



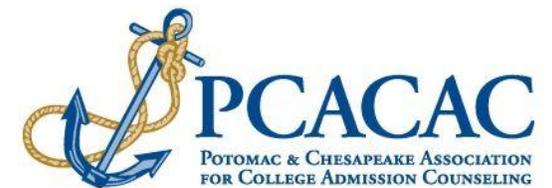
**PCACAC**

POTOMAC & CHESAPEAKE ASSOCIATION  
FOR COLLEGE ADMISSION COUNSELING

*PCACAC WEBINAR SERIES/February 2026*



# *Student Mental Health*



# *PRESENTERS*

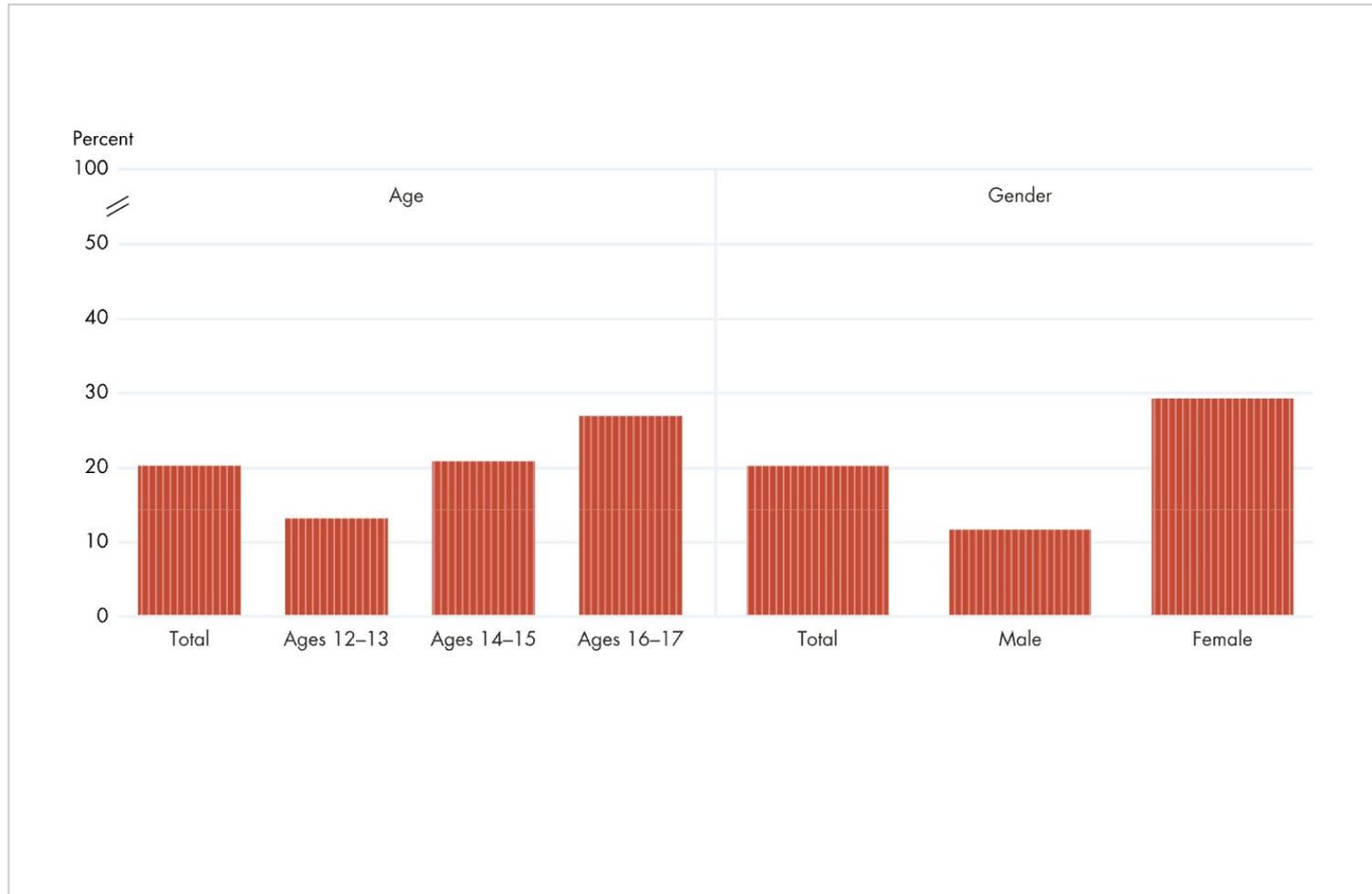
- **Richard Griffith, Sidwell Friends School**
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# *LEARNING OBJECTIVES*

1. Understanding the Current Landscape of Mental Health with current High School/College Students
2. Understanding How to Navigate the Mental Health Challenges that Affect Students in the College Admissions Process
3. Understanding Resources for both High School and College Populations

# Percentage of youth ages 12–17 who experienced a major depressive episode (MDE) in the past year by age and gender, 2021



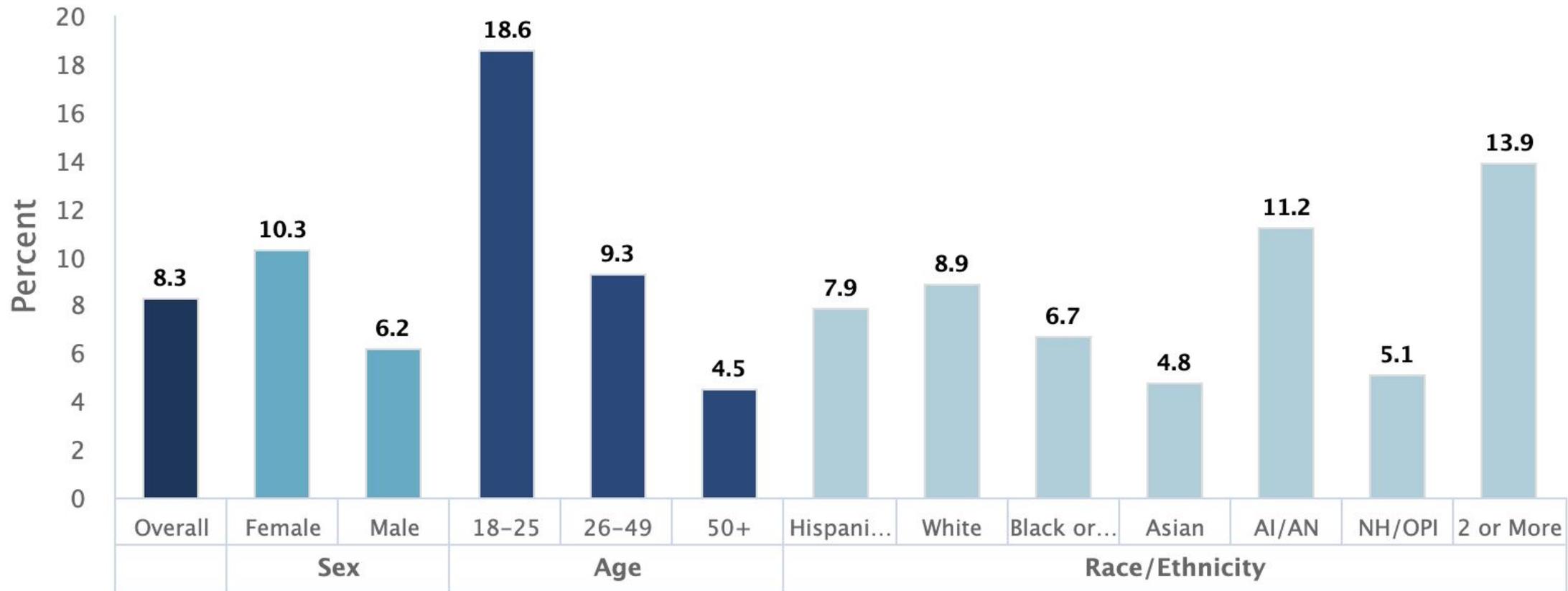
NOTE: An MDE is defined as a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities plus at least four additional symptoms of depression (such as problems with sleep, eating, energy, concentration, and feelings of self-worth) as described in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*.

SOURCE: Substance Abuse and Mental Health Services Administration, [National Survey on Drug Use and Health](#).

# Past Year Prevalence of Major Depressive Episode Among U.S. Adults (2021)



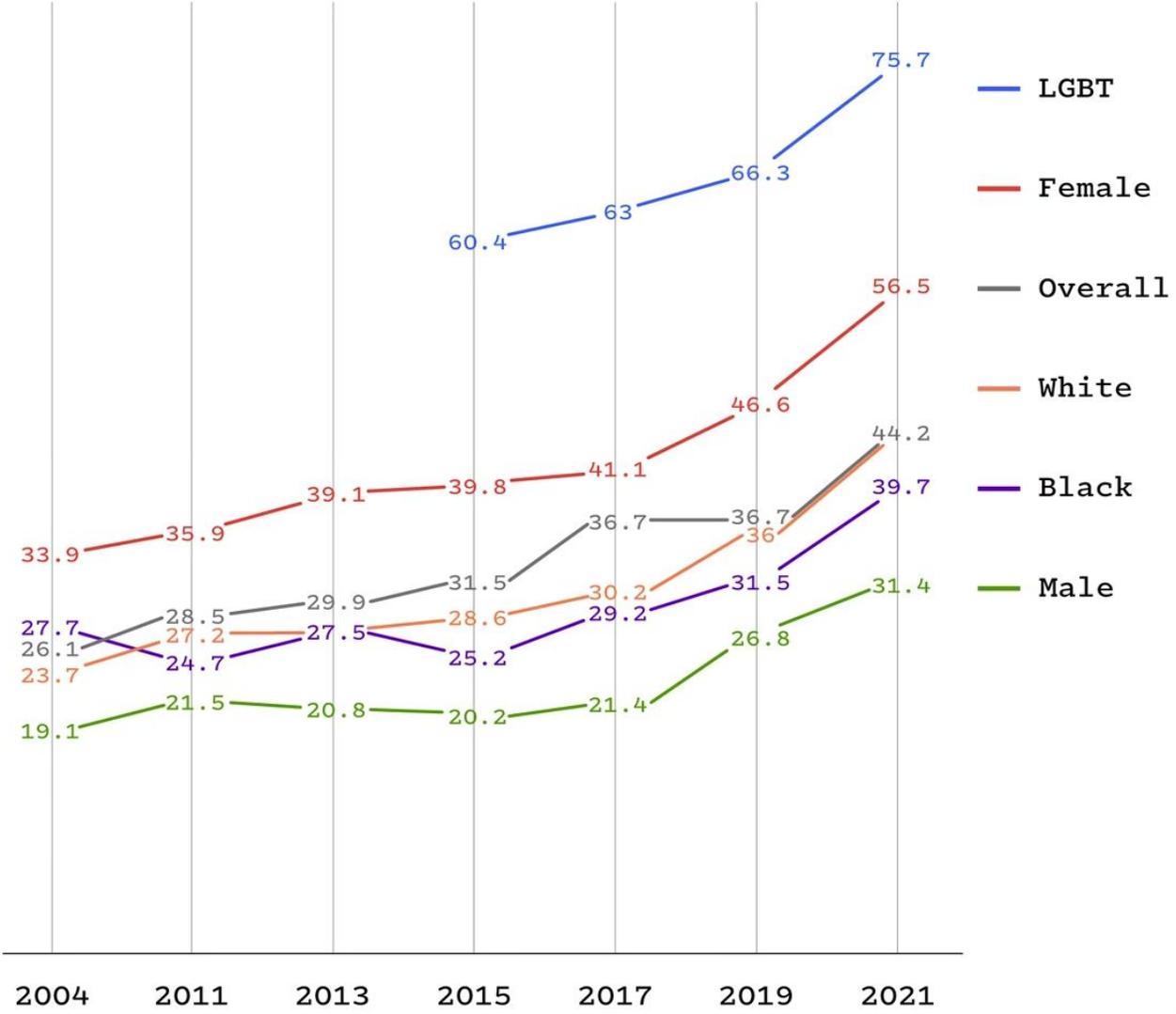
Data Courtesy of SAMHSA



\*Persons of Hispanic origin may be of any race; all other racial/ethnic groups are non-Hispanic |

AI/AN = American Indian / Alaskan Native | NH/OPI = Native Hawaiian / Other Pacific Islander.

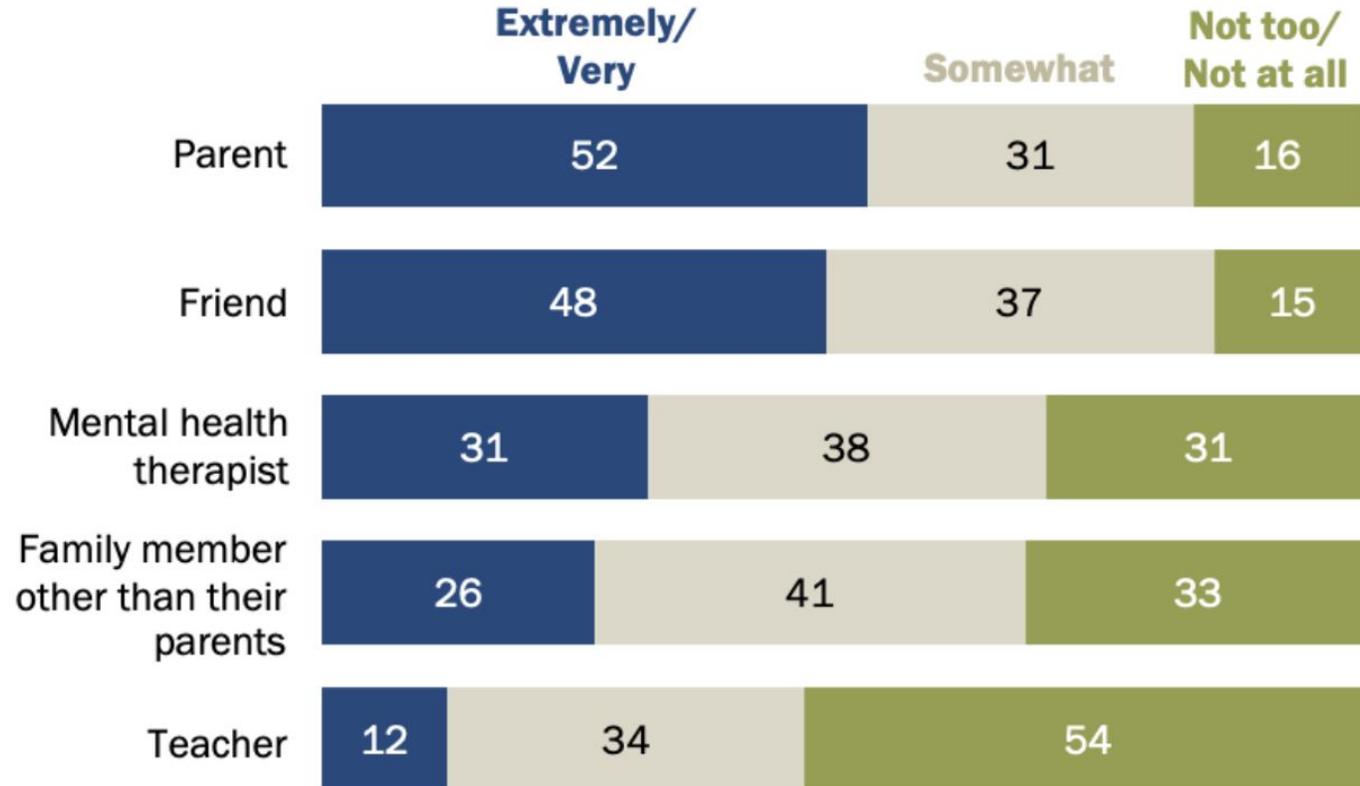
# Percent of High-School Students Feeling Persistently Sad or Hopeless



Credit: Derek Thompson, The Atlantic; data from the CDC.

# More teens are comfortable talking about their mental health with a parent or friend than a therapist or teacher

*% of U.S. teens ages 13 to 17 who say they would be \_\_\_ comfortable talking with each of the following people about their mental health*

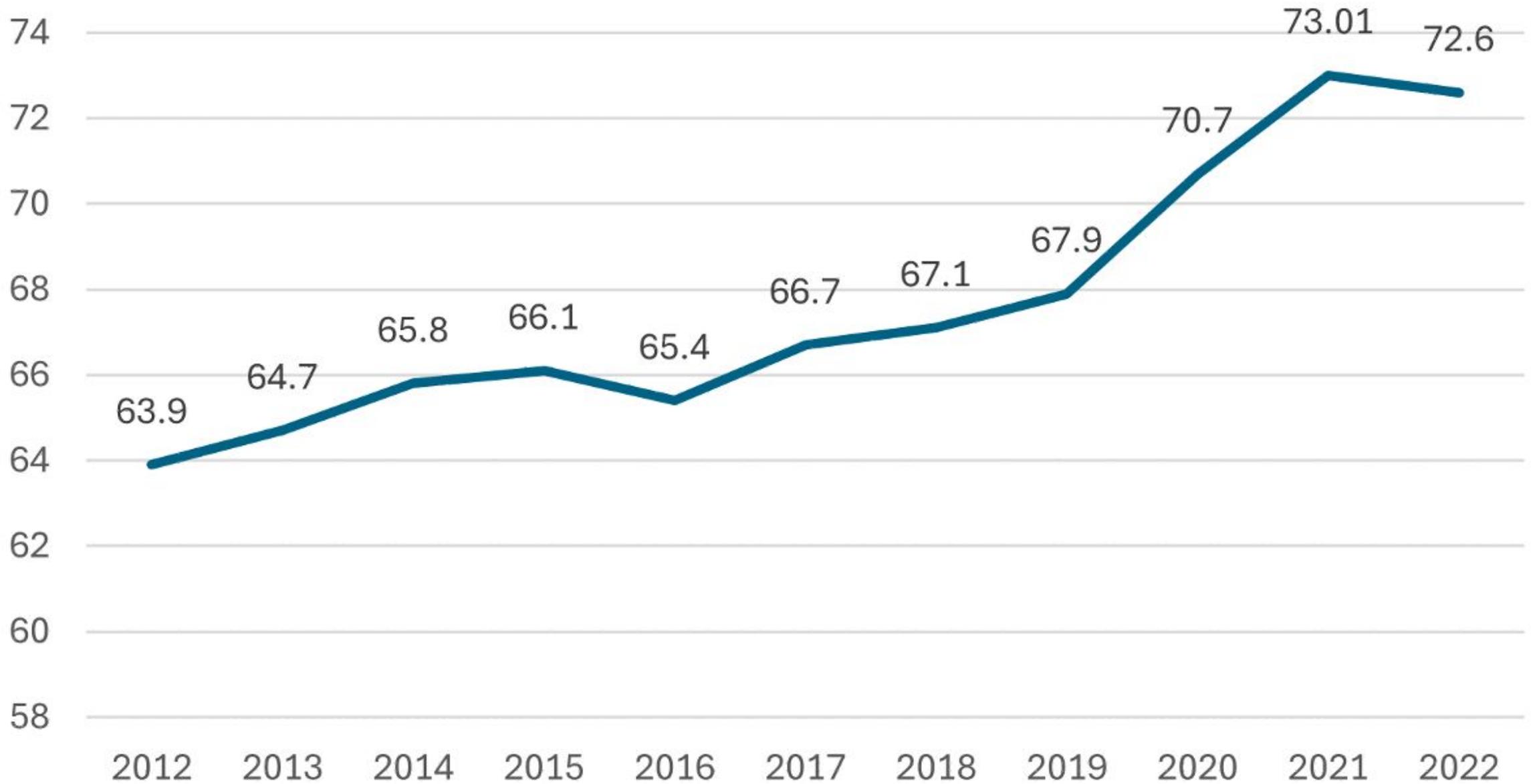


Note: Those who did not give an answer are not shown.

Source: Survey conducted Sept. 18-Oct. 10, 2024.

“Teens, Social Media and Mental Health”

# First-Year Average Acceptance Rates



# Indicator of success in College

**37%** greater sales

**6x** more creative

**31%** more productive

**40%** more likely to receive a promotion

**23%** fewer fatigue symptoms

**10x** more engaged

**39%** more likely to live to age 94



***How do you manage this?***



## ***Emotional First Aid - The Self-Check In***

- How am I feeling in this moment?
- What feelings am I bringing into this moment?
- What sensations am I feeling in my body? (and where am I feeling them?)

# ***Microskills***

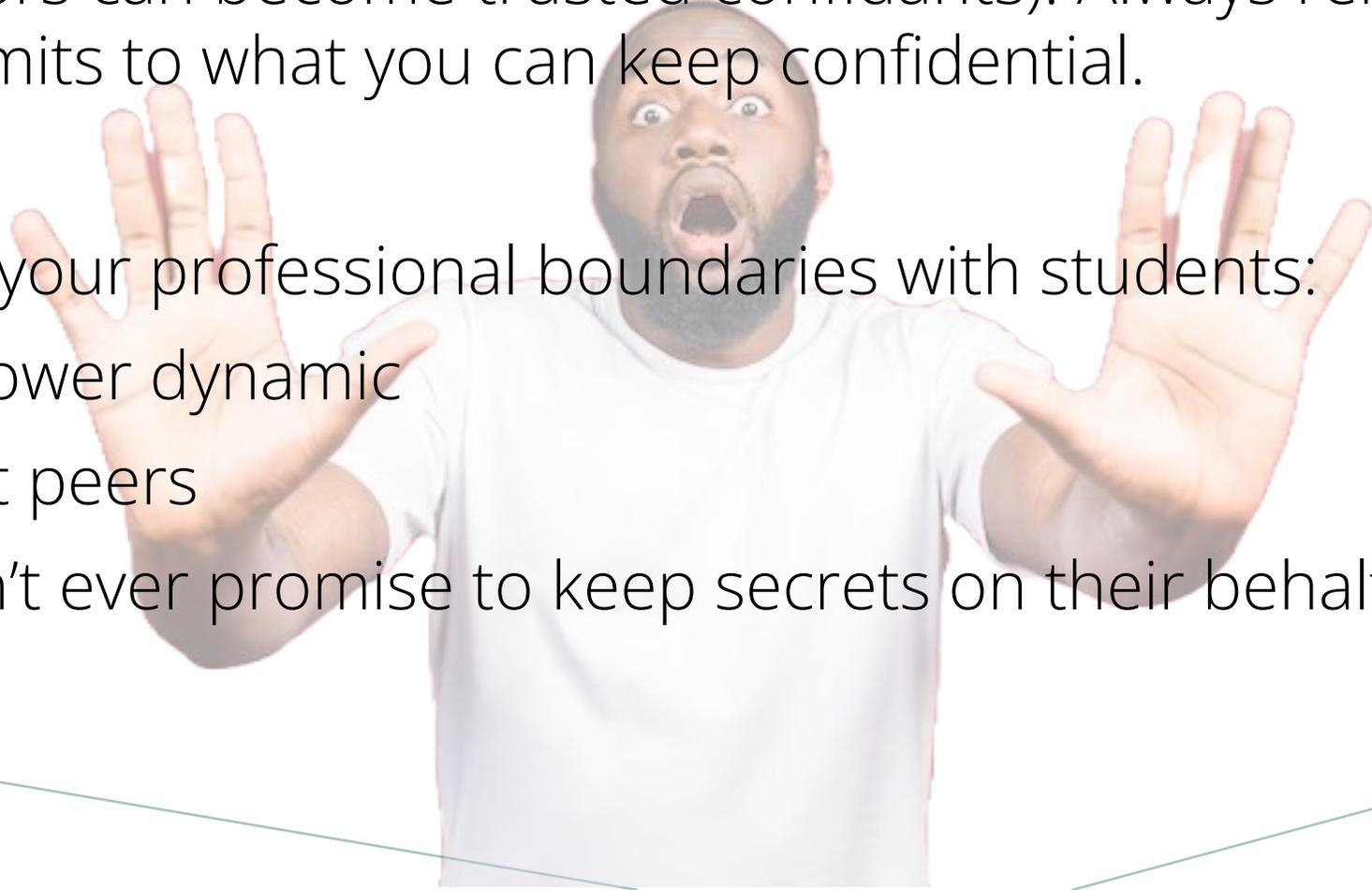
- **Active listening**
  - Listening for understanding
- **Attending behavior**
  - Eye contact
  - Head nodding
  - Leaning in
- **Reflection**
  - “So you're telling me (insert what student has just shared)”
- **Reassurance**
  - “I am going to do my best to help/support you”
  - “I can see how that is upsetting”

# ***Boundaries and Limits to Confidentiality***

Our relationships with students are less formal which can blur lines (e.g., college counselors can become trusted confidants). Always remember that there are limits to what you can keep confidential.

Also remember your professional boundaries with students:

- There is a power dynamic
- They are not peers
- You shouldn't ever promise to keep secrets on their behalf



***We are ALL mandated reporters, we are required to report the following:***

- Physical or sexual abuse
- Neglect
- Domestic abuse or violence in the home
- Illegal or drug related activity
- Suicidal ideation

***When to alert a Mental Health  
Counselor/Psychologist?***

***In general, if you are concerned about  
the well being of a student, it can't  
hurt to alert***

## ***What is Suicidal Ideation...***

Suicidal ideations often called suicidal thoughts or ideas, is a broad term used to describe a range of contemplations, wishes, and preoccupations with death and suicide. There is no universally accepted consistent definition of SI.

# ***Some examples of suicidal ideation:***

- I want to kill myself
- I don't feel like going on
- I don't want to live
- I feel like dying
- There is nothing to live for
- I don't want to exist
- I wish I wasn't here
- I don't feel safe

# ***If a student reports that they are suicidal and you are on campus/during school hours:***

1. Thank the student for telling a trusted adult. Tell the student that expressing thoughts about suicide are taken seriously, and that you need to make sure they are safe by involving the student's parent(s)/caregiver(s) and the appropriate school officials to ensure their safety.
2. Keep the student visible. If they are able to walk with you to a psychologist/counselor, or administrator, do so immediately. If not, please message/email a psychologist/counselor, or administrator to meet you where you are.
3. It is okay to then leave the student with psychologist/counselor.
4. Once involved, the school psychologist/counselor will contact the student and the student's parent(s)/caregiver(s) to determine an appropriate plan and make appropriate recommendations. Administration will be informed of the recommendations.

## ***If a student reports that they are suicidal and you are not on campus/after regular school hours:***

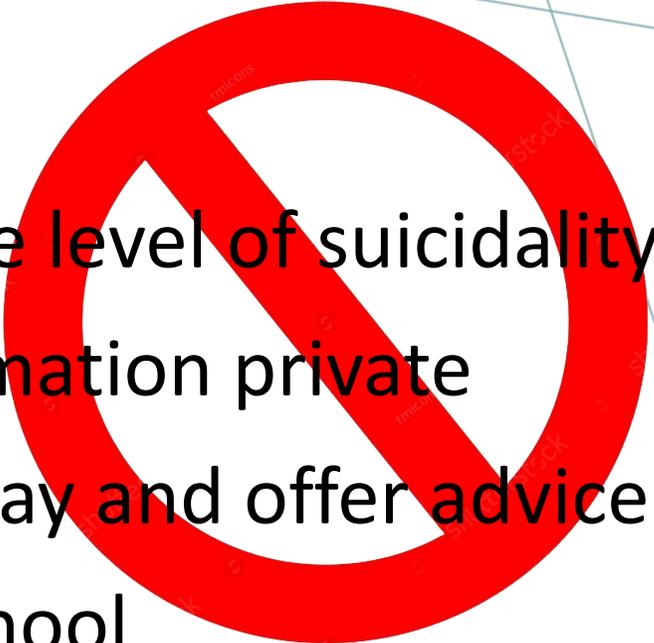
1. Thank the student for telling a trusted adult. Tell the student that expressing thoughts about suicide are taken seriously, and that you need to make sure they are safe by involving the student's parent(s)/caregiver(s) and the appropriate school officials to ensure their safety.
2. Keep the student visible. Immediately contact the student's parent(s)/guardian(s), preferably by phone, and let them know exactly what the student stated. (It is okay to contact the caregiver of the student's choosing). Avoid making guesses or assumptions about the student's mental state, motives, etc. Ask that the student be picked up immediately. Inform the parents that you need to inform the school psychologist/counselor about the situation and that they will be in contact shortly.
3. Immediately notify the principal and the school psychologist/counselor of the incident.
4. Once notified, the school psychologist/counselor will contact the student and the student's parent(s)/caregiver(s) to determine an appropriate plan and make appropriate recommendations. Administration will be informed of the recommendations.

## ***Do:***

- Use a warm tone
- Keep the student with you and provide a warm virtual hand-off to a parent, the school psychologist/counselor, or administration when they are available
- Take note of the exact wording and write it down
- Listen carefully
- Firmly state that as an educator, it is your job to ensure their safety
- Tell the student that they did the right thing by telling a trusted adult



## ***Don't:***

- Try to assess if the student is “serious” or the level of suicidality
  - Tell the student that you can keep this information private
  - Ask for the “reason” the student feels this way and offer advice
  - Tell anyone besides the parent/caregiver, school psychologist/counselor, or administration of the incident
- 

***In acute, non-crisis situations, faculty/staff should still contact the school psychologist/counselor and share the information that you received.***

Examples include:

- Reports of cutting
- Restricting eating, bingeing, purging
- Signs of acute distress (i.e., uncontrollable crying, panic attacks)
- Sudden changes in behavior, appearance, and academic performance (i.e., complete withdrawal, frequent missed classes and meetings)

# *Seasons of Change, if you're 18*

## Fall

- College Fairs, High School Visits, Living out of a rental car

## Winter

- Reading applications, coming back to a full inbox and tasks

## Spring

- Decisions, Focused on May 1st

# ***Working with Students and their Mental Health***

- We as Professionals must educate ourselves on Mental Health and the complexities of it
- Transfer/GAP year students will continue to be prevalent with the process (pivoting our skills)
- Different type of Recommenders coming into play (personal counselor, mentor who was virtual, etc.)
- Colleges/Universities will need to be more explicit in what specific accommodations/ new supports that are offered
- Economic/Political/Safety Concerns will continue to arise (and will continue – Political/Social Environment)
- Pulse Checks on the process will be important, and we as counselors have to be flexible
  - But I can't change deadlines...I always say
  - Watching my tone and empathy towards anxiety/despondent feelings

# *What do we need to be aware of for the next class(es) of college students?*

**Considering the following Factors that will influence and affect their choices/importance of their mental health:**

- Political/Social Environment
- Information on Transitional Issues (Campus Life, Academic Resources, etc.)
- Interpersonal connection and help (orientation programs, advising)
- Campus Safety and the College geographic area
- Financial Challenges
- Present Medical Issues and how College/University environment can assist

# *Using the Guide to Ethical Practices in College Admission in reference to Mental Health*

- **What is The Guide also called GEPCA?**  
It is the **Guide to Ethical Practices in College Admission**. It is a document that “reflects NACAC’s commitment to principled conduct among professionals that support students in the college transition process.”
- **CORE VALUES** of the Guide include; **commitment to education, access and equity, professionalism, collegiality, collaboration, trust and social responsibility**

# *Additional Resources for Guidance and College Counselors*

For a challenging and rewarding training on dealing with students in distress :

- Stanley King Institute (<https://www.csee.org/page/SKI>)

For counselors at independent schools:

- The Blackberry River Retreat through the Association for College Counselors in Independent Schools ([accisnet.org](http://accisnet.org))

# *QUESTIONS?*



**YOU MAY ENTER YOUR  
QUESTIONS INTO THE Q&A  
BOX IN ZOOM**



**THANK YOU!**

