2023, 54.5% of UNC's student population identified as white, while approximately 13% of the student population identified as Asian, 9% as Hispanic and around 9% as Black or African-American.

Holloway said that other students of color she has talked to have said that not seeing many people who look like them on campus can take a toll on their mental health.

Being the only Black student in a class or not seeing many Black classmates in their major, Holloway said that students may begin to feel that they don't belong.

"It's easy to feel like - or have someone convince you — that you're only there because of a quota or you're only there because you got in because you were Black," Holloway said.

UNC has many mental health resources specifically for people of color, both through UNC's Counseling and Psychological Services and student-led groups. These groups are meant to be safe spaces for students to express mental health challenges to people who can understand their unique experiences.

Carolina Latinx Center, said because of some elements of their cultural backgrounds, Latinx students can find it to be difficult to destigmatize mental health.

For some students, art clubs and groups act as an outlet for them to communicate their feelings creatively.

Junior Anshu Shah, president and editorin-chief of Monsoon, UNC's South Asian magazine, said that the club hopes that the work they feature destigmatizes mental health struggles for the South Asian community.

"In order for [mental health] to be a more open thing that everyone can talk about, we encourage submissions for it — we encourage submissions that can make the artists feel like their mental health is being heard and taken into consideration," Shah said.

Another group that combines mental well-being with creativity is the CAPS group Dancing Mindfulness for Emotional Wellness, which is specifically for students of color. In this group, students read "The Gifts of Imperfection" by Brené Brown, discuss emotional wellness principles and dance to whatever music they like.

Mil Witt, assistant director of psychology training at UNC and the leader of Dancing Mindfulness, said the movement part of the group is especially important, given how

much time students spend stressed and sitting in one place.

"In addition to talking about the emotional wellness principles, we're also helping to relieve some of that stress through the movement practice," Witt said. "And it's very empowering because they have a

Other CAPS groups are catered to multiple communities at once. CAPS therapist Sophia Davis started the therapy group Intersections: A QTPOC Support Group in fall 2021, created for students of color who are on the LGBTQ+ spectrum, or are questioning their gender or sexuality.

Davis began the group after hearing that students were looking for a space that allowed them to discuss both aspects of their identities. Davis said that LGBTQ+ people of color are disproportionately affected by mental health issues, and a chosen community can provide protection and support.

For students of color seeking connection, Apoyo is the CLC's mental health support group for undergraduates. The group is run by UNC double-alumna Theresa Flores. The group offers a brave space for members to share the "experiences, joys and challenges that come along with identifying and experiencing life as a Latinx person," according to the program's website.

"The whole purpose of doing Apoyo was Cici Salazar, program assistant for the to bring the community together and really break the stigma of what is mental health within our community," Salazar said.

Some students of color also build communities in spaces historically held by white students, like greek life. Holloway is the president of the Kappa Omicron Chapter of Delta Sigma Theta Sorority, Inc., UNC's first African American sorority.

She said being part of her sorority "completely made" her UNC experience and opened doors to a larger community. There, she was welcomed not only by her chapter but also by other Black greek life members.

"Without my chapter, without my sorority, I would have a very hard time being at UNC and enjoying that time," she said.

First-year Fatima Khan said she found community through UNC's Muslim Student Association before even stepping foot on

She said she wasn't sure she wanted to go to UNC until they made her feel involved and welcome. At UNC, she tried using CAPS and said it did not compare to having friends she knew she could reach out to.

"I didn't feel as connected in group therapy as I did with just knowing that there's a Muslim community and there's Muslim people I can reach out to and feel comfortable around," she said.

How two flagship North Carolina universities responded after several student deaths

Emmy Martin & Emily Vespa

The Daily Tar Heel Editor-in-Chief | Technician Managing Editor

Content warning: This article contains mentions of suicide and death.

When Sree Yallapragada found out her friend and N.C. State classmate died unexpectedly of health complications last February, she said she was struck with an indelible pang of shock, regret and deep sadness.

The death of Yallapragada's classmate, Toni Tutt, hung over their small, tight-knit cohort of students in N.C. State's English department throughout the remainder of the semester, she said.

As she stood next to her classmates at their graduation ceremony, she said Tutt's absence was even more tangible.

"Someone is missing," Yallapragada recalled thinking.

A few days later, when she learned another N.C. State student had died, this time by suicide, she felt numb.

"I don't think there was enough time or way to process what was happening because it was so frequent," Yallapragada said.

By the end of the 2022-23 academic year, 14 students at N.C. State had died, seven by suicide. In the five years prior, an average of eight students died at N.C. State annually, and of those, the institution averaged three suicides per year.

In 2021, UNC saw a similar spate of incidents when at least three students died by suicide in one semester.

Neither UNC nor N.C. State publicly track the exact number of students who die during their time at the institutions, including those who die by suicide. This makes it hard to determine how many students die at the universities each year.

UNC does not internally track student deaths, UNC's Dean of Students Desirée Rieckenberg said. An N.C. State spokesperson did not confirm whether the university internally tracks student deaths, saying only that the process it follows when a student dies is "not necessarily a formal tracking mechanism."

The lack of record surrounding student deaths is not unusual. In 2018, The Associated Press found that out of the 100 largest public universities in the United States, 46 tracked suicides among their student bodies. N.C. State was one of two universities that didn't provide tracking data to AP at the time.

The mental health crisis UNC and N.C. State face is not altogether unique. Universities across the country are also confronting a 62 percent rise in suicide rates among teenagers and young adults over 14 years.

This year, four students at the University of Wisconsin-River Falls died by suicide. During the 2020-21 academic year, three students at Dartmouth College died by suicide. In 2021, two students at the West Virginia University died by suicide.

Avery Cook, the director of Counseling and Psychological Services at UNC, said death by suicide has long been a risk factor for young adults, but that risk has increased in tandem with rates of other mental health concerns.

"I think there are a lot of stressors in the world right now," they said. "We're coming out of COVID, which was a really challenging, traumatic time for everyone, and we have to remember that each individual is dealing with their own configuration of events."

Shortly after each campus lost multiple students to suicide, both UNC and N.C. State partnered with The Jed Foundation through the JED Campus initiative. The nonprofit collaborates with universities to improve mental health programs and suicide prevention efforts. UNC partnered with JED in February 2022, and N.C. State in September 2023.

N.C. State and UNC are also two of a growing number of universities that have established protocols for the aftermath



PHOTO COURTESY OF JERMAINE HUDSON/NC STATE STUDENT MEDIA

Members of the NC State community light candles at the vigil for Ryan Bohner on Stafford Commons on Sept. 21, 2022. Bohner was the first of 14 NC State students who died during the 2022-23 academic year.

of student deaths, commonly known as postvention protocols.

Justine Hollingshead, N.C. State's assistant vice chancellor for academic and student affairs, said the university adopted a formal postvention protocol in 2015, and it has evolved over the nine years she has served as the postvention coordinator.

UNC published its postvention protocol on the Dean of Students website in 2022 after several student suicides in 2021 gained significant attention. Rieckenberg said the university made the decision in an effort to prioritize transparency.

"We felt like it was really appropriate and a good time to be able to open up the playbook for folks to be able to see and understand not only what we do, but some of the whys behind what we do," Rieckenberg said.

What UNC and N.C. State's postvention protocols address

After a student death, both N.C. State and UNC ensure the family and friends have been notified, Hollingshead and Rieckenberg said. The two universities focus on identifying individuals who may be impacted by the death and work to provide care and resources to those deemed highly impacted.

"We can't control social media or the local media coming with a camera, of course, so there's sometimes that time lag," Hollingshead said. "And that's viewed as a failure on our part, but that's not a failure. It's a best practice to make sure we're being respectful of the family and their notification."

At UNC and N.C. State, discussion of student deaths can spread quickly on social media. Both universities' policies concede that speculation about the circumstances of a student's death may circulate long before any official information is released.

In the circumstance that either school finds it necessary to send a campus-wide communication, details like the cause of death typically won't be included. At N.C. State, official statements can confirm a suicide if the death was public or if information about the suicide is already publicly known.

In campus communications that allude to student deaths, leadership at N.C. State and UNC have emphasized mental health resources available to students.

Last academic year, N.C. State Chancellor Randy Woodson released several messages to the community to acknowledge select student deaths and direct students to oncampus support. But this year, the university hasn't taken the same approach to publicly addressing the death of two students — one of unknown causes and the other, an apparent suicide

"Sending a mass email out to tens of thousands is not a best practice," Hollingshead said.

The change is an effort to be mindful of suicide contagion, Hollingshead said, which is when exposure to suicide can influence others to attempt. Research has shown that teenagers and young adults can be more susceptible to suicide contagion and clusters.

UNC's response regarding deaths on campus has been similar. When a student died on campus in April 2023, the sixth death that year, the University would not provide details to local media.

UNC Police only release an Alert Carolina message if there is an ongoing threat to the community. However, students did receive an Alert Carolina message in September 2021 about the suicide of a student at The Forest Theatre, despite the message stating there was "no ongoing threat to campus."

Steps taken by both universities

Following the suicides on UNC's campus in fall 2021, the institution launched the Heels Care Network, a website that provides a comprehensive list of mental health resources, events, news and a peer support chat. Similarly, N.C. State established the Wolfpack Wellness website in November 2023 to provide a single place to explore the university's mental health and well-being resources.

Now in its third year of JED Campus, UNC is focused on implementing recommendations from JED and community participation.

In fall 2022, UNC launched a Healthy Minds Survey for the student body and the JED Task Force developed a strategic plan based on the results of the survey. Currently, a group composed of university administrative officials, students and mental health professionals are in the process of implementing initiatives from the strategic plan.

Amy Johnson, vice chancellor for student affairs and co-chair of the task force, said several of JED's recommendations for supporting student mental health are either completed or in progress at UNC. Of the 79

recommendations, only four had not been

During the final stage next year, UNC will readminister the Healthy Minds Survey and complete a post-assessment. JED will provide a progress summary and guidance on how to continue improving mental health resources.

"While not all recommendations may be implemented at every campus, we think these findings speak to our strong commitment to supporting student well-being and are grateful for our community's partnership," Johnson said in a statement.

In fall 2022, N.C. State launched a Student Mental Health Task Force. Since the group issued its final report in spring 2023, implementation teams have worked to address several recommendations. The university scheduled regular wellness days, embedded counselors in each college across campus, reviewed its postvention protocols and engaged in the JED Campus program.

N.C. State is in the first stage of the Jed Foundation's four-year program, which will continue through spring 2027.

Hollingshead said the partnership with the Jed Foundation has already brought about change to parts of the postvention plan to align it with best practices. The university has provided training for some campus entities that had not previously been trained in the protocol due to high turnover, she said.

"We had kind of missed that piece," she said. "People come and go, so we had not done as good a job of training individuals who might have to respond."

Hollingshead and other university leaders will continue to enhance N.C. State's approach to mental health, she said. JED will conduct a campus visit to N.C. State from March 28 to 29 to help inform its assessment and planning process.

Yallapragada said students coping with the loss of a friend or classmate should seek help, adding that it is crucial to lean on resources like crisis helplines and well-being support provided by their university.

"It's like when you're traveling and the flight attendants are showing the oxygen mask demo and they're like, 'Put it on yourself before you help people," Yallapragada said. "Take care of yourself before you tackle everything else."

If you need emotional support or are having thoughts of suicide, call or text 988 to reach the 988 Suicide and Crisis Lifeline. In the case of a life-threatening emergency, call 911.

HBCUS GRAPPLE WITH TUITION INCREASES AND STUDENT MENTAL HEALTH

Students, experts share concerns with tuition increasing across **HBCUs**

Dasia Williams

A&T Register | Culture Reporter

Many factors can affect the state of college student's mental health. Things like adjusting to a new schedule, lacking career plans after graduation, or not finding the desired community upon entering campus.

One issue that can affect the mental state of students who attend Historically Black Colleges & Universities stems from the crippling idea of having to pay back a large amount of student loans. And the increasing tuition on these campuses has only further created the pre-existing disparity.

According to a 2013 study done by the Fredrick D. Patterson Research Institute, 80% of HBCU students borrowed federal loans compared to non-HBCU peers.

Even though HBCUs continue to offer more affordable higher education than non-HBCU schools, financing college often involves students and families taking on loans, coupled with sporadic increases in out-of-state tuition rates.

Funding changes, instructor wages, building upgrades, and rising operating expenditures, could all impact these rates. Every university could have a different set of motivations.

In 2013, N.C. A&T's tuition amounted to over \$16,000 and in 2023, its tuition rose to about \$20,000. Over 10 years, the overall tuition increase rate at A&T, the nation's largest public HBCU, is about 22%.

Underclassmen like Daiyana Brookes, a sophomore computer science student, said it's hard enough to adapt to a new environment and that the tuition increase adds stress.

"The financial side of college can get you down, and make you feel bad about yourself and your overall experience," Brookes said. "You have to come up with ways to financially support yourself to make sure you have enough money to even be in college."

The issue of tuition increases is not solely an A&T problem, over at Howard University, tuition has also been steadily rising over the

In 2013, Howard University had a tuition of almost \$23,000, in 2023 that went up to over

Over the past decade, the overall tuition increase rate at Howard University, a notable private school, is about 36%. Underclassmen like Courtney Copeland, a biology student, wonder where the money goes when the architectural structure of the dormitories has problematic issues.

"Over winter break, many units in my building flooded, and many students had to be moved to different rooms and buildings," Copeland said. "I think Howard raising our tuition affects most people considering it was already high, and it's frustrating to see how many issues we've had this year, and I wonder what that money is going towards"

At Spelman University, the most expensive private HBCU, the overall increase rate is around 17% higher over ten years. Seniors like Kylar Dee, a journalism student, say that having to take out more student loans to pay

for her last semester hinders her post-grad

"As I get close to the finish line, not only am I having to look for a great opportunity after school but I'm also looking for ways to pay off high debt in student loans," Dee said. "It adds extra stress on me."

Economic Intuition

Jeffrey Edwards, Ph.D., an economics professor at A&T emphasizes the importance of survey analysis and cohort studies to gain insights into tuition changes' and their mental health impact.

Effectively communicating research findings, especially those related to the financial implications of inflation, is crucial for informed decision-making among university administrators.

"Conducting a survey analysis, a cohort of students, and having students understand the market price, they would learn that they are getting off pretty cheap compared to other schools," Edwards said. "The lack of communication from the university administration is simply why students are not aware of what will happen in the real world: you make more money due to inflation," Edwards concluded.

Financial Aid

Sharon Ozel, a medical and mental health caseworker at A&T sheds light on the profound challenges students face when navigating financial aid and tuition-related stressors.

"Students are more stressed and overwhelmed dealing with financial aid, and that also stems from the stress of their parents when they have to accumulate funds unprepared," Ozel said.

Her observations underscore the realworld impact of financial aid decisions on students' academic journeys, emphasizing the need for comprehensive support services.

"The services the counseling center offers are limited, there are no resources to deal with tuition or tuition increase," Ozel said.

Addressing Mental Health in the Black Community

The rising cost of college fees may heighten financial strain, potentially impeding access to education.

Recognizing the impact on mental health is crucial, as stress related to financial constraints can be detrimental and increase the risk of anxiety and other mental health issues.

It is essential to consider individual differences and broader socioeconomic aspects in assessing the influence on mental health within the Black community. Universities must prioritize transparent communication with students about the reasons behind tuition

Engaging in open dialogue can help alleviate the mental burden on students by providing a clearer understanding of the financial landscape and future implications.

This includes acknowledging the various factors contributing to rising costs, such as funding changes, instructor wages, building upgrades, and operating expenditures.

Furthermore, institutions need to invest in support services that address the mental health challenges arising from financial strain.



PHOTO COURTESY OF NC A&T COUNSELING SERVICES | NC A&T

UNC CHARLOTTE HELPS INTERNATIONAL STUDENTS WITH OFF-CAMPUS HOUSING CHALLENGES

Over 2.000 international students at UNCC, struggle to find off-campus housing

Sunnya Hadavi & AJ Siegel

Niner Times | Editor-in-Chief & Copy Editor

As the population of international students at Charlotte grows, so do the challenges these students face, particularly with off-campus housing. International students rely on student organizations and initiatives for aid and avoiding exploitation.

As of spring 2024, 2,036 international students are enrolled at Charlotte and represent over 90 countries, according to the International Student and Scholar Office.

Indian students make up the majority of international students at Charlotte at approximately 60%. In fall 2023, 1,257 of 2,163 international students were from India, and the majority were pursuing their Master's

Before coming to campus and beginning their studies, these students are responsible for the research and costs associated with travel and living in the United States.

International students must secure housing before all off-campus apartments fill up. The Triveni Indian Student Association bridges this gap and represents the interests of students when securing housing.

"I help students get off-campus housing, so I see what was wrong with the housing because they are not physically present over here," Pritesh Ambavane, secretary of the Triveni Indian Student Association said. "[They] put that trust in me that this is the person who is telling me that this housing is good ...[and knows] what Indian the mindset is like."

The Triveni Indian Student Association is one of a few student organizations that actively aids international students at Charlotte. For the fall semester, the Triveni Indian Student Association helped approximately 600 new international students. For spring, they helped 100 new students.

Most international students tend to live off campus, which is largely due to rent costs and location. They tend to live in the same complexes, including University Terrace and Asheford Green, because they are within walking distance of Charlotte's campus.

"Most international students don't have cars," Yash Tadimalla, president of the Graduate and Professional Student Government said. "So they are forced to live close to campus within walking distance. The walk to campus [is] sometimes easy, but sometimes it's not; it's not always safe after dark."

International students often do not receive their security deposits back. According to Ambavane, the building managers do not track which tenets cause damage, so if there is damage to an apartment, the most recent tenant is charged, even if the damage was present before they moved in.

"When students come to the apartment, they leave the apartment in the same condition, but the owner thinks that things [have been] changed ... and they charge accordingly," Ambavane said. "But they don't know that the students have not damaged the apartment; it was like that already."

Security deposits not being returned is not a new issue.

"Our office has been meeting with international graduate students about offcampus landlord-tenant matters since the firm opened in May 2022," Ashley McAlarney, the director of UNC Charlotte Student Legal Services, Inc said. "The majority of our clients in landlord-tenant matters are international graduate students. And the overwhelming majority of our graduate student clients across

all areas of law are international students."

International students facing concerns with housing maintenance and damages often turn to the Triveni Indian Student Association, which advocates on their behalf and pushes landowners to resolve problems promptly.

"[International students] have not physically met the owners, but we have physically met the owners as an organization [since we secured their housing]," Ambavane said. "We try to maintain pressure over the owners so that the students are living the right kind of life since they're paying rent on time... As an organization, we will try to do these things for our students so that they don't face any bigger problems and anything like that."

Oftentimes, international students recognize the issues they are facing but do not feel like they can advocate for themselves.

"The challenge is if there are exploitative owners who have very terrible living conditions, you still do not know that that is terrible living conditions because you don't know what is better," Tadimalla said. "So you ended up staying there for a while, and you're too scared to pursue legal action because there's this [mis]conception that if you go to legal, you can get deported."

Charlotte's GPSG has also begun helping international students with housing concerns by creating the Graduate Student Housing Committee in September 2023. The committee consists of University officials from Student Affairs, Business Affairs, the Graduate School and Housing and Residence Life, in addition

According to Tadimalla, this committee is among the first university initiatives to address international housing.

"Before 2020, it was not a priority, [but] I think after COVID, the university is prioritizing it now," Tadimalla said. "In the last seven years, this is the first time that the university is really serious about this issue."

Regardless of university aid, members of the Triveni Indian Student Association help Indian international students at all stages of their time at Charlotte, from hosting informational seminars to ensuring all necessities are available upon arrival, relying largely on alumni funding.

"We collect funds from our alumni," Ambavane said. "For example, if anyone has graduated and wants to donate to our committee, that's where our funds come from. That's not the case with the rest of the student organizations because they are dependent on the college funds. We do apply for the college [funds], but we are not dependent.

The organization uses these funds to help international students once they arrive in Charlotte by providing rides from the airport and first meals to ease stress and give them a taste of home.

"If you are coming to an unknown country for the first time, you don't have access to that kitchen, [and] you don't have anything or... any idea about the kitchen," Ambavane said. "So what we do is we provide them a first-day meal. Basically, the meal will be like some kind of Indian food which we buy for them. We provide them with the first-day meal so that they don't have to cook as soon as they come over here."

The support international students receive from the organization propels them to get involved and want to help support future

"The motivation for me to help students was that there was somebody who helped me last year. That's the reason I didn't face any problems," Ambavane said. "My seniors, who were in the planning committee, helped me secure this apartment — there was always a senior who was going to reply to my texts, and he was always there to help me with everything."

'COULD HAVE BEEN DOING THIS ALL ALONG': NC BUDGET INVESTS IN MENTAL HEALTH RESOURCES

Includes increase in Medicaid reimbursement rates, expanding justice system programs

Lucy Marques

The Daily Tar Heel | Assistant City & State Editor

The 2023-25 North Carolina state budget included a substantial investment in mental health funding, including a total of \$835 million in behavioral health through the N.C. Department of Health and Human Services and Medicaid expansion.

This investment, which the NCDHHS called unprecedented, includes an increase in Medicaid reimbursement rates for behavioral health services — \$99 million to invest in the crisis response s y s t e m and the expansion of re-entry and diversion programs for those involved in the justice system.

Gov. Roy Cooper and state legislators across party lines were advocates for mental health funding in this year's budget, Kelly Crosbie, the director of the N.C. Division of Mental Health, Developmental Disabilities and Substance Use Services, said.

Crosbie said she and Carrie Brown, the NCDHHS' chief psychiatrist and deputy chief medical officer, met with state legislators to discuss budgeting for mental health. The data they presented matched what many legislators saw in their own districts, Crosbie said.

"And none of [the state legislators] will tell you they're mental health experts in any way, but what we saw were people who were very receptive to the facts that we are presenting," Crosbie said.

Alexandra Sirota, the executive director of the N.C. Budget & Tax Center, said that once the total amount in the state budget is decided, the process for choosing which issue areas to fund often does not allow for much public input. Most funding, she said, occurs because of the influence of lobbyists or a legislator's interest — and she said only some of the most powerful state legislators have the power to set an agenda and allow proposals to move forward

different advisory committees with the community about different parts of the budget to connect with North Carolinians about funding.

She said, in any given year, there is only so much money to go around in the state budget, and advocates with different areas of focus are all asking for funding, pulling legislators in different directions.

"I think we have had strong advocates from the General Assembly in years past, but obviously there's been a lot of other

increased this year because of the

availability of federal funds as a result

of Medicaid expansion. Without those

funds, it's unclear if state legislators

would remain committed to mental

health funding, she said.

Last March, the U.S. Department of Health and Human Services awarded 15 states, including North Carolina, with a one-year planning grant for Certified Community Behavioral Health Clinics. The clinics, which are federally funded, provide substance use disorder and mental health services to anyone, regarding of insurance status or diagnosis.

"It's novel, in that [the clinics] are changing the way that they're trying to pay for these services, like paying for the population more so

> services," Helen Newton, assistant professor in the UNC Department Family Medicine,

> > When

legislators

than for individual

speak about funding commitments are not able to make, Sirota said, they often say they are constrained by the amount of money they are bringing in.

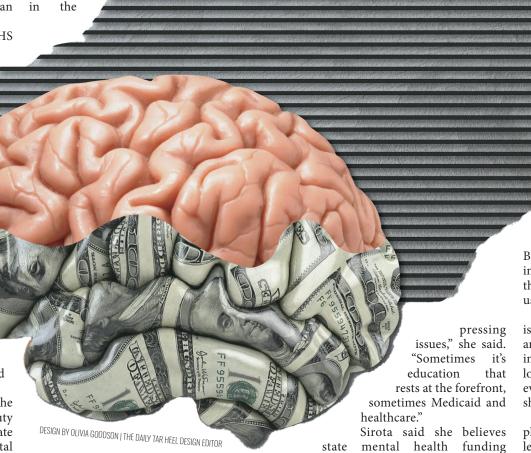
state

But, Sirota said, Republican legislators cut income taxes for profitable corporations in the state, limiting the money that can be used to fund different interests.

"Unfortunately, what ends up happening is issues that all contribute to mental health and well-being get pitted against each other in really harmful ways that undermine the long term goal that we should all share: that everybody should get the care they need," she said.

Sirota said, rather than recognizing and planning for needs in advance, legislative leaders waited to make investments in services until the state was in a mental

"I think the lesson should be — we could have been doing this all along if there was truly the will to center people's well-being in our decision making," she said.



budget.

"It's unclear at this point how within that, the public has a way to document and identify needs that require funding from

Crosbie said the NCDHHS created four

the General Assembly," she said.

NC LAUNCHES MENTAL HEALTH LIFELINE DASHBOARD

Dashboard tracks calls made to crisis lifelines, providing transparency on service

Lola Oliverio

The Daily Tar Heel | Staff Reporter

In December 2023, the North Carolina Department of Health and Human Services launched a performance dashboard to track calls made to the 988 Suicide and Crisis Lifeline.

The lifeline is a free, confidential service created by the U.S. Substance Abuse and Mental Health Services Administration in partnership with Vibrant Emotional Health, launched in 2005. Upon calling, users are connected to local call centers within their state. The crisis line aims to provide callers with both acute crisis intervention strategies, as well as general mental health support.

'When you call, they will hook you up with anything," Kelly Crosbie, the director of the Division of Mental Health, Developmental Disabilities and Substance Use Services at the NCDHHS, said.

She said that only about 15 percent of users who call are in active crisis.

Some of the data provided by the dashboard includes demographic statistics of callers, their reasons for contacting the crisis line and what support or services the call center referred them to.

"The dashboard, I think, is helpful to provide transparency about the impact that service is having for our state," Michael Kane, the director of clinical data science and advanced analytics and a child and adolescent psychiatrist at UNC, said. "And so, I think the public can use the dashboard to continue to build faith in this service being something that's ready, available for when folks need it."

A nationwide 988 dashboard exists as well, detailing answer speed and call length across the country. The lifeline has subnetworks to provide individuals with specialized services, such as Spanish and LGBTQ+ subnetworks. Calls can also be routed to a separate Veterans Crisis Line that is operated in partnership with the U.S. Department of Veterans Affairs.

Other states, such as Georgia, Louisiana and Wyoming, have similar dashboards that track 988 lifeline data on a state level. These dashboards are helpful for states to assess their suicide prevention efforts and identification of places in which more support is needed, Kane said.

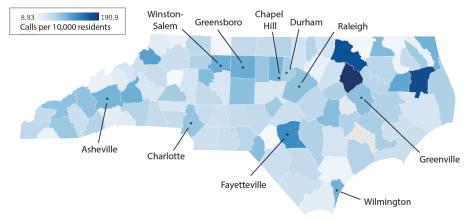
Overall, there were 1,420 calls from Orange County residents, with the rate of calls being slightly higher than most other surrounding counties. The most common reason for contacting the crisis line statewide was interpersonal or family issues, followed by depression.

Virginia Rodillas, the director of helpline operations at the North Carolina branch of the National Alliance on Mental Illness, said that 988 Lifeline call center dispatchers are trained to de-escalate situations and provide callers with the appropriate resources, such as directing them to "warm lines" - as opposed to hotlines — which are for less intense or less time-sensitive situations.

Very rarely are law enforcement agencies

Edgecombe, Tyrrell and Halifax counties saw highest rate of callers to the N.C. 988 Suicide and Crisis Lifeline in 2023

The three counties together make up less than 1 percent of the state's population but accounted for twice as many calls made to the lifeline. Orange County had a rate of 95.49 calls per 10,000 residents, roughly comparable to the statewide average.



Source: N.C. Department of Health and Human Services Note: There is no data available for Jones County.

DATA VISUALIZATION BY RIYA SHARMA AND KATE BAILEY | THE DAILY TAR HEEL

involved when an individual calls the 988 Lifeline, Crosby said. Instead, mobile crisis units are deployed to those in active crises. These teams include a social worker in an unmarked vehicle to assess emergency situations. In 2023, only 11.8 percent of callers were referred to mobile crisis units.

As of 2021, North Carolina's age-adjusted suicide mortality rate was 0.8 percent lower than the nation's average. North Carolina's average 988 Lifeline answer time in 2023 was 14 seconds, whereas the national average was 39 seconds.

"We're doing so well nationally in terms of where our numbers, our benchmarks are compared to the national averages," Kane said. "I think it's a testament to how seriously the state is taking suicide prevention and the resources that they're putting toward mental health in general."

LGBTQ+ SUPPORT GROUPS PROVIDE COMMUNITY CARE FOR SUBSTANCE ABUSE

Eliza Benbow

The Daily Tar Heel | Lifestyle Editor

When Jemm Merritt-Feder and their expartner moved to North Carolina in 2020, they felt isolated in their recovery from substance dependence and afraid to ask for outside help.

Eventually, Merritt-Feder began to look for a therapist who would understand their experiences with both substance abuse and gender identity issues.

"There was nothing direct toward queer people, particularly queer people of color as well, who were looking for support," they said.

Over the next year, Merritt-Feder became a certified peer support specialist and founded One Day at a Time, a peer support group for gender-diverse individuals to discuss their experiences with gender transition, mental health and substance abuse in a non-judgmental space. The group, which currently has about 15 members, meets monthly in person and via Zoom.

Despite having a clinical background, Merritt-Feder said their biggest role at peer support meetings is to humanize peoples' experiences.

"This is a human issue," they said. "And people dealing with substance abuse and all these mental illnesses, like, it comes from something else."

According to the Substance Abuse and Mental Health Services Administration's 2021 and 2022 National Surveys on Drug Use and Health, adults in the LGBTQ+ community were over twice as likely to have a serious mental illness than straight adults.

Members of the LGBTQ+ community were also more likely than straight adults to have had a substance use disorder in the past year, according to the same survey.

Merritt-Feder said that members of the LGBTQ+ community may turn to substances



HEATHER DIEHL | THE DAILY TAR HEEL STAFF PHOTOGRAPHER

Jemm Merritt, founder of One Day at a Time Peer Support and Recovery, poses for a portrait at the Eno River State Park on Feb. 9.

because they don't have support systems or know that there are other options to work through what they are going through.

Since 2011, the North Carolina Harm Reduction Coalition has hosted a peer-based discussion group for transgender and gender non-conforming people in the Triangle through a harm reduction lens. The group currently meets twice a month — once virtual, and once at the LGBTQ Center of Durham.

The coalition is a statewide non-profit founded in 2004 providing grassroots harm reduction services and advocating for the dignity, autonomy and self-determination of people who use drugs.

Loftin Wilson, the harm reduction programs manager at NCHRC, founded the group after noticing a lack of community resources for trans and gender questioning people in the area. He said that his inspiration for the group was a mixture of his passion

for harm reduction and his own desire for community support during his transition.

The group is open to people experiencing any of the stages of drug use, from those actively using to those in recovery, Wilson said, as well as people of all ages.

"Less and less these days, it seems like there are fewer and fewer real intergenerational community spaces where people can learn from people who have some sort of core shared experience that we all share, but we also are coming from different places in life and different perspectives and different cultures and all of that," he said. "So being able to have that space to learn from each other is really incredible."

At One Step at a Time, community building goes beyond the monthly meetings — the group goes on outings to bowling alleys and the zoo, and members affirm one another outside of sessions.

"I'm thinking that we're just here talking,

and then there are people who are getting to know each other and really making connections beyond this," Merritt-Feder said.

They said everybody heals differently, and there are people that need community-based support and education to meet them where they are, rather than going to hospitals or rehabilitation centers.

Peer support is not a replacement for traditional mental health care, they said, but it can provide the space for people to talk about things they wouldn't bring up to a therapist or doctor.

"Historically, most mental health service providers have been cisgender white women — and that's changing and improving," William Hall, an associate professor at the School of Social Work, said. "But I think it's really important that I think the professionals providing these services to these communities have lived experience with the communities they're trying to help."

Hall, who researches mental health disparities among LGBTQ+ populations, said that much of the existing mental healthcare interventions and services for the LGBTQ+ community are not currently tailored to specific populations within the community.

Both healthcare providers and community members are interested in increasing training and representation within mental healthcare — which includes representation for immigrants, people of color and people with disabilities — but many of them are not trained to address LGBTQ+ specific issues in their care.

A few years after founding the peer support group, Wilson and other trans community members began offering training about how to care for trans and gender non-conforming people to healthcare providers.

"I feel like the level of education and knowledge has really increased over the past 15 years, and it's nowhere near as dire of a situation as it was," he said. "Although there's still, obviously, room to grow."

PHOENIX FREE: SOBRIETY ON ELON UNIVERSITY'S CAMPUS

Phoenix Free president navigates transition, grows organization

Avery Sloan

The Pendulum | Managing Editor of The Pendulum

Months before coming to Elon University, current senior Syd Danziger made the decision to become sober. Without fully knowing what that would entail, Danziger entered Elon feeling isolated and striving to keep this aspect of their identity quiet.

"It can be really hard to be surrounded by a bunch of young people who haven't come to that conclusion yet or aren't affected by what those habits can do to your life," Danziger said.

Now, Danziger is the president of Phoenix Free, Elon's collegiate recovery community. Danziger said despite initial hesitation around making sobriety part of their identity, the organization has been crucial to both their college experience and sobriety.

Elon is one of nine universities in North Carolina receiving funding from the North Carolina Department of Health and Human Services for collegiate recovery programs.

According to the NCDHHS there were 106 alcohol-related deaths in Alamance County in 2021 and 109 the year before. These two years had the highest alcohol-related deaths since 2000.

Danziger said the culture around drinking in college, and Elon specifically, is prevalent, causing people to have certain perceptions of sober students. Danziger said they've encountered people who assume they aren't fun at parties or that they are more uptight.

"When you have a school like Elon, which is very heavy on the alcohol, there are certain stigmas that aren't talked about yet that I'm trying to get out in the open," Danziger said.

Danziger said Callie Kelly, the Phoenix Free adviser, and Rodney Parks, a registrar and assistant vice president of wellness at Elon, are two of their biggest supporters on campus — and reasons they felt comfortable sharing their story.

"Both of them encouraged me in their own ways without pushing me," Danziger said, "and kind of reminded me that, regardless of how scary I think my story might be to people, someone's going to need to hear it."

Kelly is also the adviser for the Alcohol and Substance-free Housing for Elon Students Living-Learning Community. ASHES, located in Global Neighborhood, is an LLC dedicated to first-year and sophomore students who are committed to being substance free. While Kelly said each student has a different reason for sobriety, this shared living space is helpful for building community.

Due to ASHES' location on the first floor of Jackson Hall, it only has 12 spaces for students. Kelly said this means living in the LLC is competitive, but students not living on the floor are not precluded from attending events. Kelly said she became the adviser for the floor in 2016 and interest in the LLC has grown since then, both in residents and events.

In addition to an adviser, ASHES has a student liaison who communicates directly with Kelly on a regular basis. This position has helped shape the trajectory of the LLC in building connectivity among the floor's residents through more events such as trips to different parts of the state and monthly dinner meetings.

"Over the years they've shared with me just how integral just that first year on campus was, and being connected to ASHES and how it really set the foundation for



ENN FILE PHOTO as eating

Phoenix Free is Elon University's collegiate recovery group on campus, which welcomes students recovering from issues such as eating disorders and substance abuse. The group meets every week to discuss recovery and the challenges they face on campus.

them," Kelly said. "It gave them the support of the community and the confidence to withstand external pressures."

Phoenix Free has also seen growth during Danziger's time at Elon. Danziger said when they joined, only they and one other student attended events. Now, they said the organization usually hosts about 10 students for events.

Phoenix Free, while it started as a substance free space, has now evolved to become a more general safe space for students. Danziger said students who are recovering from eating disorders and different traumas all have a place in Phoenix Free.

"This is primarily a mental health space, more than anything else," Danziger said. "It's

about recovering and togetherness and not about judgment. And so, while a lot of our events are substance free, they don't require you to be sober."

Through both Phoenix Free and ASHES, Kelly said students have been able to find community in a space that can be difficult to be sober in. Kelly said students in ASHES and Phoenix Free don't have any animosity toward other students who make other choices regarding their alcohol consumption, but having a separate space where students are making the choice not to drink can be a benefit to these members.

"They didn't feel like they were missing out on anything their first year or second year. It was just as fun and memorable without the alcohol," Kelly said.

Professor, organization discuss the development of eating disorders in college students

Nia Bedard

The Pendulum | Staff Reporter

Through his research on perfectionism and impulse behaviors, Elon psychology professor and clinician Bilal Ghandour has found that eating disorder behavior often evolves from a strong need to be perfect and an inability to let go of high demands.

According to the National Eating Disorders Association, eating disorders generally begin to develop between the ages of 18 and 21.

While in college, students participate in classes and can be involved in clubs, internships or work — creating a heavy workload with high demand.

"College is a really tricky period because you're thrust into a new world as a young adult, you're asked to do so many things all at once and the pressure is high," Ghandour said. "One way to contain that pressure and gain some level of satisfaction is through control. It can be by restricting ourselves to feel more powerful and in control, or you can feel out of control and have a desire to binge eat or eat excessively."

According to The Child Mind Institute, an organization focused on providing psychological and psychiatric services to children and families, 10 to 20 percent of women and four to 10 percent of men within the college demographic struggle with an eating disorder.

Ghandour said college athletics could make an eating disorder worse for athletes due to the environment and expectations. He also noted that being in sports can create an environment of competition, sacrifice and perfectionism, which could lead to athletes creating certain negative eating habits or changing their perception of food.

Apart from athletics, Ghandour said eating disorders can manifest in both men and women. The National Eating Disorders Collaboration reported that one-third of people with eating disorders are men.

"For men, the manifestation of eating disorders has gone up a bit, but it usually manifests itself through a kind of body physique," Ghandour said. "So if you want to gain muscles there can be a dysmorphic or an inappropriate way of looking at food and your body."



NIA BEDARD | THE PENDULUM STAFF PHOTOGRAPHE

Elon Campus Recreation and Wellness talks to students about Love Your Body Month, a month dedicated to educating students at Elon about eating disorders, mindful eating, and loving your body, at College Coffee.

Ghandor said that within the last 10 to 20 years there has been a shift in the way that women want to look from tiny and thin to strong and skinny due to the body fitness movement making its way onto social media. This can manifest in different eating disorder behaviors such as anorexia nervosa, bulimia nervosa or avoidant, also known as restrictive, food intake disorder.

Elon Campus Recreation and Wellness is raising more awareness of eating disorders affecting college students by holding events such as the Love Your Body Month in February.

SPARKS peer educator Ruby Glynn, who helps to promote holistic well-being throughout the Elon student body, is excited to celebrate the month and raise awareness of an issue that can affect anyone on any campus.

"I am especially passionate about this kind of targeted space, because it is so prevalent on college campuses," Glynn said. "It's definitely a huge thing that everyone faces, it doesn't matter who you are"

Throughout Love Your Body Month, Campus Rec and Wellness is holding group exercise classes and pop-up events. In addition, they are bringing in speakers to talk to students about mindful eating, disordered eating and loving their body.

"We do ladies lift, which is going to get women into the gym and break that stigma of gym bros and focus on how intimidating it can be for a girl to be in the gym," Glynn said.

While there are treatment options for people with eating disorders, such as psychotherapy, medical monitoring, nutritional counseling, medication or a combination of these approaches, people suffering from eating disorders cannot be treated unless they ask for help.

"We need to make sure that people still feel comfortable reaching out," Ghandour said. "It's so imperative that people feel, like your friend, or your roommate, or your classmate or your athletic cohort, feel that they are doing something right when they actually report this."

Culture-responsive care addresses mental health disparities

Culturally relevant practices look at specific stressors in tribal communities, increasing accessibility of care

Kaitlyn Church

The Daily Tar Heel | Staff Reporter

Carolina Indian Circle hosts healing circles once or twice every semester, giving Native American students a medium to discuss tragedies or triumphs, academics or relationships — or anything that comes to mind.

Alicia Freeman, the Mental Health First Aid program manager at the UNC School of Social Work, leads the discussion. She said that culturally relevant practices like healing circles are just one aspect of a holistic approach to mental health care for Native Americans.

Culturally relevant practices take into account cultural stressors, which are unique to Native American experiences, Anna Kawennison Fetter, a postdoctoral fellow in the UNC Department of Psychology and Neuroscience and a member of the Saint Regis Mohawk Tribe in New York, said.

Cultural stressors in Native American communities can look like discrimination, historical grief or trauma and lack of visibility in spaces like universities, Fetter said. Mental health professionals familiar with local tribes and their history are able to provide Native American clients with more conscious, nuanced care, she said.

"Can they work with clients in a manner that's congruent with the client's worldview and perspective?" she said. "Can they have a conversation about what type of help is most supportive to the client?"

She said Native American students at UNC have advocated for culture-responsive therapy services, though it has yet to be supported institutionally, making Fetter's independent counseling and Freeman's healing circles some of the few culturally relevant practices available on campus.

Freeman grew up in a rural area in Columbus County, in one of the communities of the Waccamaw Siouan Tribe of North Carolina.

Despite being a state-recognized tribe, its rural location rendered mental health resources few and far between, and Freeman said that undiagnosed and untreated mental health and substance use disorders were not uncommon.

Native American people across North Carolina and the United States experience disproportionately high rates of mental illness, suicide and substance use disorders, according to the Indian Health Service.

Freeman said that although mental health support is

becoming increasingly accessible, the remaining disparity has prompted questions about the shortcomings of mental health access among Native American tribes in North Carolina.

"A lot of tribal communities in North Carolina are very rural areas," she said. "And so they have to generally drive probably at least 30 minutes or more to access any type of health care."

A long commute, paired with a lack of internet access, rules out both in-person and telehealth care options for many. Only 57% of Native American households in North Carolina had access to high-speed internet in 2022, the lowest proportion among any racial subgroup in the state, according to the N.C. Department of Information Technology.

Another obstacle for the Waccamaw Siouan Tribe lies within the community itself.

The stigma surrounding mental health within the tribe is a pervasive one that has defined the approach of entire generations to mental health care. Freeman said older members of the tribe often believe poor mental health can be treated through prayer, while others believe mental health is best left undiscussed.

In an effort to break this stigma, several mental health professionals are emphasizing the importance of youth mental health care in Native American communities, Freeman said. Yolanda Saunooke, a behavior change specialist for Cherokee Choices and member of the Eastern Band of Cherokee Indians, said youth programming is a priority. While Cherokee Choices has been able to recruit temporary mental health professionals for youth programs, getting them to stay long-term with rural tribes has been a challenge.

"Everywhere is having an issue [with] having people that are able to come and stay for the long haul, and that's mainly for our kids," she said. "We're trying to help figure out a lot of different programs to help our youth."

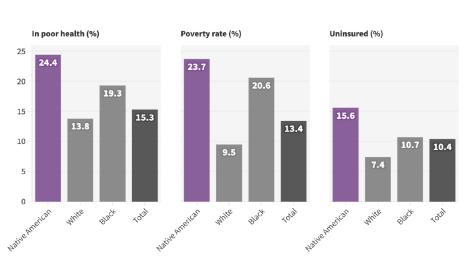
Cherokee Choices is a program developed to increase education about preventing chronic diseases, which disproportionately impact members of the EBCI, through holistic approaches that include historical grief counseling, Cherokee culture classes and physical health education.

Freeman also said her approach values physical, mental and spiritual well-being to the same degree. Though her training in Mental Health First Aid is primarily to provide support in a crisis situation, she said she would like to see more proactive, preventative care for mental health.

"We're going to go to a doctor annually, hopefully, and get the physical checkup and the regular blood work and everything," she said. "So why don't we think to do that with our mental health?"

Native Americans in NC disproportionately have worse health, more poverty, and lack health insurance

Compared to all North Carolinians, Native Americans are 50 percent more likely to be uninsured, according to the N.C. Department of Health and Human Services



CAMPUS COMMUNITY USES AI TO ADDRESS MENTAL HEALTH



DESIGN BY ELLIE BRUNO | TECHNICIAN

Ana-Maria Staicu, a statistics professor, is conducting research using artificial intelligence to flag keywords on social media to find content that may indicate mental health concerns.

Research project using AI to predict violent events, looking at social media activity

Kate Denning Technician | News Editor

Ana-Maria Staicu, a professor in the department of statistics, is conducting a research project using artificial intelligence to flag keywords on X, the platform formerly known as Twitter, to find posts containing content that may indicate mental health concerns

Staicu said she decided to look into if violent events could be predicted by an individual's social media activity, after the September shooting at UNC Chapel Hill. The research, funded through a state grant, also considers trends in shootings since COVID-19 by comparing social media activity before and after the onset of the pandemic.

"We're looking at how the mental health trends have been impacted by COVID lockdown," Staicu said. "This has been triggered by the fact that a lot of these violent events have happened, have intensified, after COVID. So we wanted to see people who had some mental health issues before. How is their activity after COVID-19?"

Staicu said the research utilizes AI to analyze what she called the arousal of a post — whether the post is positive, negative or shows any strong emotion at all. Through this function and the use of keywords, AI is able to flag posts containing potentially concerning messages.

After the post is flagged, Staicu said a potential intervention process is contingent on having a control group.

"The reason for which that question is

a little bit tricky to answer is that we need a controlled population," Staicu said. "We need to have a sense of what is a normal tweeting behavior, and to define that normal, it's important to have an age group, right? Because an adult on social media wouldn't necessarily tweet as a young adult. Then we need to define what is abnormal."

Sripad Ganti, a freshman studying statistics, has assisted Staicu in the research. After seeing how data could be used for a good cause, Ganti started the Dreamers and Data Club with the purpose of using statistics to promote social change.

WE WANTED TO SEE PEOPLE WHO HAD SOME MENTAL HEALTH ISSUES BEFORE. HOW IS THEIR ACTIVITY AFTER COVID-19?

ANA-MARIA STAICU

STATISTICS PROFESSOR

While jump-starting the club, Ganti had the idea to create YUNO, an AI chatbot specifically designed to address a user's mental health concerns and distribute resources.

Ganti said he has witnessed students experience long wait times at the counseling center, and felt as though a chatbot like YUNO, an acronym for "your understanding, nurturing observer," could be a resource during those periods.

"I have friends who sometimes try to book appointments to the counseling sessions and that takes forever. It's like a week, two weeks sometimes," Ganti said. "So it was

then I decided let's maybe create some sort of chatbot or something where, I guess it can kinda bridge the gap between the time it takes to get an appointment and just be a helpful resource."

YUNO is similar to AI models like ChatGPT, but Ganti has been able to train the data in a way that tunes the responses to be mental health-oriented.

"What really, I think, sets it apart a little bit is that you can fine tune whatever the ChatGPT API is to specifically focus on mental health resources," Ganti said. "I can put in mental health resources that I find on the web, or I can put in how you respond to certain things."

While he hopes YUNO can offer resources to users, Ganti said YUNO should never be used as a replacement for therapy. Instead, he sees it functioning as an on-the-go way to access resources quickly, or simply being a place for users to vent.

"You want to talk to an actual person," Ganti said. "But sometimes an actual person is not available right away. And in that time, if you really need some sort of resources, or if you're looking for resources, or even if you know someone who is struggling, and you want to find resources for them, that's the goal of the chatbot."

Ganti and Staicu said mental health issues are particularly of concern amongst teenagers and young adults. While Staicu said the pandemic is a contributor to mental health issues amongst the younger generation, Ganti said the shock of being thrust into a new, high-pressure environment and the expectations that go along with that is a key factor.

"You're expected to, all of a sudden, be an adult right away," Ganti said. "You're also working with so many students that you feel the need to perform and do well. ... Because of that, sometimes people put a lot of expectations on themselves, and that can often sometimes result in problems and

unneeded stress."

Staicu said doing research like this at NC
State is beneficial because of students like
Ganti who realize the need that exists and
take advantage of the resources NC State has
in order to find a solution.

"Not only are they strong students, but they're able to take advantage of the classes that we offer, and sometimes really teach themselves to learn how to scrape data, how to write codes to automatically download data," Staicu said. "We're talking about thousands of and hundreds of users, right? You can't do that manually because it takes hours, so being able to have access to coding and improving the skills, I think that's very helpful."

Staicu said the issue of mental health is everyone's responsibility to understand and involve themselves in.

"

I FEEL THAT THERE'S A LOT OF FOCUS NOWADAYS ON MENTAL HEALTH, BUT I THINK WE'RE JUST SCRATCHING THE SURFACE. AND CONTINUES HERE.

ANA-MARIA STAICU

STATISTICS PROFESSOR

"I feel that there's a lot of focus nowadays on mental health, but I think we're just scratching the surface," Staicu said. "I think there's more to learn, and I think we have a responsibility to the young people to help them get the life that they deserve, and they were meant to have."

HealthEU promotes student financial literacy

Health and wellness initiative highlights importance of financial well-being

Lilly Molina

The Pendulum | News Editor

Elon officials noticed there were different programs dedicated to students' well-being for years, but they were all scattered across campus, Elon University Dean of Students Jana Lynn Patterson said.

In August 2022, the University launched HealthEU, Elon University's health and wellness initiative, to organize those already existing organizations, but also promote them to students. Patterson said HealthEU is not only for students to take advantage of, but also for faculty and staff.

"Good health and well-being is not about a segregated approach," Patterson, who is the co-chair of the HealthEU council, said. "It's about an integrated approach."

The initiative consists of six pillars: community, emotional, physical, financial, purpose and social well-being. Patterson said all of these pillars are interconnected and centralized.

Patterson said the COVID-19 pandemic slowed down the formation of HealthEU, but it also helped highlight areas that the initiative needed to work on. For example, Patterson said TimelyCare, Elon's 24/7 virtual health services for students, was created as a response to students needing immediate care

no matter the time of day.

Patterson added that HealthEU has plans to open up a new wellness center after this past year of generally positive feedback from the community. Currently, the counselors are stationed on the south side of campus, which can be a long trek for students to get access to.

"The new wellness center allows us to bring mental health services back to the heart of campus," Patterson said.

Patterson said it will free up some room in Ellington Center for Health and Wellness, where the current health and wellness center is, because they would move counselors to this new building. It will also offer more space for physical wellness and wellbeing around campus.

In a Jan. 30 email, Elon President Connie Book said Elon's tuition for the 2024-25 academic year will increase by 4.96% due to academic opportunities and the new wellness center. Patterson said they don't have the final designs for the center yet, but she is excited to expand the brand of HealthEU.

The HealthEU council includes faculty and staff from various departments around Elon's campus.

"I think we're beginning to get more traction on this sense of financial well-being," Patterson said.

Finance professor Chris Harris is not only on the council, but also chair of the finance department and director of the center of financial literacy. Before HealthEU was formed, Harris focused on helping students create positive financial well-being for nine years with Elon's Odyssey program, a merit- and

need-based scholarship program.

"I've worked in the investment world. I have the experience," Harris said. "I feel like I can show up and try to help people who were me 20 years ago."

Harris said the University's financial literacy center existed before HealthEU, but the initiative has helped make people more aware of the center. In 2023, he hosted about 40 events relating to financial literacy and well-being, which hundreds of people were able to attend.

"Research shows that poor financial wellness then leads to poor

emotional, physical health — like it has these impacts that go beyond just thinking about money," Harris said.

Patterson said financial well-being is something the school hadn't talked about until recent years, but she finds it important because this could be advice that students can carry after graduation.

"I think it's really important for students to get their finances in order," Harris said. "It's even more stressful for someone when they're going to feel broke, and now they have a family and mortgage."

Harris said he has read research

that shows that financial well-being impacts the quality of people's relationships with others, mental health and stress levels. He said Elon provides a unique opportunity to start learning about financial literacy in a safe space.

Harris said going forward he wants to continue reaching more students. He is currently working with some students to create more of an online presence for the center of financial literacy.

"We want to be able to reach as many people as possible, help people feel happier about their finances," Harris said.



LILLY MOLINA | THE PENDULUM STAFF PHOTOGRAPHER

HealthEU signs displayed in Koury Gym. HealthEU has six pillars, some of them pictured, community well-being, emotional well-being, financial well-being, physical well-being and social well-being.

Wake Forest faculty equipped with mental health first aid skills

Wake Forest students facing mental health struggles turn to faculty first

Christa Dutton

Old Gold & Black | Senior Writer

At Wake Forest and universities across the nation, students are fighting an unprecedented battle with mental health struggles, and faculty are often on the frontline of defense.

"Often, a student first shares with their faculty person," Dr. Warrenetta Mann, assistant vice president for health and wellbeing at Wake Forest, said. "Students care a lot about their academics here, so [for] anything that negatively affects academics — or even has the potential to — a student is likely to go to [their] faculty person and say, 'Hey, you just need to know that this thing is going on."

According to Matt Clifford, Wake Forest's interim dean of students, faculty and staff are the primary referral source to Wake Forest's CARE case management team, which reviews referrals submitted by students, faculty and staff when they are concerned for their own wellbeing or the wellbeing of a friend. The referral is then reviewed by a case manager who connects them to the appropriate campus resource, like the Counseling Center or Safe Office.

The university does not require faculty to attend trainings, but they do offer optional sessions such as Care 101, a training series that includes a 1.5-hour in-person session, a one-hour online session and access to a resource workbook. Mann and Clifford both agree that

requiring training would be difficult, as it would add to professors' already busy workloads. Still, they want to equip faculty with the tools they need to help students.

"We want to make sure that faculty don't feel like they're left alone to figure out how to respond in the right way," Mann said.

WE WANT TO MAKE SURE THAT FACULTY DON'T FEEL LIKE THEY'RE LEFT ALONE TO FIGURE OUT HOW TO RESPOND IN THE RIGHT WAY.

WARRENETTA MANN

ASSISTANT VICE PRESIDENT FOR HEALTH AND WELLBEING

According to Mann, 18 faculty and staff members were trained at the beginning of this year to be ambassadors who will host their own mental health care training sessions this semester.

Clifford said the university's philosophy is to create a culture where faculty care enough to learn how to recognize and respond to mental distress in their students on their own

"What we find is that a lot of our faculty voluntarily engage in not only mental health things but the Alcohol and Drug Coalition and other coalitions to address specific issues on campus," Mann said.

Mann said Wake Forest takes a "concentric circles" approach when it comes to mental health training.

"The people who really care will come to all the trainings, and then they'll go back to their departments, and it'll rub off on some of the other people, and then that'll rub off on some other people," she said.

Dr. Meredith Farmer, associate professor of core literature at Wake Forest who has taught at the school for 11 years, said she often receives anxious emails from students, and it is not uncommon for students to show up to her office crying, often about an issue in another class.

"Students are absolutely struggling," she said.

Across campus, in the Department of Health and Exercise Science,

Abbie Wrights teaches a required course for first-year students called HES 100: Lifestyles and Health. She said she has frequent conversations with students outside of class about their mental health, but her students are not all experiencing crises.

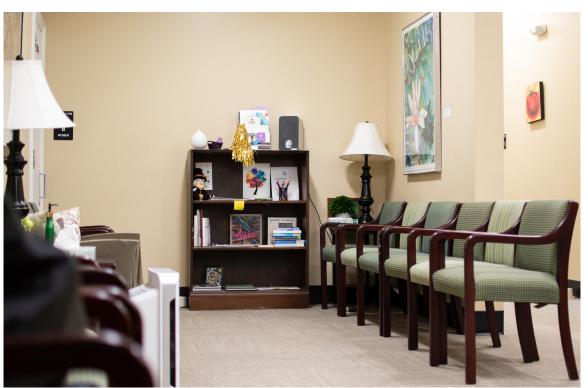
Wrights said that signs of mental distress in students can be summarized into three categories: actions, appearance and academics. With a front-row seat to how poor mental health is affecting students in her classroom, Wrights said she knows the telltale signs — not coming to class, diminished quality of work or communicating hopelessness in their assignments.

"I feel like we're on the front line," professor Crystal Dixon, who also teaches the HES 100 course, said.

Without required training, faculty are left to decide how they will practically address the current mental health epidemic in their classroom. Many professors look for ways they can minimize stress during class time. Wrights said he decided not to cold call, and Farmer said he does not require students to explain their absences and offers extensions when students need them.

Wrights, Farmer and Dixon are all aware they are not licensed mental health professionals but view themselves as liaisons to campus resources.

"We have a responsibility to at least refer students," Dixon said. "I don't think we have to be the solution ... I think we should always have someone that we can hand off [to]."



ISABELLA PAROLINI | OLD GOLD & BLACK PHOTOGRAPHY EDITOR
The University Counseling Center is available to all Wake Forest students in Reynolda Hall, Room 117. They are also accessible by phone at 336-758-5273.

'It's OK to ask for assistance':

how UNC's elite athletes use mental health as an edge



DESIGN BY SARAH FENWICK | DAILY TAR HEEI

Sports across UNC use mental health resources, ask for help when needed

Shelby Swanson

The Daily Tar Heel | Sports Editor

Kiersten Thomassey, positioned mere feet from a cardboard box filled to the brim with commemorative national championship hats, can still recall the moment the UNC field hockey team's season shifted.

"We were rolling," the senior midfielder said, reflecting on the team's October game against Virginia. "We were playing so well — absolutely killing it."

Thanks to their simple plays and clean passing, UNC had built a 2-0 lead at halftime. Thomassey said she still isn't sure what happened — maybe they felt too comfortable or were nervous to lose the lead — but UNC began to play on its heels. UVA came out ready in the second half. The Tar Heels were completely rattled and dropped the game 3-2.

"That was the game where we were like, 'Our season cannot keep going on like this," Thomassey said.

Dr. Jeni Shannon, director of the Carolina Athletics Mental Health and Performance Psychology Program, works with teams like the field hockey program weekly in sports psychology meetings. Whether it's performance anxiety or body image, Shannon is there to help. And for elite athletes like Thomassey, she said taking control of the mental aspect of the game has become an increasingly important step toward success on the field.

In the case of UNC field hockey, the team identified momentum as an issue following the loss to the Cavaliers. Shannon came in with a plan, and in their next team session, the Tar Heels talked about what to do when

they recognized that things were slowing down mid-game. Thomassey said the Tar Heels were a completely new team after that session.

"Even through the national championship game, we were able to recognize those moments and just say, 'We're not gonna let this happen to us," Thomassey said. "We took it and ran with it, and we obviously won so it worked out."

'A bit of a speed bump'

His nickname might be "the Butcher," but UNC football senior defensive lineman Kaimon Rucker would argue that's only one side of his personality. When Rucker's on the field, he's as aggressive as a rolling ball of butcher knives. But off the field, Rucker is one of the most prominent advocates for mental health on the UNC campus, for both athletes and non-athletes.

"For him, as a football player — historically a sports culture that has not been as receptive to mental health — to have him be a representative and an advocate has made more of a difference on that team and on our athletic department than any talk myself or my staff can give," Shannon said.

Rucker spoke last year at a UNC Athletics event about mental health, sharing his story with his fellow athletes. Still, he admits he has his struggles from time to time.

The senior recalls a practice ahead of the North Carolina football team's game against Clemson in November where his mental health hit a bit of a speed bump.

"I just remember I got a rep, I won and I showed no emotion," he said.

Gene Chizik, the former defensive coordinator at UNC, asked Rucker, "Hey, are you good?" He told Rucker, "You can trust me. You can tell me what's going on."

Rucker brushed it off. He identified as an independent person. Now, he can admit he simply didn't want to tell Chizik the truth of

IT'S OK TO DEPEND ON THE HELP OF YOUR TEAMMATES, YOUR FRIENDS, YOUR FAMILY, YOUR COACHES. ONCE I REALIZED THAT, IT HAS RELIEVED ME FROM A LOT OF MENTAL STRESS AND ANXIETY.

KAIMON RUCKER

UNC FOOTBALL SENIOR DEFENSIVE LINEMAN

what was really going on.

So, he simply said, "I'm fine."

He wasn't. Soon, he felt a bottle of emotion. For some reason, he kept getting worked up. Still, Rucker pushed through practice.

"Next thing you know, [my] emotions overwhelm me," he said. "I started getting really anxious. I was like, 'I can't do it. I can't go through practice right now."

Rucker told Chizik he had to go, exited practice and made a beeline to the training room, where he broke down. Lots of factors were at play: school, a recent death in the family and the constant pressure Rucker puts on himself to perform at a high level on the field.

Since that practice, Rucker has shifted his mindset around his mental health.

"When things get too tough, it's OK to ask for assistance," Rucker said. "It's OK to depend on the help of your teammates, your friends, your family, your coaches. Once I realized that, it has relieved me from a lot of mental stress and anxiety."

'Room to grow'

While Rucker, Thomassey and many other UNC athletes have taken advantage of

the resources Shannon's department offers, there's arguably room to grow.

Thomassey is a member of North Carolina's Student-Athlete Advisory Council, which meets about once a month to organize and advocate for the voices of UNC athletes. She said the SAAC has honed in on the topic of mental health.

On Feb. 5, Thomassey and former UNC runner Sully Shelton attended a Faculty Athletics Committee meeting on behalf of the SAAC. They spoke about the need for additional mental health resources for athletes given their busy schedules.

"I am completely on the wave of getting more licensed therapists and anyone else that could help into student athletics," Shelton said at the FAC meeting. "I think that's a long way to go. I just wanted to voice my concern for that."

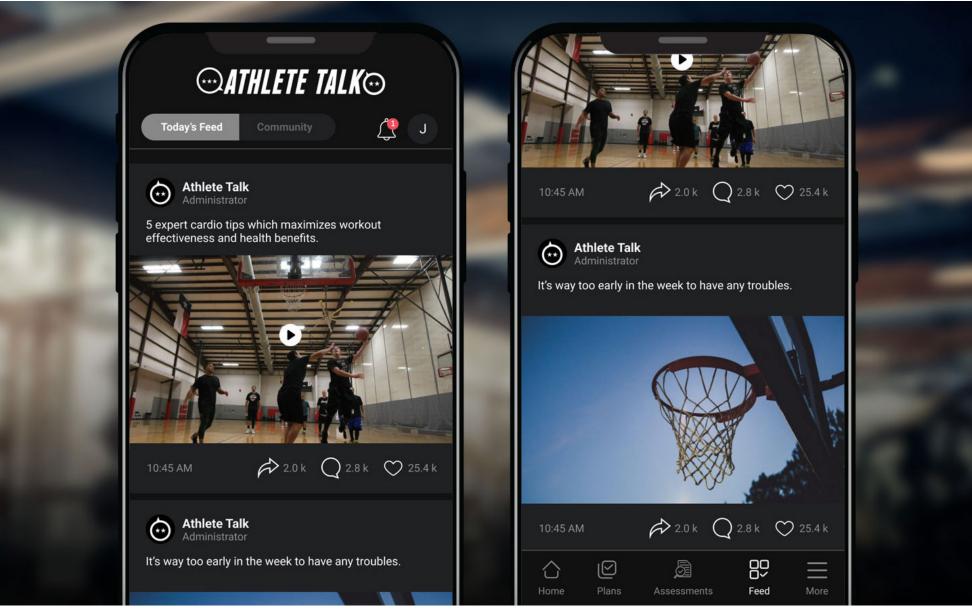
UNC athletics currently has three licensed mental health clinicians on staff, but Shannon said her program can always benefit from more providers.

Shannon said her department does not currently have enough latitude to meet all of UNC athletes' needs without a wait, and she doesn't have a clear timeline on when they will be able to hire more professionals.

Still, Shannon pointed to her department's hiring of a case manager a few weeks ago, Shaquilla Jones, who she hopes will help bridge the gap. She said Jones' duties include helping to manage the department's response times, waitlist and walk-in availability, as well as referring athletes to community resources when her program is at capacity.

"While I think there's always room to grow and be better, the amount of progress we've made, both in terms of resources and conversation and reducing stigma in this period of time, it's just incredible," Shannon said. "I'm really proud of what we've been able to do and really appreciate the push from the student athletes because this is really where it came from."

Partnership between AthleteTalk and Charlotte Athletics is helping student-athletes grow mental health literacy



GRAPHIC COURTESY OF EMMETT GILL, JR. AND ATHLETETALK, LLC

Mental health app to help student athletes across universities

Screenshots of AthleteTalk, a mental health and wellness app for athletes.

Bryson Foster

NinerTimes | Outreach Coordinator

prioritize mental health

Mental health is becoming a central talking point in college athletics. Athlete suicide forced the issue into the spotlight as in 2022, five NCAA athletes committed suicide as universities looked to find resources for student-athletes.

A report from Global Sport Matters said despite the benefits of sports participation for women student-athletes, the risk of suicide persists. For male student-athletes, the stigma of mental health issues makes it hard for some to ask for help. In a world where conversations about mental health are becoming normalized, athletes are still not talking, as only 10% seek mental health assistance.

When asked about the mental aspect of competing in college athletics, Charlotte cross-country junior distance runner Maddon Muhammad said caring for his mental health is critical.

"When it comes to cross-country, 95% of the sport is mental, and the other 5% is your ability and training," Muhammad said. "This year, the biggest thing holding me back was my mentality. If you get into your head, no matter your training, your brain will always beat your body."

AthleteTalk, LLC is stepping in to help universities deal with these tragedies and the mental grind. AthleteTalk is a mental health and wellness app that provides daily plans on a social media wellness feed. These plans include wellness videos, mental health "workouts" and a sharing feature.

AthleteTalk has created partnerships with multiple universities, such as the University of Detroit Mercy, Texas Southern University and the University of Texas at Austin. In December 2022, the company partnered with the University of North Carolina at Charlotte.

The company is in the second of a three-

year partnership with Charlotte Athletics. Founder and former Charlotte student Emmett Gill, Jr. said the partnership means a lot to him.

"We are really thankful to be partners with Charlotte and Charlotte Athletics. It really is a full circle for me to be able to serve the athletes at my alma mater," Gill said. "The elements are there, and the fact that this was a top-down is really special. As a former student-athlete at UNC Charlotte, it was one of the first schools we wanted to build that partnership with."

The basics

AthleteTalk has 87 mental health and wellness plans that student-athletes can engage in. Each plan lasts about four minutes to fit into their busy schedule. Gill said AthleteTalk wants to help student-athletes cultivate mental health practices.

"Our goal is to have athletes engage in the app daily," Gill said. "These programs help with mental health literacy because we know that if a person is literate in their mental health, they are more likely to visit a provider. AthleteTalk helps to build and extend that bridge."

The app has a leaderboard, daily plans, and assessment links that help student-athletes learn healthy coping mechanisms. AthleteTalk's plans relate to the transfer portal, NIL, name, image and likeness, deals, academic progress and social media usage.

Gill said that these topics directly relate to student-athlete mental health.

"We discuss topics like gratitude, kindness, your why and your circle. We examine topics like that because those are a part of mental health. The more kindness we display, the more positive impact it has on mental health," Gill said. "We talk about topics that aren't normally connected to mental health as a way to normalize it, especially when we talk about normalizing it from a strength-based perspective."

Gill said the challenge is to find a way to squeeze into the busy schedule of student-

"One of the challenges we know about

health, in general, is that student-athletes do not have much time," Gill said. "We are only asking for 5 to 10 minutes on the app daily, which is still challenging. We are trying to find a space for mental health. We are trying to find ways to fit in and not add to their plates but make it richer."

Partnership with Charlotte

The partnership at Charlotte came to be through a connection with former Associate Vice Chancellor Mari Ross. Gill said that after working together at North Carolina Central University, they both saw the need for the program.

The partnership with Charlotte was the first that was started in student affairs. Gill said that the university administration cares deeply for its students.

"Charlotte is the first partnership where it emanates from students' affairs, which is important because it demonstrates that the care goes beyond the athletic department," Gill said. "Student-athletes are students first and athletes second in the grand scheme of things."

IT IS ONE OF MY BELIEFS THAT STUDENT-ATHLETES WHO INVEST IN THEIR MENTAL HEALTH NOW WILL SEE THE DIVIDENDS LATER.

EMMETT GILL, JR.

ATHLETETALK FOUNDER

Charlotte has a student-athlete development and sports psychology unit, showing commitment to student-athlete mental health endeavors. AthleteTalk is looking to help create a third department focused on social work.

The goal of the divisions is to help increase

the likelihood that Charlotte athletes will seek counseling services when needed.

Benefits to student-athletes

AthleteTalk looks to help student-athletes by growing their mental health literacy and enhancing wellness.

"It is one of my beliefs that student-athletes who invest in their mental health now will see the dividends later," Gill said. "Many athletes face challenges such as sports termination, graduation, transfers and injury. They don't know how to deal with it all. Now is the time for them to learn how to invest time in their mental health and take some of the things they are learning from the time they invest and implement."

Gill said helping athletes now is crucial for their development as athletes and people.

"If they don't learn how to invest in it now, they will be put in situations where they have to do it on the fly," Gill said. "The point is to help student-athletes learn how to invest in and practice good, healthy coping skills and learn about mental health techniques."

Looking ahead

As Athlete Talk continues to expand with partnerships at multiple universities, Gill said he wants to leave behind a legacy.

"Our legacy at every school is that we want to pour into athletes, whether through student-athletes positive mental health or going into the industry to pour into other athletes. That is the way we are going to normalize mental health and break down the stigma," Gill said.

At Charlotte, impacting the journey of student-athletes is the mission.

"At Charlotte, we hope that just one athlete can say that our app impacted their journey," Gill said. "We want to impact athletes' lives while they are at Charlotte and help them build positive habits. I also hope we get some athletes to become interested in mental health in sports, and they'll decide to become sports social workers or professional counselors to pour into others."

How we talk about suicide online matters

Ethan Bakogiannis & Jameson Wolf Technician | Editors-in-Chief

Content warning: This article contains mentions of suicide.

A week into our tenure as editorsin-chief, we woke up to a Google Chat message discussing an apparent student suicide on campus the night before.

After reaching out to the University for confirmation and a statement on the rumor, we opened Reddit and YikYak, knowing that, for better or worse, any rumblings around campus would end up there.

While constantly refreshing the pages, we found separate rumors of another student death at a residence hall quickly making their way across N.C. State University chat rooms and message boards.

Countless emails, two breaking news staffers and one canceled final exam later, we had spent all day working our way through how to report on two student deaths in less than 24 hours — the sixth and seventh student suicides of the academic year.

Throughout that process, we had the

benefit of having attended trainings and participated in numerous conversations about the most responsible ways to report on mental health and suicide. Most students on campus who were reading, writing or reposting information about the deaths did not.

But when everyone has access to an online platform, the responsibility to minimize harm online extends beyond established reporting outlets; it applies to everyone who posts content. What information we share and the way we share it has an effect on those who view it — and that effect can be immense.

Media coverage is a primary driving factor in suicide contagion, the process by which exposure to a suicide death leads to increased risk of suicidal behavior in those exposed. Over the past several decades, researchers have developed guidelines for responsible reporting on suicide, and, when followed, these guidelines can successfully reduce the risk of contagion.

It is a greater challenge, however, to establish and encourage these guidelines on open online forums and social media platforms.

But that shouldn't stop us from using

our own platforms responsibly. With college students spending hours on social media weekly, what we see from the nonnews accounts we follow has the capacity to be just as much, if not more, impactful than formal news coverage.

One of the first things to be mindful of is that suicide is not inevitable. Presenting it as a common or acceptable response to struggle rather than a public health issue creates an aura of hopelessness that may prevent people from seeking help.

In the vast majority of cases, mental health treatment is effective. Sharing treatment resources along with stories of successful treatment can provide hope and offer a way forward for those who are struggling.

As students on N.C. State's campus last year, it was often frustrating to not quickly receive any official communication about student deaths on campus as the university navigated privacy concerns, verification of facts and how to responsibly keep students informed and supported. In lieu of official communication, many took reporting what they knew — or thought they knew — into their own hands.

From our experience, though, one of

the most pervasive ways that social media users' posts don't align with responsible reporting protocols is through speculation of causes and the sharing of oversimplified explanations. In any instance of suicide, the causes are complex and numerous. Speculations and oversimplifications, in addition to spreading potentially false information, contribute to a sense of hopelessness and sensationalization surrounding suicide.

Sharing details such as the method and exact location of a suicide can also contribute to the risk of contagion and should be avoided.

Our tendency in grief is often to celebrate the life of the deceased; however, it is important to avoid pushing narratives of heroism and honor that have the potential to glamorize or romanticize suicide.

This is not to say that we should stop talking about suicide. It is currently the third leading cause of death in college-age Americans, and the stigma that comes from not discussing mental health is directly linked to decreased likelihood of help seeking. But we must have these conversations responsibly in order to increase education, help seeking and hope.

Mental health is generational in minority communities. Acknowledge it.

Ankur Mutyala

The Daily Tar Heel | Columnist

Growing up, my family didn't talk about mental health. The subject rarely came up, and when it did, it was shut down immediately. Feeling any sort of bad feelings was just that: bad, something you should avoid at all costs. Uncomfortable feelings were not to be felt, and they certainly were not to be talked about. I was under the impression that I was — and always would be — completely fine.

It's difficult to place when exactly I began to struggle with mental health. Despite a "fine" upbringing, somewhere along the way grew the ever-present pit in my stomach; the racing, unintelligible thoughts clouding every social encounter; and the insistent need to know, "are you sure they don't hate you?"

I told myself that my experience was normal. Everyone was supposed to have a bit of self-hatred, right?

But when getting out of bed became a chore and interacting with others felt like running a marathon, I knew something needed to change. It took me months to gain the courage to approach my parents. I felt the full weight of all the stigma surrounding mental health that

was present both in my own family and throughout my entire culture.

When I finally revealed my struggles to my parents, they were less than enthusiastic. They weren't necessarily hostile; they were simply lost. They had no idea how a kid with friends, good grades and a financially stable family could be anything but fine. They recalled feeling similarly when they were young, attempting to convince me that struggling was a normal part of the human experience.

Regardless, I insisted on starting therapy. The weekly appointments were always somewhat predictable. After a few minutes of "I totally understand where you're coming from" and "I can see how that's difficult for you," my therapist would always circle back to the same question: "How did you feel as a child?"

A few diagnoses and multiple therapists later, it became clear to me that my issues were not standard. Even more unsettling though, was the realization that they didn't come out of nowhere. My attachment issues and the way I spoke to myself weren't just spontaneous, unlucky mutations of the mind with no basis — they were the result of my upbringing.

I grew resentful of my family. I blamed them for giving me my dysfunctional

thought patterns. How could they claim to love me while damaging my mind as it was forming? All of the suppressed tears, the avoidance of emotional conversations, the lack of emotional safety — it was all contributing to my unhappiness. I concluded that they deliberately placed struggles on my shoulders out of malice.

As I grew older, I began to notice glaring similarities between myself and my parents. It was in the way my mom talked about herself, the pressure my dad put on himself to be successful, the views they had on love and relationships. I saw myself in the way they criticized themselves. I heard my own voice as they discounted their successes and magnified their failures. I had inherited my poor mental health from something other than my own childhood.

The way my parents raised me was a reflection of their own upbringing in India, where the stigma surrounding mental health is undeniably worse. My parents likely had little resources to turn to if they felt similarly in their youth. Suppressing their feelings was all they ever knew, so it's no wonder I was raised to do the same.

After more challenging conversations with my parents, I realized that they had just as many — if not more —

difficulties facing the topic of mental health. They became more patient with each day I continued to open up to them. My resentment dissolved and was replaced with empathy as I learned how to resist decades of willful ignorance and paralyzing stigma that had persisted through the many generations before me — an unjust silence that plagued not only my family, but my entire culture. I embarked on the arduous journey of healing alongside my parents rather than in spite of them.

Upon learning to adopt this forgiveness towards my family, I found that each conversation regarding mental health only became easier.

I'm not justifying unhealthy coping mechanisms and the suppression of emotional struggles by parents; rather, my goal is to acknowledge the generational persistence of poor mental health, especially in minority communities. It is essential to identify these long-standing patterns in order to dismantle them and prevent their extension to future generations. Forgiveness truly is freeing when dealing with these issues. After all, when facing something as complex and daunting as mental health, aren't we all — parents included — just doing the best with what we know?

Make space to help those struggling with their mental health

Content warning: This op-ed contains mention of suicide.

"Are you thinking about killing yourself?" The words and the silence that followed were hanging between us, almost palpable. The "yes" that followed, said in an almost defeated tone, slowly slipped from the other side of the phone line and into my ear, stomach and heart. Two hours later, I ended the phone call, exhausted but knowing that my friend was safe for now.

I think about how we got there. I asked my friend how he was doing, and he answered with the ritualistic "OK." Something in his voice seemed off, both distant and about to break. My curiosity led me to ask the question that opened a door to a different ending.

I wish I could say that was the last time I supported someone thinking about suicide. My life is blessed with many beautiful friends, some of whom struggle with the idea of living. This labor of love has taught me many lessons. First and foremost, there are no right answers when it comes to supporting someone.

Being a companion in someone's journey and making space for the tender parts of their heart is hard. We can and should train and build our capacity, but the uncertainty will remain. We never know where a question will lead or how a journey will end.

We therefore need to become comfortable with this uncertainty, embracing it and leaning into it. Comfort with uncertainty allows us to ask difficult questions and to talk about mental health directly and explicitly. Comfort with uncertainty allows us to notice when those around us need extra help and to not shy away from a loved one due to our fears and insecurities. Comfort with uncertainty means that we can support a loved one without the need to offer bandaid solutions, just love and acceptance.

Doing the work to befriend uncertainty will make us better companions and will enrich our own lives in unexpected ways. The second thing I know is that we matter — our love, care and relationships matter. I have yet to find a study about mental or physical health where social support was not crucial to the outcome.

We must embrace our importance and begin to walk this earth and this campus

as agents of change. We need to do the work to open our hearts and love those around us unapologetically. As life taught me, asking that follow-up question when someone's tone of a voice seems off or telling a friend how much they mean to you can make all the difference needed.

I want to end by asking what it would take for us to build a network of healing and protective relationships. How can we take the first step to showing our hearts to one another more authentically?

More than three years have passed since that phone call with my friend. He is still here, doing much better, and my life is much richer for it.

 Lior Vered-Langley, a master of social work student at UNC Chapel Hill graduating in 2024.



ESIGNED BY CARRIE-ANNE ROGERS I THE DAILY TAR HEEL

'IT'S ABOUT THE PROCESS':

Art therapy provides creative outlet as mental health care

Kennedy Cox

The Daily Tar Heel | Columnist

I was 12 years old when I was first prescribed antidepressants. Growing up is difficult on its own, but growing up with a diagnosis of major depressive disorder and trying to manage it with medication was an exhausting battle that I was not expecting to encounter — especially at such an early age.

Major depressive disorder is one of the most common psychiatric disorders, with a median age of onset of 26 years old.

Psychotherapy and medication, specifically selective serotonin reuptake inhibitors, are the recommended treatments for MDD upon initial diagnosis.

My teenage years had been an endless cycle of trying a medication, feeling "okay" for a few weeks, feeling symptoms return and increasing my dosage. When the increased dosage didn't work, I'd try another medication. By my first semester at UNC, I had tried and failed four different antidepressants and had given up on psychotherapy.

Two weeks after my 19th birthday, I found myself on the floor of my father's office with my head against the wall,

lamenting, "My brain isn't working," to my parents. I thought I had run out of possible solutions, and I felt completely helpless.

After countless nights of research, my mom sent me an article about transcranial magnetic stimulation.

TMS is a noninvasive brain treatment that stimulates underactive nerve cells in the brain with magnetic fields. It is FDA-approved for patients with treatment-resistant depression who have not experienced success from other treatments.

With very little hope, I decided to pursue this option. We found a neuropsychiatrist in Durham who evaluated me and determined that I was a good candidate for TMS. Because I failed four different classes of antidepressants, my treatments were covered by insurance.

TMS was a daunting commitment. Five days a week for eight weeks, I

Five days a week for eight weeks, I would go to an outpatient facility and sit through uncomfortable 30-minute treatment sessions with a TMS-certified technician. Each Monday morning, I would wake up at 7:30 a.m. and drive 2 1/2 hours to my first treatment. I stayed in my aunt's house in Durham with my mom and after a full week of treatment, I'd drive back home for a sense of normalcy on the weekends.

The first few sessions were incredibly difficult. The magnetic pulses felt like a woodpecker on my forehead, and I'd leave with tears welling in my eyes. I felt like I was torturing myself for no reason, but I stuck with my commitment.

Eventually, the sessions became more

I was initially in denial about feeling better because I was so used to a natural state of feeling down. Before treatment, any happy or positive moment was a moment that I struggled to embrace because I always knew that it would pass. Happiness was an unfamiliar feeling, and the things that brought me joy as a child failed to amuse me as I got older.

One day, while eavesdropping on my mom talking on the phone, I heard her say one sentence that made me realize that I was getting better:

"She's singing again."

I have always loved to sing. Music was my best friend for the longest time, and singing was an escape for me. As my mental health started to decline, so did my urge to sing. I hadn't even noticed that I had started to sing again during my time in treatment, and that's how I knew that I was getting better.

The remaining weeks flew by as my

spirits grew higher. My smile grew wider, my laughs grew louder and my confidence grew stronger.

At the end of each week, I would fill out a Patient Health Questionnaire-9 to measure the severity of my symptoms and my progress. After I filled out my final PHQ-9 on Jan. 5, 2021, my neuropsychiatrist told me that I was officially in remission. That drive home was the most exciting drive of my entire life.

If you had told me 10 years ago that I would one day be free from the symptoms of MDD, I wouldn't have believed you. I believed that medication and psychotherapy were my only options, and that if those options couldn't help me, then nothing could.

Three years later, I can confidently say that I am still in remission. Having this "new mind" definitely has its own set of challenges, and I am still learning to be this new version of myself that is happy, confident and secure.

Treatment for mental illness doesn't end at just medication and psychotherapy. I know what it feels like to believe that happiness is impossible. Knowing now that I can say "I am happy" out loud and mean it, has made all the difference.

Op-ed: UNC's win-at-all-cost attitude jeopardizes the safety of athletes

Our experience on UNC's swimming and diving teams was disturbing.

We felt we had gained a higher status than non-athletic regular people, or as we referred to them — NARPs.

Despite this "status," we often felt worthless outside our dedicated purpose to compete. Eventually, our struggle with mental health didn't matter, nor did any diseases, injuries or anything else really.

No matter what, we were going to practice in the morning.

Between 2020 and 2022, chlorine singed swimmers' eyebrows, hair and skin for months at a time. During those times, many athletes complained. Since the pool would have to be closed for a week to fix it, our performance took primary concern over our health.

Issues like this unsettled us. But leaving didn't seem possible. Athletes seek approval from coaches and quitting was looked down on by everyone involved.

So we didn't say anything when we were injured or struggling. We sucked it up and went to 6 a.m. practice. We lost our eyebrows. We avoided hot showers because our skin burned. We practiced over the NCAA's 20 hours of training per week limit, consistently

dedicating well over 22 hours to the sport.

Even if we felt nothing, struggled mentally, were suicidal — it did not matter because we thought it made us special. We were told that it made us special; that we were going above and beyond dedicating ourselves to a cause.

No, we were brainwashed.

And now, years into retirement, we lay in bed wide awake wondering why the hell we bought into a program that jeopardized our health.

As ex-swimmers of the UNC swimming and diving teams, we want to tell other athletes: You are more important than your performance. If you are suffering as a result of your relationship with your program, something needs to change.

From our point of view, the University's athletic revenue machine mandated that programs had to meet high expectations, especially those that didn't make a lot of money.

The University's swimming and diving teams are profit-negative programs. So, we watched coaches, frantic to meet these expectations, conduct themselves in a manner that discouraged missing practice to recover from any injury or disease. Athletes were

paying the price to keep our scrutinized program afloat.

Oftentimes, we witnessed those who failed to perform be ignored and stonewalled. Similarly, we knew key point scorers who were denied legitimate claims of injury and illness to maximize training time.

The NCAA should classify these behaviors as abuse. They stretch the "splendors" of collegiate athletics into a nearly unattainable goal.

The NCAA says its core mission is to "provide a world-class athletics and academic experience for student-athletes that fosters lifelong well-being." But the current dynamic risks the safety of everyone involved.

If this win-at-all-costs attitude isn't reversed, we will witness the complete degradation of the meaning of sport at UNC. The exploitation of athletes, who put their bodies and minds on the line to be part of what they are taught makes them important, is unacceptable.

– Former UNC swimmers, senior Samuel Long and junior Olivia Gschwind

Editor's Note: Samuel Long and Olivia Gschwind are former staffers at The Daily



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