Hello and Welcome from the President!

By: Rebecca Cohen

Hello!

I would like to take the opportunity to welcome back all the upper-classmen/women and welcome first year and transfer students!

I am so excited to be the CAMS on Campus President for the 2017-2018 academic year! As a senior, I am proud to say that the CAMS program was the major attraction that convinced me to matriculate at NYU four years ago. I had known for many years that I wanted to study some type of pediatric specialty, but being able to minor specifically in Child and Adolescent Mental Health as an undergrad was astonishing to me.

I am a firm believer that there is an interplay between the overall well-being and mental health of an individual that has a significant impact on physical health. Through my volunteer and research activities in the medical field, I have personally witnessed the positive impact a targeted program focusing on mental well-being has on the overall healing process for a patient. CAMS on Campus is an amazing way to become involved in these positive mental well-being programs!

I also want to offer some words of wisdom from a senior to first year students. First, welcome to New York City! As you have probably all heard before, you are truly attending school in the most amazing city in the world.

You should participate in all the wonderful opportunities offered to you. Do not be afraid to try new things! A few ideas for your first year: go to professor office hours - get to know them, contribute to conversations in recitation instead of just reading Buzzfeed articles on your laptop, eat at a new restaurant with a cuisine you have never tried before, say hello to that cute boy or girl you see in Bobst every week, tell the person in front of you in line at Starbucks that you like her or his shoes, attend a party in the Village with friends of friends that you do not know very well, call home every once in a while (your family misses you!), wave hi to your Welcome Week friends in Downstein, eat ice cream/Lipton cookies before dinner - but also eat a vegetable now and then, and finally, most importantly, have fun!

Thank you,
Rebecca Elissa Cohen
‘To the Bone’ A Review

Warning for Sensitive Content: Eating Disorders/Anorexia

By: Simran Bharadwaj

The camera shadows the lead actress, Ellen (Lilly Collins), taking the viewer through the therapy sessions and treatment center the patients attend. Ellen is sent to a treatment facility to help her recover from anorexia nervosa after battling a tumultuous home situation. Her doctor, William Beckham (Keanu Reeves), is an unconventional doctor who gives his patients the choice as to whether they want to get better and healthier. With the support of the others at the treatment facility, Ellen tries to gain weight and get better, however towards the end of the film, her situation becomes dire. Several times throughout the film, Collins’ character says she does not see the point in getting better or in living. She doesn’t see the benefits.

Any film about eating disorders is going to be controversial. ‘To the Bone’ is no different partially because portraying eating disorders in 90 minutes of screen time is a daunting task. On screen, it is difficult to portray emotions and thoughts behind this disorder. Additionally, those who suffer from anorexia nervosa may be triggered by the display of Ellen’s body on screen. Understanding the situation on a more personal level, patients battling anorexia might end up comparing their body to the ones they see on screen.

However, the film should be applauded for portraying many accurate aspects of eating disorders. Marti Noxon, writer and director, incorporates people of all ages and genders in the film. Although anorexia nervosa is the main disorder being addressed, there are a variety of disorders also portrayed. Moreso, the film brings awareness to the severity of eating disorders and the effect family and friends can have on a person undergoing treatment.

Noxon does not give the film a traditionally happy ending where the protagonist is cured of her disorder and is healthy enough to face the world on her own. Rather, there is a more realistic ending where Ellen reaches the brink of death and realizes she needs to change. The film indicates that no one has to be alone in their battle against their disorder.

WIN: A New Health Initiative

By: Kiran Khatau

At NYU there is a new option for first year living. In addition to the Goddard Residential College, and themed floors in dorms, there is now the WIN program. The WIN program is a research program developed by Dr. Jess Shatkin aimed at educating college students about healthy lifestyles. WIN, or Wellness Initiative at NYU, is in its first official year, but this is not the first iteration of this program.

Several years ago, the program began as a 2-semester CAMS course called Risk and Resilience in Urban Teens, where college students would take a class on healthy behavior, then be able to teach these behaviors to high schoolers. The findings showed that the college students had significant reduction in stress, and overall better mental health than students who did not take the course.

This year, the WIN program exists with about 80 participants. Students have the ability to join events like free yoga, or a conversation with a nutritionist about a healthy diet in college. Additionally, participants can win swag like yoga mats or tote bags for going to events. Along with going to general events, half the participants are randomly assigned to a course, aimed at forming healthy habits. At the end of the students’ 4 years, the program will try to assess if students in the class had healthier habits than those not assigned to the course.

What do you think? Could this program have reduced your stress freshman year?
DACA and Mental Health

By: Zahra Haque

On September 5, the Trump Administration announced that it will not renew the Deferred Action for Childhood Arrivals (DACA) program, a decision that would affect almost 800,000 undocumented immigrants in America. Instituted via executive order by former President Obama in August 2012, DACA has granted limited rights and protections to undocumented immigrants who came to the US before the age of sixteen - a population commonly referred to as “Dreamers.”

While DACA does not provide Dreamers with a path to citizenship, it does grant them authorization to live, work, and attend school in the US without fear of deportation. For Dreamers, DACA has been a huge sigh of relief. For five years, DACA has given Dreamers a safety net and reassurance that they won’t face legal barriers in education and employment in the States. The current administration’s decision to rescind DACA is effectively pulling out the safety net from under the feet of young undocumented immigrants. Such a drastic change warrants a deep examination of the impact it would have on the mental health of Dreamers.

The National UnDACAmented Research Project (NURP) is a five-year longitudinal study examining various outcomes of DACA recipients. NURP demonstrates positive impact of DACA on education and workforce opportunities, but has also examined outcomes related to mental and emotional health. Participants reported feeling less stressed since the implementation of DACA. They attributed this to a number of factors, but particularly to the fact that they were no longer living under the constant threat of deportation. Another key reason was that they were less apprehensive about interactions with law enforcement.

Furthermore, it appears that the effects of DACA are not only felt by its recipients, but their offspring as well. A recent study suggests that DACA produces better mental health outcomes for the children of Dreamers. The study examined undocumented mothers in Oregon who participated in DACA, and the rates of anxiety and adjustment disorders in their children. These rates were compared to those of children born to undocumented mothers who did not participate in DACA. Researchers focused particularly on anxiety and adjustment disorders because these conditions can occur in children who are separated from their parents, as in the case of deportation. Prior to DACA, the rates of these mental illnesses were roughly the same in both groups. But post-DACA, researchers found, the rates in the DACA group fell by a remarkable 4.5 percent. These children, whose mothers were not at risk of deportation, experienced anxiety and adjustment disorders far less than the children of non-DACA undocumented mothers.

DACA has been a major win for mental health - a domain that has not received much public attention in the wake of Trump’s decision to end the program, and the ensuing debates. Ending DACA could create a public health issue, as it would significantly undermine mental health in immigrant communities.
Born to Be Wild: an Interview with Jess Shatkin

By Kiran Khatau

Dr. Shatkin’s research and own experience.

It has been known for several years now that the ways teens make decisions is different from that of adults. Dr. Shatkin explained that when a teen or young adult is faced with a risky decision, they take in more information than necessary, and can make unexpected decisions because of this. In contrast, an adult making a risky decision, it is about utility: what decision will have the best outcome.

But, teens are wired to make risky decisions. In my conversation with Dr. Shatkin, much of it was centered on the evolutionary explanation for this. Teens were the strongest, most fertile members of the community and had to be the ones willing to take risks for the good of the group. These individuals were the ones who were able to reproduce, and their traits were passed on. Unfortunately, society has evolved faster than our genetics.

Nowadays, it is not necessary for teens to be making life-threatening risks. But the way we teach teens to curb their impulses has not been working. Think back to the classic movie Mean Girls, and Coach Carr telling students “Don’t have sex. You will get pregnant. And die.” While this is extreme, it demonstrates how ineffective scare tactics are. Because chances are, you won’t get pregnant, and you probably won’t die from having sex once. So what exactly do we tell teens instead of trying to scare them? Dr. Shatkin recommends teaching resilience, putting mental health programs into schools, and helping parents with behavioral parenting strategies. Yes, we should also tell teens that there are some risks in their behavior, but not that the risks are exponentially high. Rather, stress that it only takes one time for something to go wrong.

Quiz: Should You Cut Down on Caffeine?

1. How many servings of caffeine do you have during the day?
   A) 1-2 cups a day
   B) 3-5 cups a day
   C) 6+ cups

2. At what point during the day do you have caffeine?
   A) Just the morning
   B) Into the afternoon
   C) It doesn’t matter time of day!

3. How about sleep habits?
   A) I sleep like a baby every night!
   B) Occasionally I have trouble sleeping
   C) My sleep schedule is really messed up.

Do you get headaches if you don’t have caffeine?
   A) No, never
   B) Just if I don’t get it in the morning
   C) Literally, all day

Answers on next page!
Caffeine and the Brain
By: Meghan Morrongiello

Coffee is a thing of legend. Ethiopian folklore credits Kaldi of Kaffa, a goat herder, with discovering coffee’s power after his goats became abnormally excited following their consumption of mysterious berries. These excitement-inducing berries were the fruit from which the coffee bean (which is actually a seed) is derived. Like Kaldi’s goats, coffee and other caffeine products have an energy-producing effect on those who ingest it. But what is it about caffeine that results in such behavior?

Caffeine molecules are similar in structure to that of adenosine, a chemical in the body that manages the sleep-wake cycle. The similarity of the two structures causes caffeine molecules to bind to adenosine receptors. This hinders adenosine molecules from binding with each other. The result is a decrease in the feeling of fatigue. While the binding of molecules continues, neurons, the messenger cells of the brain, begin to fire. This results in the release of adrenaline. Adrenaline is responsible for symptoms associated with caffeine consumption, such as an accelerating heartbeat, increasing attentiveness, and the jitters. Caffeine consumption is also connected with the compound dopamine — sometimes referred to as the “feel good” or “happy” chemical. The relationship between dopamine and caffeine mimics the relationship between dopamine and hard drugs, such as cocaine, heroine, or amphetamines. These hard drugs, like caffeine, are associated with a rise of dopamine levels in the brain, which raise with feelings of pleasure.

Caffeine Quiz Answers:

Mostly A’s: You drink a relatively low amount of caffeine for your body!
Mostly B’s: Be mindful of how much caffeine you drink!
Mostly C’s: It might be time to cut down on your caffeine intake.
A big Thank You to everyone who contributed to the CAMS on Campus Newsletter:

- Simran Bharawaj
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- Zarha Haque
- Kiran Khatau
- Meghan Morrongiello

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Why you should get involved in writing for The CAMS on Campus Newsletter:

“The scariest moment is always just before you start”

–Stephen King