Dear Shareholders:

Welcome to the UNH Counseling Center’s 2015 Year in Review. We had another busy and record-breaking year! In this report, we proudly share with you the work we did to serve our students and the UNH community at large.

On the national level, we continue to see an increased demand for and utilization of college mental health services. This trend holds true on our UNH campus. We are working with record numbers of students and the intensity as well as the severity of issues being addressed in counseling has increased over the years. With your support, UNHCC welcomed new members to our team last August to address this growing need, bringing our staff to a total of 17 clinicians. To say the least, our staff hit the ground running and we continued to break records this year. We remain committed to the students and our dedication to offer effective services and best practices.

The theme of this year’s report is based on the Campaign to Change Direction - initially introduced by First Lady Michelle Obama in March 2015. We will review the Five Signs of Emotional Distress, discuss identifying at-risk students and how to help, and also explore how to reduce the impact of and better manage emotional distress through self-care and stress management.

We are so excited to share our work with you from the last year and look forward to welcoming another successful year ahead. Please visit our website for information about our services, training program, and bios of our staff members (http://www.unh.edu/counseling-center).

In Solidarity,

UNH Counseling Center Staff
THE COUNSELING CENTER:
The Counseling Center is the primary mental health facility on campus. We offer a variety of services that are designed to enhance students’ ability to fully benefit from the university environment and academic experience. This includes providing counseling and therapy for students who may be experiencing situational or ongoing psychological difficulties, providing programming to meet the developmental needs of the student population, and encouraging a university atmosphere conducive to personal and intellectual growth and psychological well-being. We are fully funded by student fees and our clinical services are available to all students who have paid the Health Services/Counseling fee. The Counseling Center is located on floors 3 and 4 of Smith Hall.

INDIVIDUAL COUNSELING:
Individual counseling assists students to resolve issues that cause emotional distress and, as such, interfere with personal goals and academic success. The individual counseling offered here is mostly short-term in nature. Concerns students often address include:

- Educational & academic goals
- Personal, family, & relationship concerns
- Depression
- Stress & anxiety
- Gender & Sexual identity/orientation/expression
- Difficulty with alcohol & other substances
- Eating concerns
- Sexual, physical, & emotional abuse, as well as other traumatic experiences
- Self-harm
- Adjustment issues

OUR THERAPY:
Our Center’s Counselors practice Planned Short-Term Therapy. This kind of therapy includes: identifying a focus, setting goals, and working toward these goals as efficiently as possible. Our experience shows that, for most people, a major positive impact occurs during the early sessions of counseling. This year, students were seen for an average of 4.33 sessions at the Counseling Center.

EMERGENCY ASSISTANCE:
Emergency assistance is provided 24/7, 365 days a year. Immediate psychological help is available by calling the Counseling Center at (603) 862-2090. We make emergencies a priority with respect to scheduling. Our staff responded to 267 emergencies this year.
Our Services

CONSULTATION/OUTREACH:
The Counseling Center attempts to meet the emotional and mental health needs of the campus community by reaching out to those who may not seek counseling services. Our outreach activities include educational programs and classes, committee participation, and clinical consultation.

We are available to consult with faculty, staff, family members, and students who are concerned about a student. Assistance in crisis management and guidelines for referrals are also available.

This year, we reached over 15,000 individuals through our participation in over 395 outreach programs and events.

We provided over 1,980 clinical consultations to the UNH community (e.g., faculty, other health providers, parents/family, coaches, advisers, Behavioral Intervention Team).

INTAKE & INDIVIDUAL COUNSELING:
All clients meet with a clinician for an intake appointment to collect some preliminary information about the student’s concerns. Together the clinician and client decide what might be the best way to address stressors and build upon strengths. This may involve individual, couples, or group counseling; a referral to our consulting psychiatrist; or perhaps a referral to a clinician outside of the Center.

We offer individual planned short-term therapy (PSTT) to assists students to resolve issues that cause emotional distress and, as such, interfere with personal goals and academic success. In the 2014-2015 academic year, we saw over 1,196 unique clients for assessment and/or intervention services.

PSYCHIATRIC SERVICES

The Counseling Center contracts with a board certified psychiatrist who provides psychiatric evaluations and ongoing medication management for students.

When a student and their counselor decide that medication may be helpful in symptom management, an initial evaluation may be scheduled with our psychiatrist. While there is no additional cost for this service, there is a fee charged for missed appointments.

GROUP COUNSELING:
Group counseling is an excellent way to get support, learn about yourself and your relationships with others, as well as to develop new skills. Many students have found that group counseling is effective because:

• They find that they are not alone with their problems
• They can help others and be helped by others
• They develop new ways of relating that are helpful in everyday life
• They can talk about things that are often difficult to discuss outside of group

Groups offered in 2014 – 2015

• International Student and Scholar Circle
• Anxiety Management Group
• Managing Social Anxiety Group (Spring)
• Meditation Group
• LGBTQ+ Support Group (Fall)
• LGBTQ+ “Let’s Talk” (Spring)
• Coping with Grief & Loss Group (Spring)
• Resiliency Group (Fall)
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• They can help others and be helped by others
• They develop new ways of relating that are helpful in everyday life
• They can talk about things that are often difficult to discuss outside of group

GROUPS OFFERED 2012–2013:

• International Student and Scholar Circle
• Social Anxiety Group
• Anxiety Management
• Flourishing
• LGBTQ Support Group

DOCTORAL INTERNSHIP:

Training interns is a rewarding and cost effective way for our staff to increase the efficiency and breadth of services. Our training program is representative of our commitment to stay up-to-date of the latest developments in psychology.

The counseling center has a doctoral internship with a national reputation. Students from around the country, in their final year of doctoral preparation, join our staff and provide services to students and other members of the community. This year, our interns provided over 1500 hours of face-to-face services to the UNH community, inclusive of individual and group counseling, outreach, and consultation services.

POST-DOCTORAL FELLOWSHIP:

Our post-doctoral fellowship program was established in 2001, expanded in 2011, and has been made a permanent part of our organization. This year, our program consists of three fellows who have had an outstanding year of service to the university community. Together, they have provided over 1500 hours of face-to-face clinical service, including group counseling, outreach, and supervision of interns.

CLIENT DEMOGRAPHIC CHARACTERISTICS

<table>
<thead>
<tr>
<th>Category</th>
<th>2015 (%)</th>
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</thead>
<tbody>
<tr>
<td>Female</td>
<td>59</td>
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<tr>
<td>Male</td>
<td>29</td>
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<tr>
<td>Transgender</td>
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</tr>
<tr>
<td>Age &lt; 24</td>
<td>59</td>
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<tr>
<td>Age ≥ 24</td>
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<tr>
<td>First-Year</td>
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<td>Sophomore</td>
<td>20</td>
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<tr>
<td>Junior</td>
<td>21</td>
</tr>
<tr>
<td>Senior</td>
<td>17</td>
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<tr>
<td>Grad Student</td>
<td>7.0</td>
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<tr>
<td>Navitas</td>
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</tbody>
</table>

SERVICES PROVIDED:

The Counseling Center staff had thousands of contacts with students, family members, faculty and staff last year! As in years past, clinical concerns comprised the vast majority of these contacts. Of these, there were 1265 intake appointments.

OUR CLIENTELE:

Counseling Center staff provided clinical services to approximately 8.2% of the UNH student community. Of these, 59% were female and the same percentage was under age 24. For the most part, these numbers mirrored the demographics of the UNH student population. However, it is clear that cisgender women at UNH (and in our larger society) tend to seek counseling more often than men do.
SO, DOES COUNSELING REALLY HELP?
For the past 18 years, the Counseling Center staff has been collecting information about how people change with the help of counseling. This is the 10\textsuperscript{th} year we have used a tool designed specifically for use with the college population.

Clients who completed this assessment measure at the beginning and end of their counseling here and who also had at least 3 counseling sessions at the UNHCC consistently reported positive changes in the following areas:

- Mood difficulties
- Academic problems
- Social & generalized anxiety
- Family distress
- Substance use/abuse issues
- Food concerns

These clients also generally reported decreases in self-harm factors including suicidal thoughts and intentions.

SO, WHAT IS COUNSELING LIKE?
Students who complete satisfaction questionnaires about the counseling they received at the Center typical give our staff high scores.

During this academic year:
- 96.9\% found their counselor to be helpful.
- 97.3\% found their counselor to be attentive.
- 98\% found their counselor to be sensitive.
- 96.6\% reported their counselors helped them clarify goals for counseling.
- 90.2\% reported satisfaction with their sessions.
- Over 80\% of our clients said that counseling helped them be more successful academically.
- 89.9\% of our clients responding to our survey this year said that the wait for an intake appointment was acceptable.

Though any student can see a clinician for a same-day emergency appointment if needed, most students access our services through an intake appointment, which must be scheduled in advance.

Contrary to prior years, our wait list was not implemented until late in the Fall semester (November), and we did not implement a wait list at all in the Spring! Of those who were put on a wait list, 84.8\% of clients waited 7 days or less between intake and first therapy session.
WHAT KINDS OF CONCERNS DO STUDENTS HAVE?
Students were seen for a wide variety of short-term and longer-term concerns this academic year:

- Anxiety (62.2%)
- Relationship Problems (70.4%)
- Mood Disorders (43.5%)
- Personality Concerns (24.3%)
- Adjustment Difficulties (25.3%)
- Learning Disability (12.2%)
- Substance Abuse (11%)
- Eating Concerns (8.8%)
- Other Concerns (4.7%)
- Psychotic Disorders (0.7%)

FREE ONLINE MENTAL HEALTH SCREENINGS
Each year, we provide free, anonymous mental health screenings through our Website, [http://www.unh.edu/counseling-center](http://www.unh.edu/counseling-center). The five screenings offered included the following: Depression, Bipolar Disorder, Generalized Anxiety Disorder, Post-Traumatic Stress Disorder, and Eating Concerns. Hundreds of students took these questionnaires and received feedback on their responses. Many of those students indicated that they planned on seeking further help on campus. Although we have no way of knowing how many of them followed through with their plans, we are encouraged by their reported intentions.

COUNSELING CENTER STAFF: OUTREACH
The Counseling Center is committed to creating a University community in which all people can flourish.

This year, Counseling Center staff:

- Presented numerous psychoeducational workshops and programs to the University community (~400)
- Facilitated, participated in, and/or were speakers at multiple university events & social-justice related programs
- Assisted our community by providing articles and resource information on our Website
- Worked as members and leaders of campus and community committees:
  - University Council of Inclusion & Excellence
  - Diversity Advisory Group
  - Diversity Engagement Team
  - Suicide Prevention Committee
  - Religious Diversity
  - Behavioral Intervention Team
  - Bystander Intervention
  - Social Justice Educators
  - President’s Commissions
    - Status of People of Color
    - Status of People with Disabilities
    - Status of GLBTQ+ People
    - Status of Women
  - Transgender Policy & Climate Committee
  - Preferred Name Initiative Committee
  - Student of Color Recruitment & Retention Committee
  - Eating Concerns Team
  - Athletes with Eating Concerns Team
  - Women’s Health Group
  - Health Services Teams
  - Men’s Health Group
  - MLK Activism Committee
  - Participated in search forums for various campus positions (e.g., Provost Search)

- Acted as consultants to/for:
  - Disability Support Services (DSS)
  - Center for Academic Resources (CFAR)
  - Sexual Harassment & Rape Prevention Program (SHARPP)
  - Health Services
  - Athletics
  - The Office of Multicultural Student Affairs (OMSA)
  - Career Services
  - Office of International Students & Scholars
  - Office of Residential Life
  - Campus Recreation
  - Center for International Education
  - Connect Program
"We've got to listen. We've got to connect with them. We have to offer our compassion so that our friends and families and neighbors and our veterans can get the help they need, just like we would if they were diagnosed with cancer or heart disease or anything else... our mental health is just as vital as our physical health, so it's time we started treating it that way.”  - First Lady Michelle Obama, 2015

On March 4, 2015 First Lady Michelle Obama announced a campaign about mental health, The Campaign to Change Direction. In support of this campaign, experts have come together to reduce stigma and raise awareness about depression, anxiety, and other mental illnesses. The UNH Counseling Center is committed to spreading awareness and knowledge about mental illness that might affect someone that you know.

Below are five signs that may mean someone is in emotional pain and might need help.

Five Signs of Suffering

Their personality changes.
You may notice sudden or gradual changes in the way that someone typically behaves. They may behave in ways that don't seem to fit the person's values, or the person may just seem different.

They seem uncharacteristically angry, anxious, agitated, or moody.
You may notice the person has more frequent problems controlling their temper and seems irritable or unable to calm down. People in more extreme situations of this kind may be unable to sleep or may explode in anger at a minor problem.

They withdraw or isolate themselves from other people.
Someone who used to be socially engaged may pull away from family and friends and stop taking part in activities they used to enjoy. In more severe cases, the person may start failing to make it to work or school. Not to be confused with the behavior of someone who is more introverted, this sign is marked by a change in someone's typical sociability, as when someone pulls away from the social support they typically have.

They stop taking care of themselves and may engage in risky behavior.
You may notice a change in the person's level of personal care or an act of poor judgment on his or her part. For instance, someone may let their personal hygiene deteriorate, or the person may start abusing alcohol or illicit substances or engaging in other self-destructive behavior that may alienate loved ones.

They seem overcome with hopelessness and overwhelmed by their circumstances.
Have you noticed someone who used to be optimistic and now can't find anything to be hopeful about? That person may be suffering from extreme or prolonged grief, or feelings of worthlessness or guilt. People in this situation may say that the world would be better off without them, suggesting suicidal thinking.

DID YOU KNOW?

- Nearly 50 million American adults (1 in 5 people) experience a diagnosable mental disorder in a given year. 2
- Suicide is the 2nd leading cause of death for youth between the ages of 15 and 24. 3
- In the last year, it was reported that... 4
  - Over 46% of college students "felt things were hopeless."
  - Nearly 33% felt "so depressed that it was difficult to function."
  - About 8% of students seriously considered suicide.
  - At least 1% attempted suicide.
Be Aware of Risk Factors
Some students may be at higher risk for suicide based on the presence of these factors.°

![Diagram of Greater Risk for Suicide]

Family history of suicide
Family history of violence (e.g., physical or sexual abuse)
Prior suicide attempt(s)
Substance abuse problems
Depression & other mental disorders
Firearms in the home
Exposure to suicidal behavior of others
Incarceration

Note: These vary by individual cultural backgrounds & experiences - some are at greater risk than others. These factors place individuals at higher risk, but not everyone who has these risk factors is suicidal.

Signs that someone may be suicidal ²

- Talking about...
  - Wanting to die or kill oneself
  - Feeling hopeless/having no reason to live
  - Feeling trapped or in unbearable pain
  - Being a burden to others
- Looking for a way to kill oneself
  (e.g., searching methods online, buying a weapon)
- Increased use of alcohol or drugs
- Anxiousness or agitation; behaving recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

Note: If you are concerned, follow your instinct & seek help immediately, because suicide can be prevented! Recognizing some of these warning signs may help you protect someone you know and care about.
### Helping a Student in Distress

<table>
<thead>
<tr>
<th><strong>DO</strong></th>
<th><strong>DON’T</strong></th>
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<tbody>
<tr>
<td>Talk with the person in private to reduce defensiveness &amp; embarrassment</td>
<td>Don’t ignore the warning signs of emotional distress</td>
</tr>
<tr>
<td>Acknowledge that you are aware of their distress and sincerely concerned about them – their feelings are valid</td>
<td>Don’t ignore strange or inappropriate behavior</td>
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<tr>
<td>Listen &amp; try to understand without agreeing or disagreeing</td>
<td>Don’t minimize the situation or feeling (e.g., “it will be OK, things will be better tomorrow”)</td>
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<tr>
<td>Help them explore options to deal with the problem</td>
<td>Don’t overcommit yourself or make promises you can’t keep</td>
</tr>
<tr>
<td>Be available to listen, talk, support, and refer to resources such as the Counseling Center (852-2090)</td>
<td>*Don’t promise confidentiality or say you’ll keep a secret – you cannot guarantee it if the person’s life is at risk!</td>
</tr>
<tr>
<td><strong>ALWAYS</strong> take their thoughts, feelings, &amp; actions seriously (80% of people who die by suicide give warning of intent!)</td>
<td>Don’t assume the person is being dramatic or “crying wolf,” even if they are laughing or joking</td>
</tr>
<tr>
<td>Ask directly if they are thinking about suicide (Asking WILL NOT increase their risk! That is a myth)</td>
<td>Don’t avoid asking direct questions about risk if it feels uncomfortable – asking shows that you care!</td>
</tr>
<tr>
<td>Get someone else involved (e.g., counseling center staff, faculty, staff, RA, RHD, Dean of Students)</td>
<td>Don’t ignore your boundaries &amp; limitations – seek support if needed</td>
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<tr>
<td>If immediate risk of harm, try to restrict access to lethal means and call for help</td>
<td>Don’t leave the person alone if immediately at risk</td>
</tr>
<tr>
<td>If the person expresses immediate suicidal intent or has very recently attempted suicide, contact the police or hospital ASAP!</td>
<td>Don’t wait to get help if you don’t think the person is safe!</td>
</tr>
<tr>
<td>Take care of yourself! Get emotional support to manage your own reactions and struggles</td>
<td>Don’t assume you won’t be affected by someone else’s pain</td>
</tr>
<tr>
<td>Take the Kognito training for more information about risk factors and warning signs of suicide risk</td>
<td>Don’t assume the person is already getting help</td>
</tr>
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References:
When you notice someone is experiencing any of the five signs of emotional distress, a simple yet powerful gift you can offer is to be there and listen. Active listening is a form of communication that facilitates deeper understanding of the speaker and their key messages. The following four steps provide guidance to be an effective supporter as you lend an ear.

**Prepare:**
- Find a quiet place with privacy. Speakers are more likely to disclose their struggles in a safe environment.
- Minimize distractions. Turn off electronics, such as your cellphone.
- Make sure that your needs are taken care of before entering a difficult conversation. It is easier to manage your own judgments or reactions when you are rested and not in crisis yourself.

**Engage:**
- Stay focused on the speaker at all times.
- Use both verbal and nonverbal language to let them know that you are listening and their story matters.
  - Body language that helps = eye contact, nodding, smiling, and an open posture (your body facing the speaker, arms uncrossed)
- Read the speaker’s nonverbal cues to gauge their comfort levels, readiness to address certain subjects, and prominent emotions (e.g., they may look down when feeling ashamed).

**Respond:**
- Providing appropriate feedback is one of the most important skills in listening.
- Often times, listeners rush into problem solving and give unsolicited advice. Save this until the end or until the speaker specifically asks for it.
- Instead, try paraphrasing or summarizing what the speaker has said to make sure you are understanding (e.g., “Sounds like you’re saying...”).
- You can also ask for confirmation, clarification, or further exploration (e.g., “What do you mean by...?”, “Tell me more about...?”).
- Empathize!! Put yourself in their shoes (e.g., “It sounds like you’re feeling...”).

**Wrap-Up:**
- If you have any concerns about the person being at risk, take appropriate steps to get the person help ASAP. You do not have to deal with this situation alone.
- Reflect your gratitude for them opening up to you and reinforce any silver linings that the person has indicated (e.g., “you really care about school”).
- Help them come up with a concrete action plan based on the conversation. Keep it simple and realistic (e.g., take a walk, talk to a professor, or make a counseling appointment).
- Take good care of yourself. It takes a lot of energy to tend to others’ needs while keeping your judgments in check. The person’s situation may trigger strong emotions or unwanted memories inside of you.
Promote Self-Care
Help Them Help Themselves

Sleep is arguably one of the most important functions in our lives. Adults sleep on average 7.5 hours/night, ranging from 5-9 hours depending on personal need or circumstances.

While asleep, our brain cells shrink, which increases the flow of cerebrospinal fluid. This increased circulation washes out toxic waste proteins, such as beta amyloid, from our brain and generates the refreshed sensations in the morning.

Many factors, such as depression, anxiety, other medical conditions, and medications, can interfere with sleep. Conversely, poor sleep can negatively impact energy levels, mood, motivation, etc. If you notice someone struggling with poor sleep and reduced self-care, encourage the person to use some of these sleep hygiene tips.

Sleep Hygiene Checklist

- Have a fixed bedtime & waking time
- Avoid heavy, spicy, or sugary foods
- Exercise regularly but not right before bed
- Afternoon power nap (up to 30 minutes) if needed
- Practice relaxation techniques
- Bathe for relaxation, shower for stimulation
- Kick the electronics out of your bedroom
- Keep the room temperature around 70°F
- Avoid caffeine & alcohol 4-6 hours before bed
- If unable to fall asleep after 30 minutes, get out of bed & do something low key (e.g., reading)

SMART Goals

for Better Time Management & Self Care

When we see someone struggling to manage the demands of an overwhelming schedule, personal struggles, and emotional distress, it can be helpful to have them set realistic & attainable goals that will increase productivity, efficiency, and engagement.

SMART Goals (Specific, Measurable, Achievable, Relevant to Your Values, and Time Limited) increase the likelihood of success and build confidence in someone’s ability to change.

Regular Goal: “I want to work out more...”
SMART Goal: “I will run a mile at least 3 times/week this month”

Once you set your goals, share them with others and check in periodically to increase accountability. Regularly reward yourself with self-acknowledgement, small tokens, or fun activities.

Manage Your Time, Manage Yourself

Free guided meditations are widely available online. Also, the Counseling Center offers a weekly drop-in meditation group!

Meditate Away!

Studies suggest a variety of benefits meditation can bring to our mental and physical health.

Take a few minutes to turn your attention inward everyday. Put one hand on your chest and another on your stomach. As you inhale, imagine a balloon being slowly inflated in your belly. As you exhale, deflate the balloon at the same steady pace. Every time your mind wanders away, gently bring it back to your breath.

Source: University of Maryland Sleep Disorder Center http://ummidtown.org/programs/sleep/patients/sleep-hygiene
It is difficult to know what to say and how to help someone who is struggling. **You are never alone** in this effort! The Counseling Center staff members are available to consult and are able to offer suggestions about how to help someone. We continuously reflect on the increasing needs of UNH students and actively make efforts to assist them in times of great distress.

Through the Campaign to Change Direction, the Five Signs of Emotional Distress are strong markers to help faculty, staff, and students be more aware of changes they might notice in others that could be indicators of something more serious.

1. Be aware of the signs that might indicate a student is in distress or at risk, including changes in personality or mood, isolation, decreased self-care, and/or hopelessness.

2. Show concern, let the student know you care, and actively listen to better understand what they are thinking and feeling.

3. Don’t assume that the student will be OK—ask direct questions to make sure they are safe, and seek consultation or get the person help if you are concerned.

4. Help the student get connected with social support, coping resources, and self-care strategies.

5. And last but not least... **Take care of yourself!!!**

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**How Heavy is Your Glass?**

A professor walked around a room while teaching stress management. As she raised a glass of water, everyone expected she’d be asked the “half empty or half full” question. Instead, with a smile on her face, she inquired: “How heavy is this glass of water?” Answers called out ranged from 8 oz. to 20 oz.

She replied, “The absolute weight doesn’t matter. It depends on how long I hold it. If I hold it for a minute, it’s not a problem. If I hold it for an hour, I’ll have an ache in my arm. If I hold it for a day, my arm will feel numb and paralyzed. In each case, the weight of the glass doesn’t change, but the longer I hold it, the heavier it becomes.”

She continued, “The stresses and worries in life are like that glass of water. Think about them for a while and nothing happens. Think about them a bit longer and they begin to hurt. And if you think about them all day long, you will feel paralyzed—in capable of doing anything.” It’s important to remember to let go of your stresses. Don’t carry them into the night. Remember to put the glass down!

*(The original source of this story is unknown; but the message resonates with many.)*

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We can all work together to help students in distress learn how to manage the “weight of their glass,” e.g., when to pour water out, when to put the glass down, and when to ask for help holding the glass. Sometimes we may need to offer to hold the glass or ask someone else to help us hold it for the student. Other times we may need to focus on our own glass, monitoring whether it has become too heavy.

Analogies aside, we really appreciate the opportunity to present you with the work our staff has done in the last year. Thus concludes another Shareholder’s Report: Year In Review from the UNH Counseling Center. Until next year…

Thank you!

UNH Counseling Center Staff
### Important Resources

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<tr>
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<th>Department</th>
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<tbody>
<tr>
<td>862-1165</td>
<td>Campus Ministry</td>
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<tr>
<td>862-3698</td>
<td>Center for Academic Resources (CFAR)</td>
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<tr>
<td>862-2090</td>
<td>Counseling Center</td>
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<tr>
<td>862-2607</td>
<td>Disability Services for Students (DSS)</td>
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<td>862-9355</td>
<td>Health Services</td>
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<td>862-1288</td>
<td>Office of International Students and Scholars (OISS)</td>
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<td>862-5204</td>
<td>Office of Multicultural Student Affairs (OMSA)</td>
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<td>862-3823</td>
<td>Office of Health Education and Promotion</td>
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<td>862-3290</td>
<td>Office of the Provost/Diversity Initiatives</td>
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<td>Residential Life</td>
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<td>Sexual Harassment &amp; Rape Prevention Program (SHARPP)</td>
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<td>862-7233</td>
<td>SHARPP 24/7 Services</td>
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<td>UNH Police</td>
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<td>862-0355</td>
<td>Military &amp; Veterans Services</td>
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<tr>
<td>862-3272</td>
<td>Connor’s Writing Center</td>
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We welcome any feedback you might have regarding this report or our services. You can call us at 862-2090, or write to us at the following address:

UNH Counseling Center  
3 Garrison Ave - Smith Hall 306  
Durham, NH 03824