University/College Student Mental Health Awareness:
Signs, Resources & Strategies for Support

MSU Counseling Center
*'Quick Start for Teaching'*
May 9, 2017

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MSU Counseling Center

Overview

▶ All on the Same Page

▶ Exploring the significance of Mental Health

▶ Mental health Awareness – Common Issues and Concerns

▶ What are the signs to recognize for students in distress?

▶ What strategies can be used if one or more of these signs are recognized in students?

▶ What resources exist within and outside of MSU to help learn more about promoting mental health in themselves and others?

ALL ON THE SAME PAGE
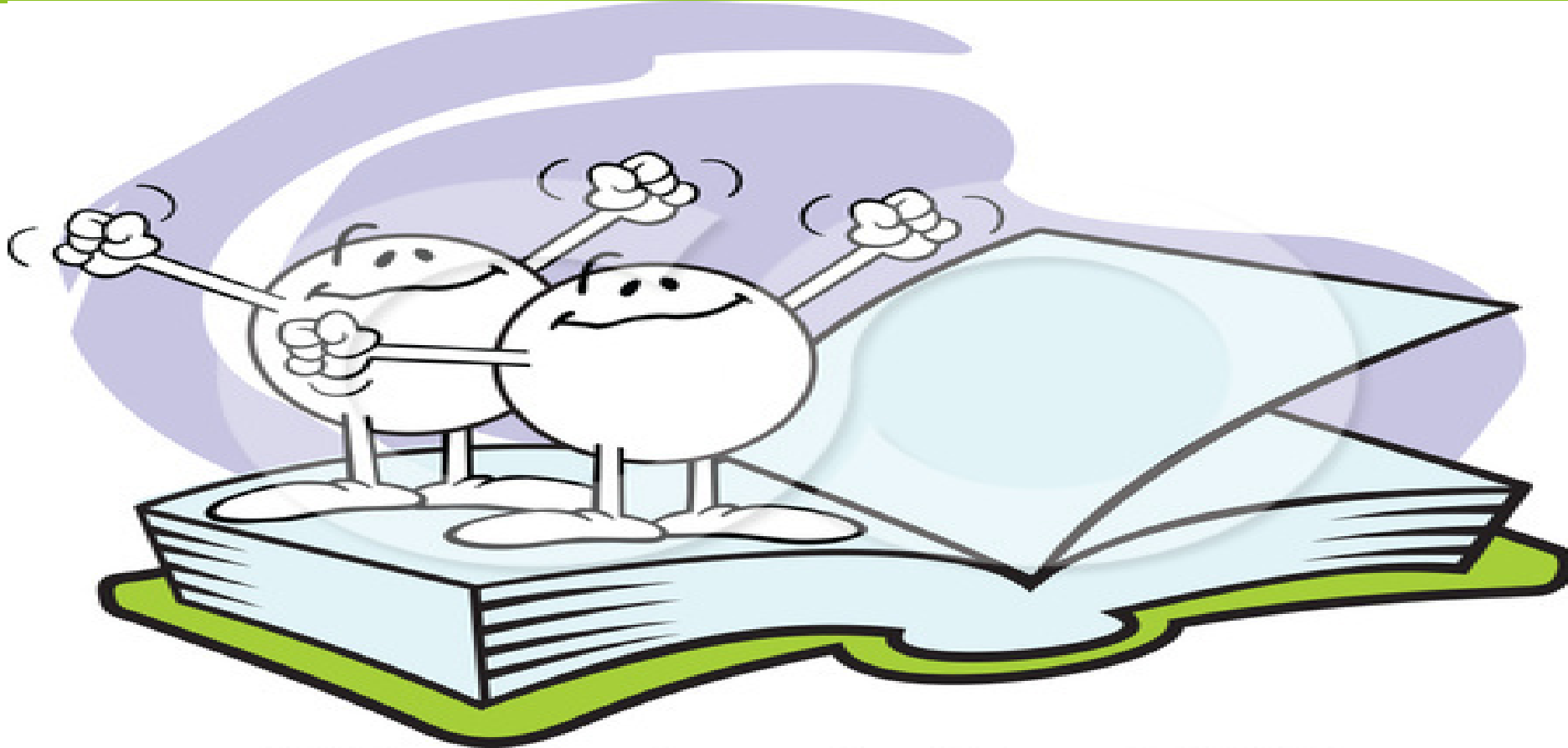
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Building Connectivity & Commonality

▶ We all at one time or another (maybe right now) have experienced stress…

▶ We all at one time or another have worried about a friend, family member, colleague or student…

▶ Build connectivity around idea that everyone at one time or another experiences some form of distress

▶ Build commonality through agreement that counseling, therapy, mental health services can be a beneficial resource!

Exploring the significance of Mental Health

National Trends

- Increased **acuity** of presenting concerns at University/College Counseling Centers:
  - No change in acuity from 1992 to 2002 (Schwartz, 2006)
  - NCHA of 2010:
    - Prevalence of severe psychological disorders has nearly *tripled*
    - Increase in high-risk behaviors such as harm to self and others
    - Increase in psychiatric medication
    - Increase in hospitalizations
- Increased **demand** for services reported by 93% of CC Directors (AUCCD, 2012)
  - Staffs of UCCs have, on average, not grown in the past 15 years
  - MSUCC: increase of 100% in students seen in direct service within less than a 10 year period (2006 – present)

Things to Consider:
Your Mental Health

▶ In your role, you will have many roles and responsibilities:

  ▶ Student, researcher, teacher, mentor, advisor, employee, parent, friend, sibling, partner, etc.

▶ Part of your role includes communicating and interacting with many different people:

  ▶ Students, instructors of record, faculty, family, friends

▶ Juggling these many roles and successfully negotiating stress and distress that may arise when doing can be challenging for anyone.

Things to Consider:
Undergraduate Student Mental Health

▶ Undergraduates in your classes may experience a significant adjustment through various life transitions while in college

▶ Societal and cultural changes are increasing the psychological demands on your undergraduate students.

▶ Noteworthy links exist between mental health and academic performance.

Adjustment

Culture Shock & Adjustment Process
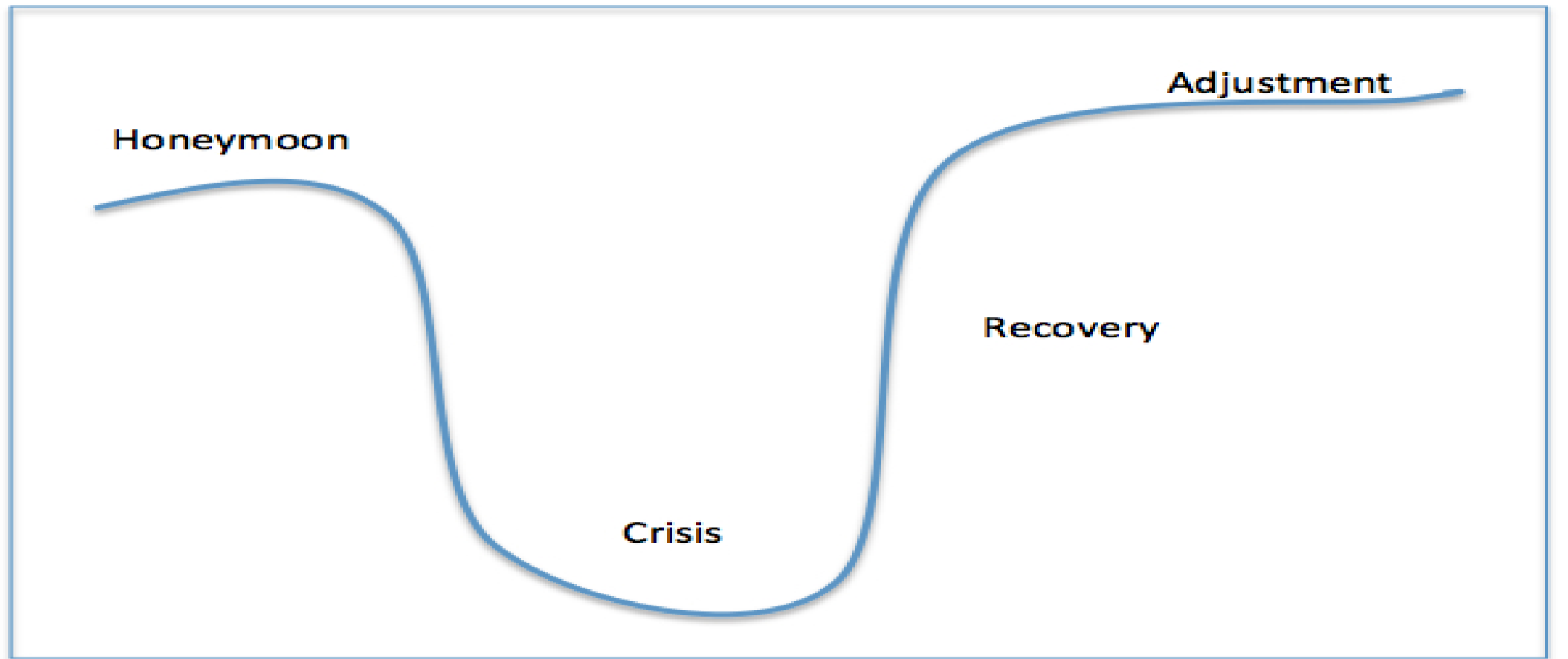
Adjustment Factors
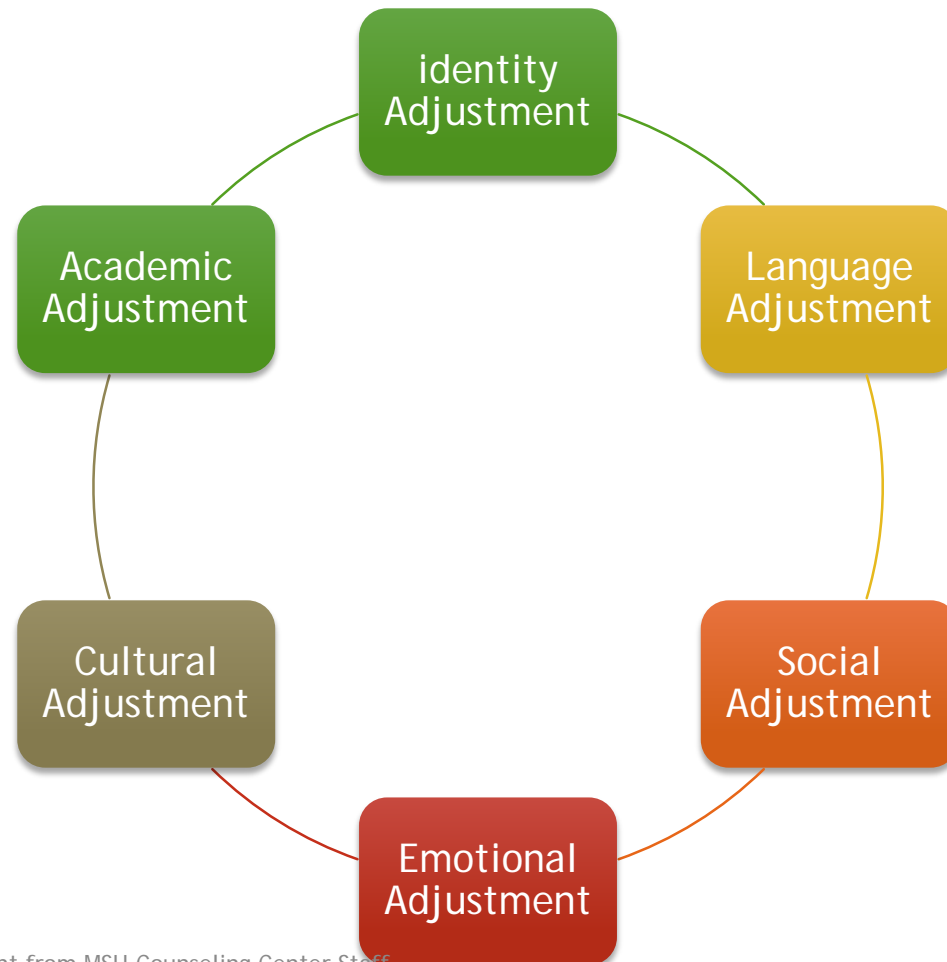
Acculturative Stress

▶ "I feel *lonely* and miss my family and friends back home"

▶ "I feel *ignored* by people here"

▶ "Do *not feel fit into* any groups."

▶ "I feel *anxious* in classroom"

▶ "Do not know how to talk to my advisor"

▶ "Feel down and not motivated"

▶ "I am afraid that I am going to let my parents down"

Societal and Cultural Considerations

21st Century: Social & Cultural Changes

Isolation:

▶ Relationships – increased connectivity, decreased emotional support ("Friends" vs. friends)

▶ Family – economic pressures, *parenting changes*, non-traditional families, divorce

▶ Identity and purpose – more diffuse, fragmented, multiple, *online*

▶ Religiosity and spirituality – traditional/community vs. non-traditional/individual

Stress/anxiety/fear:

▶ *Threat* of violence - 9/11, war, terrorism, campus shootings

▶ Financial issues – competition for resources; student loans; degree does not guarantee success

▶ Stress of digital lifestyles - pace, interruptions, loss of down-time, information overload

▶ Climate change – sense of hopelessness, despair

Health and wellness:

▶ Decreased connection with the body – (unhealthy eating, decreased exercise)

▶ Further loss of natural patterns – sleeping, eating

▶ Environmental toxins – chemicals and electromagnetic (EMF) polution

Possible Explanations

- Improved availability of mental health treatment for children and adolescents

- Changes in parenting (anxiety → over-protection)

- Socioeconomic stressors

    - Financial stressors

    - Competition for grades, internships, jobs

- Collective anxiety (9/11, Virginia Tech, climate change, political divide)

- Recognition and reporting of trauma, abuse, assault

- De-stigmatizing of mental health; increased help-seeking

- Over-use of social media, video games, digital technology

Impact of Digital Technology and Social Media on Mental Health

- Sleep
- Attention, memory, & learning
- Downtime, play, reflection
- Identity & relationships

- Mood & anxiety
- Emotional regulation
- Addiction to technology
- Empathy & Narcissism
- Physical health

Impact on Physical Health

- Vision - myopia

- Movement, exercise – balance and core strength

- Radiation

- Vagus nerve

  - regulates cardiovascular, glucose and immune response

  - ability to read facial expressivity

  - ability to tune in to the frequency of the human voice

  - increased vagal tone → increased capacity for relatedness and empathy.

  - Reciprocal influence of relatedness and physical health

- Headaches

Digital Technology and Mental Health – Suggested reading

- Nicholas Carr
  - *The shallows: What the internet is doing to our brains*
  - *The glass cage: How our computers are changing us*

- Sherry Turkle
  - *Alone Together: Why we expect more from technology and less from each other*
  - *Reclaiming conversation: The power of talk in a digital age*

- Manfred Spitzer – *Digitale demenz* (in German and Dutch)

- Adam Alter – *Irresistible: The rise of addictive technology and the business of keeping us hooked*
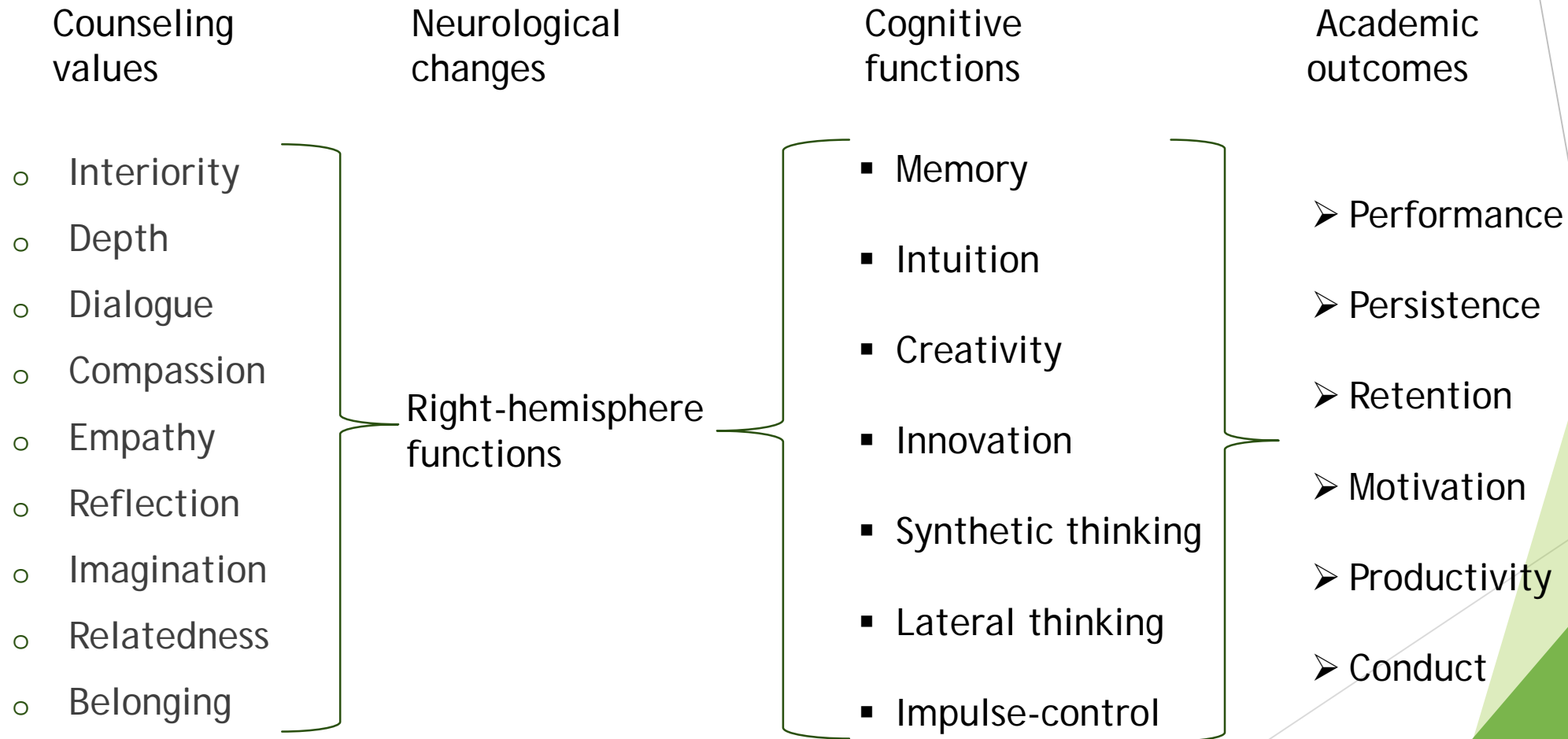
Digital Tech - Suggested reading (continued)

- William Powers - *Hamlet's Blackberry: Building a good life in the digital age*

- *Frances Booth – The distraction trap: How to focus in a digital world*

- Kimberly S. Young – *Caught in the net: How to recognize the signs of internet addiction-- and a winning strategy for recovery*

- *I need to unplug: A journal for escaping the modern-day scourge of digital distraction and information-overload and cord leashing even though the cacophany of dings and boings and buzzes that herald the arrival of texts and emails and headlines are bombarding my brain with craving-inducing dopamine hits that themselves are indication enough that I should go off-the-grid in order to actually experience people and emotions and breathing and the lost art of messy human handwriting even if it's only for a few minutes at a time.*

    - Who's There, Inc., Venice, CA

Links between mental health and academic performance

Mental health – impact on academic persistence & performance

▶ Students receiving counseling/psychotherapy persist at a rate roughly 10% higher than the general population

▶ Depression is the #1 reason students withdraw from MSU

▶ 7 of the top 10 health factors impacting student's academic performance are mental-health-related

▶ Mental health impacts:

  ▶ Attention/concentration/learning/memory

  ▶ Energy/motivation

  ▶ Engagement/sense of belonging

  ▶ Sleep/physical health

  ▶ Class attendance/productivity

Counseling and psychotherapy:
Positive impact on academic performance

Counseling values

- o Interiority
- o Depth
- o Dialogue
- o Compassion
- o Empathy
- o Reflection
- o Imagination
- o Relatedness
- o Belonging

Neurological changes

Right-hemisphere functions

Cognitive functions

- ▪ Memory
- ▪ Intuition
- ▪ Creativity
- ▪ Innovation
- ▪ Synthetic thinking
- ▪ Lateral thinking
- ▪ Impulse-control

Academic outcomes

- ➢ Performance
- ➢ Persistence
- ➢ Retention
- ➢ Motivation
- ➢ Productivity
- ➢ Conduct

MSUCC Clients Reported that Presenting Concerns Negatively Impacted their Academic Performance (n=2765)

No negative impact on academics
45%

Negative impact on academics
55%
(1521 Students)
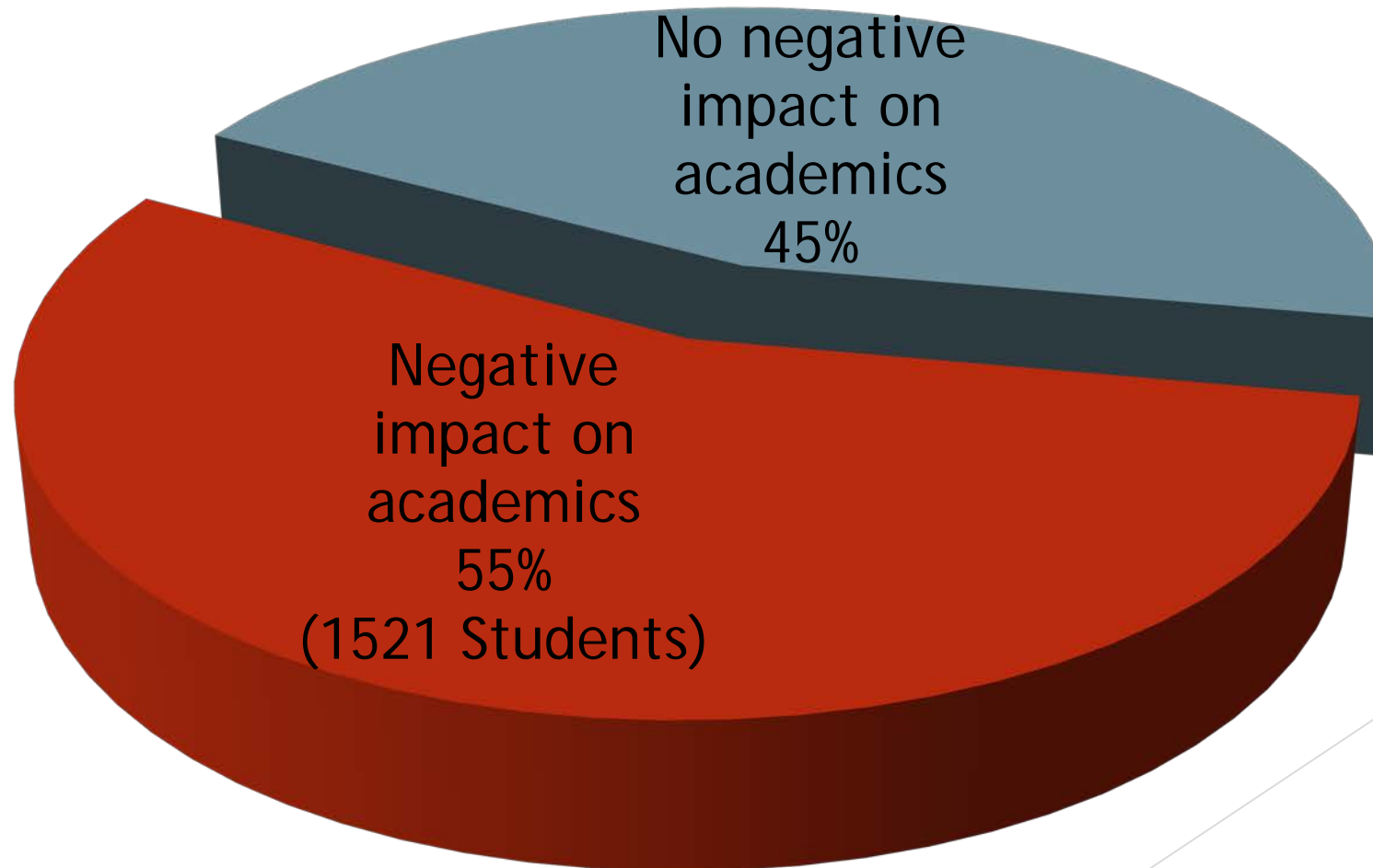
MSUCC Clients Report that Counseling Directly Improved their Academic Performance
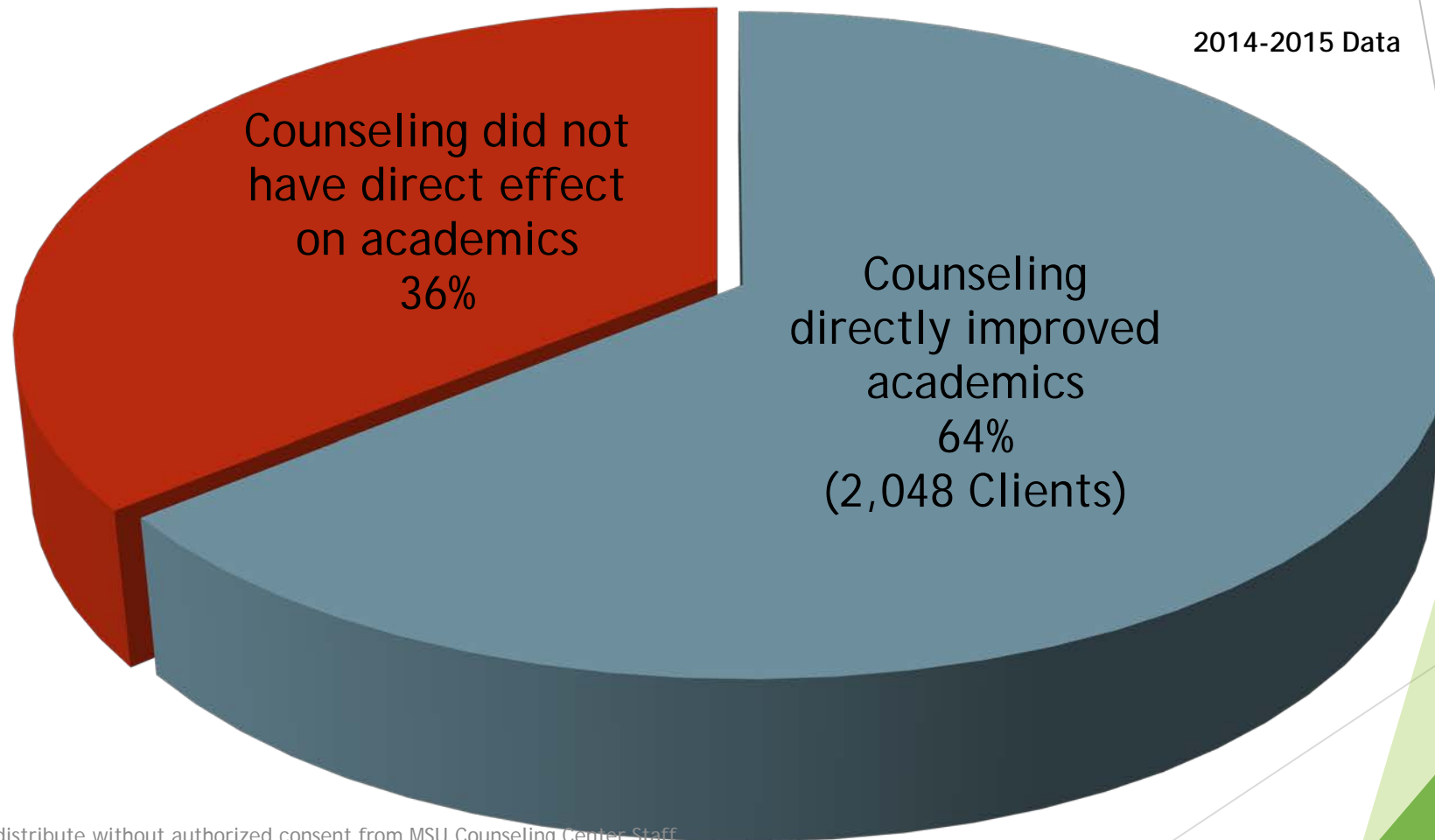
2014-2015 Data

Counseling did not have direct effect on academics
36%

Counseling directly improved academics
64%
(2,048 Clients)

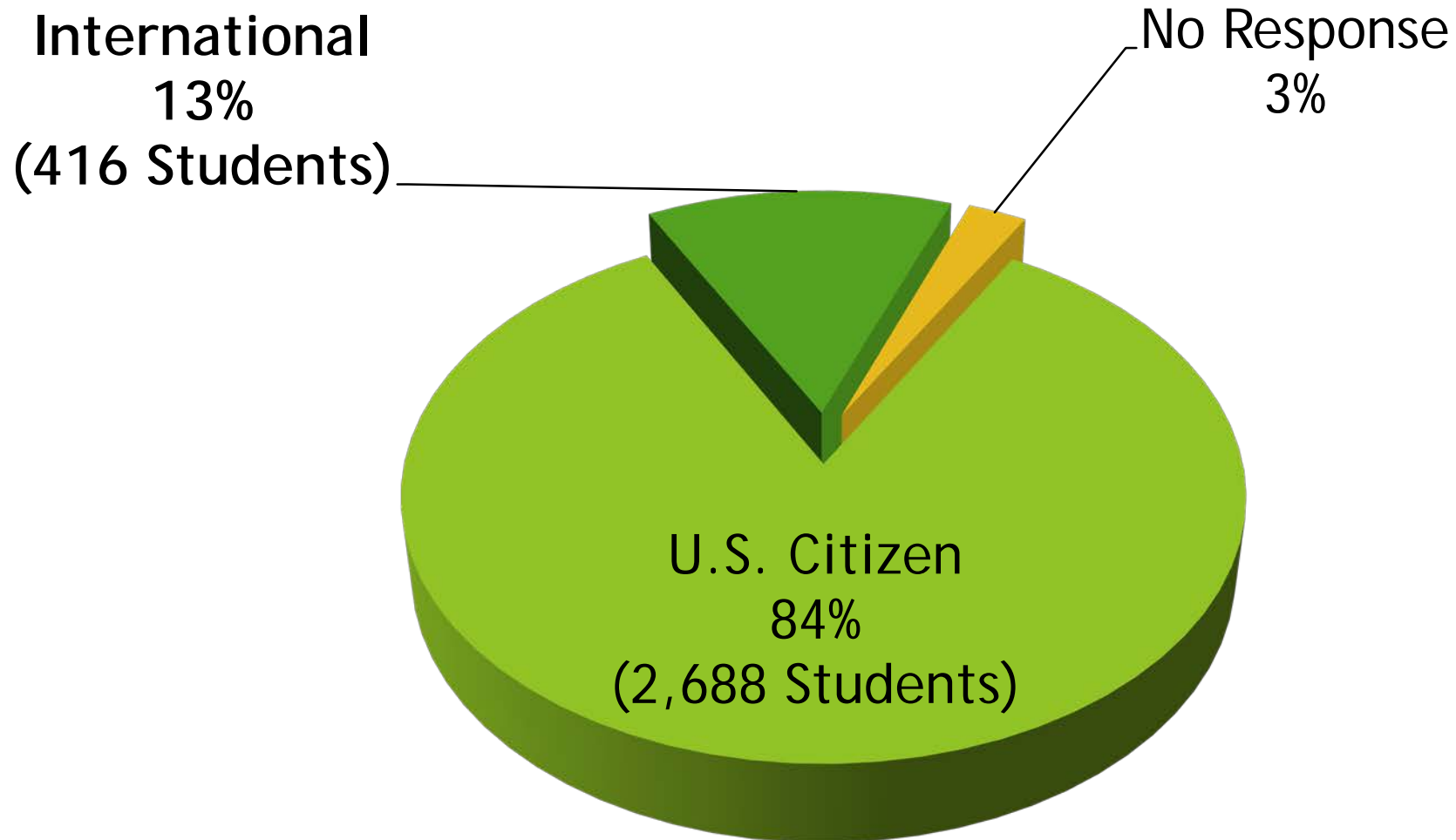# Michigan State University Counseling Center

Demographic Data

Clients' Reported Racial/Ethnic Identification (n=3,200))

- Caucasian/White
- African-American/Black
- Asian American/Asian
- Hispanic/Latino/a
- Multi-racial
- Other
- Prefer not to answer
- No Response
- American Indian or Alaskan Native
- Native Hawaiian or Pacific Islander

68%
10%
9%
3%
3%
3%
2%
2%
0%
0%
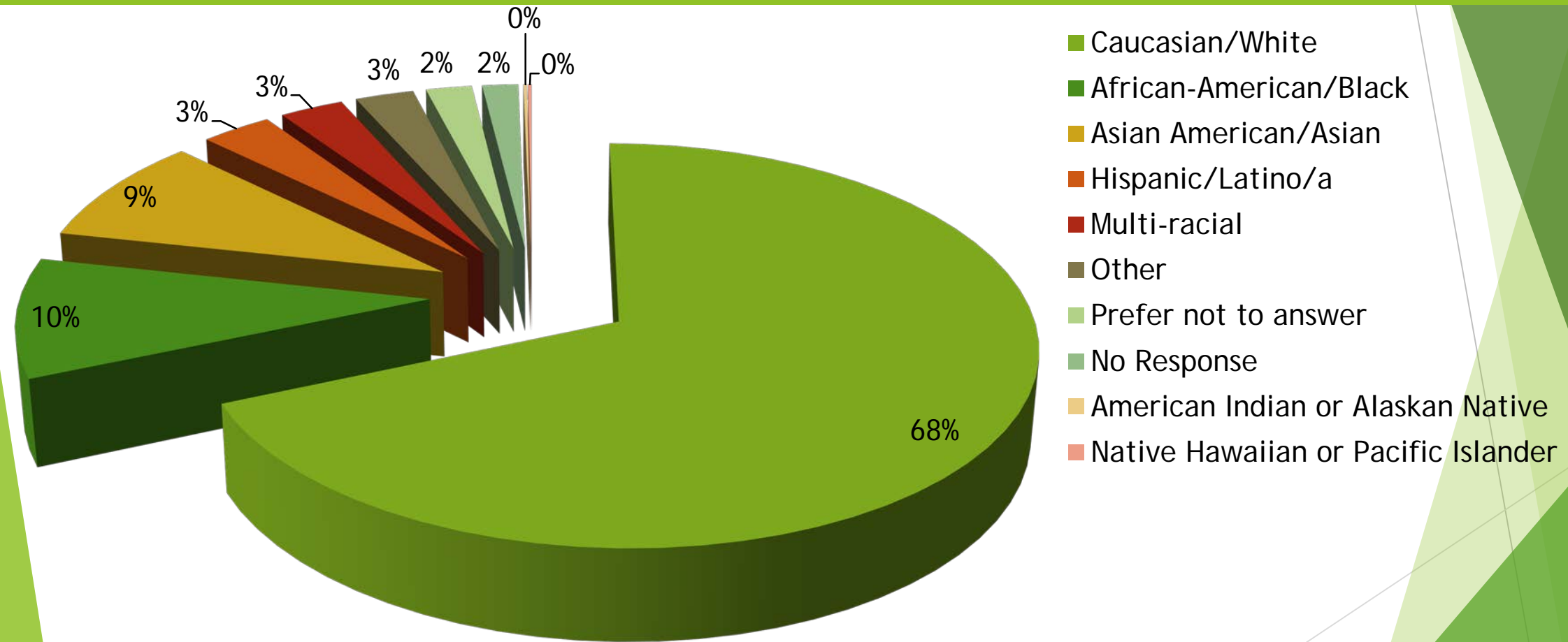
416 International Students Received Counseling (n=3,200)

International
13%
(416 Students)

No Response
3%

U.S. Citizen
84%
(2,688 Students)

1,152 Clients (36%) Reported Previous Counseling at Initial Screening (n=3,200)

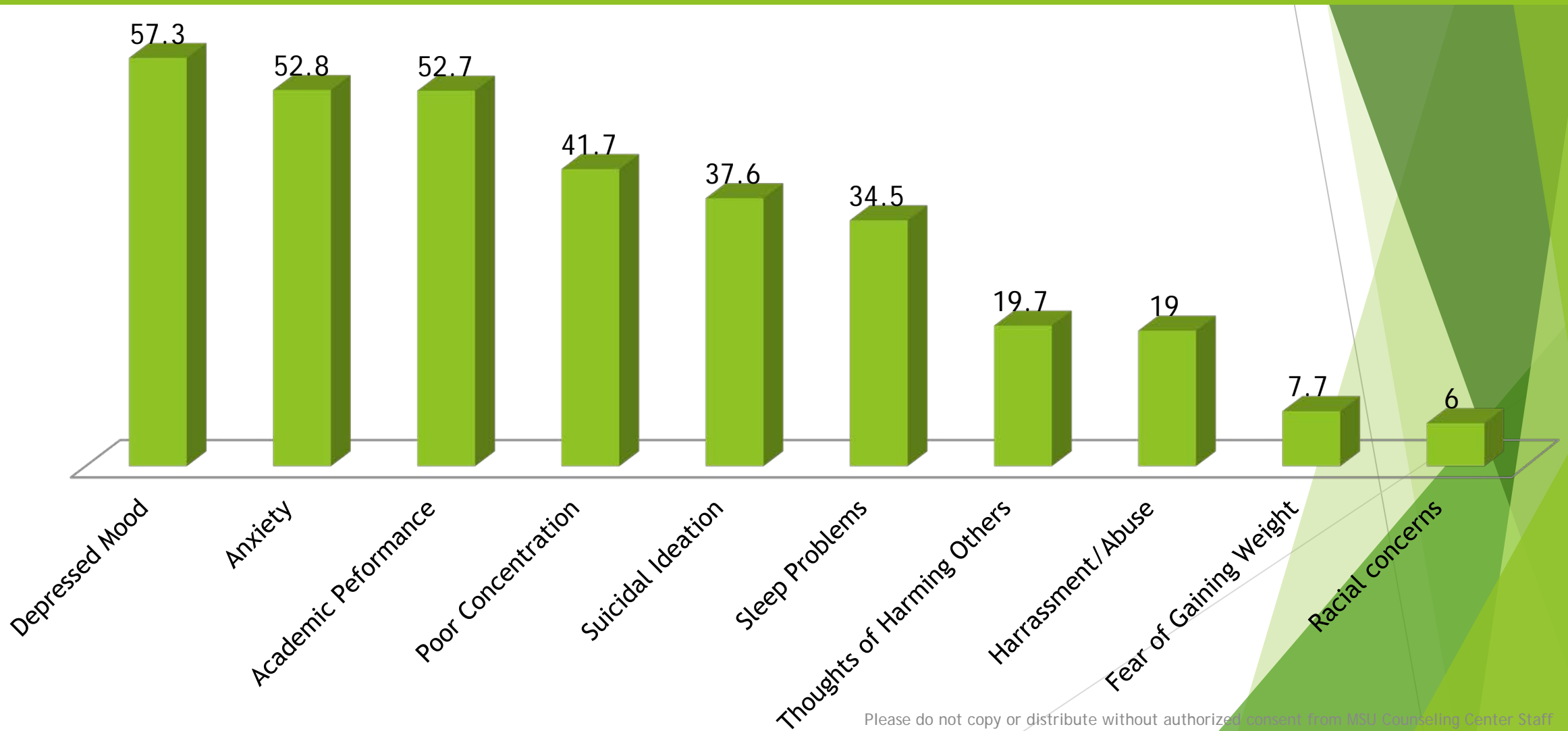Previous counseling 36% (1,152 Clients)

No previous counseling 64%
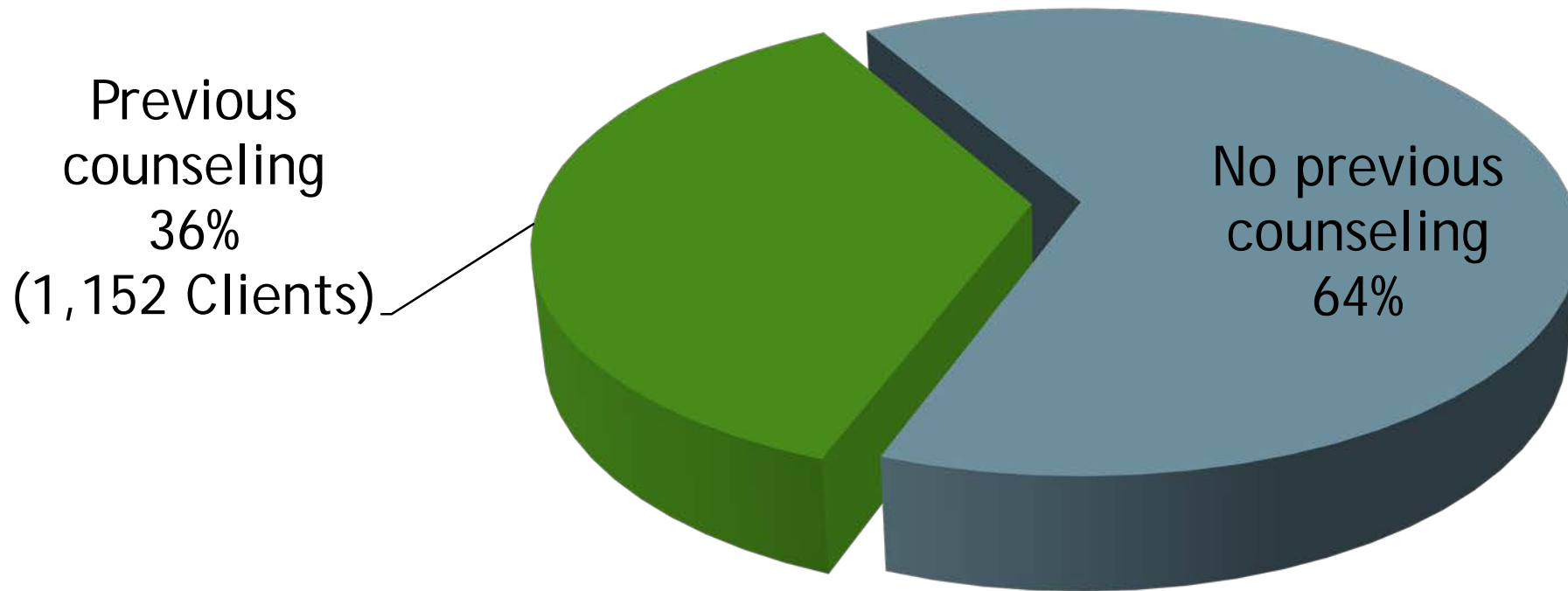
Demographic Breakdown by Major/Academic Department

Note: data largely reflect total enrollment of Colleges
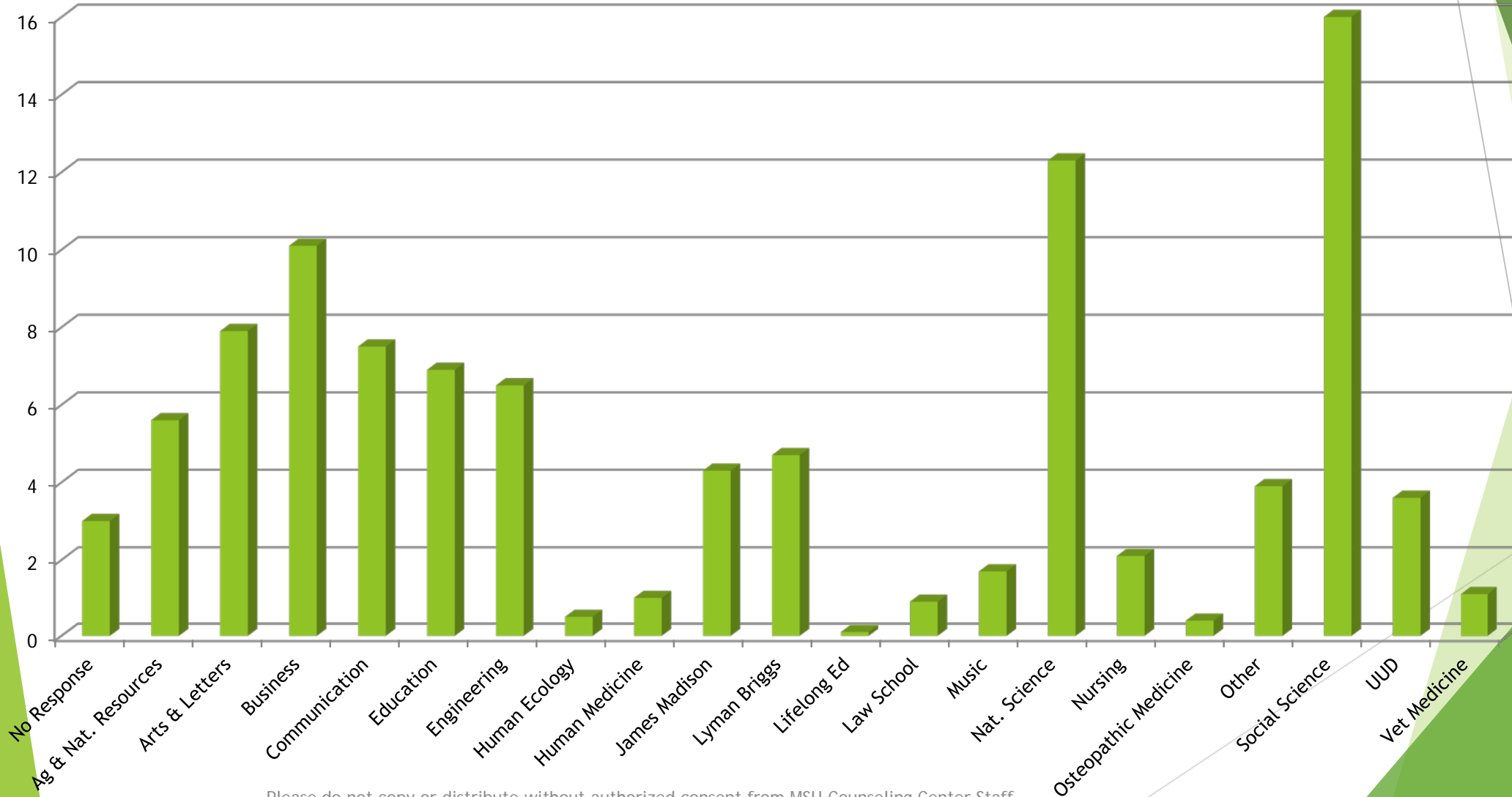
Most Frequent Presenting Concerns
Sorted by % of Total Clients (n=3,200))

Bar chart values by category:

- Depressed Mood: 57.3
- Anxiety: 52.8
- Academic Peformance: 52.7
- Poor Concentration: 41.7
- Suicidal Ideation: 37.6
- Sleep Problems: 34.5
- Thoughts of Harming Others: 19.7
- Harrassment/Abuse: 19
- Fear of Gaining Weight: 7.7
- Racial concerns: 6

Most Frequent Diagnostic Clusters, Sorted by % of Clients (n=3,200)
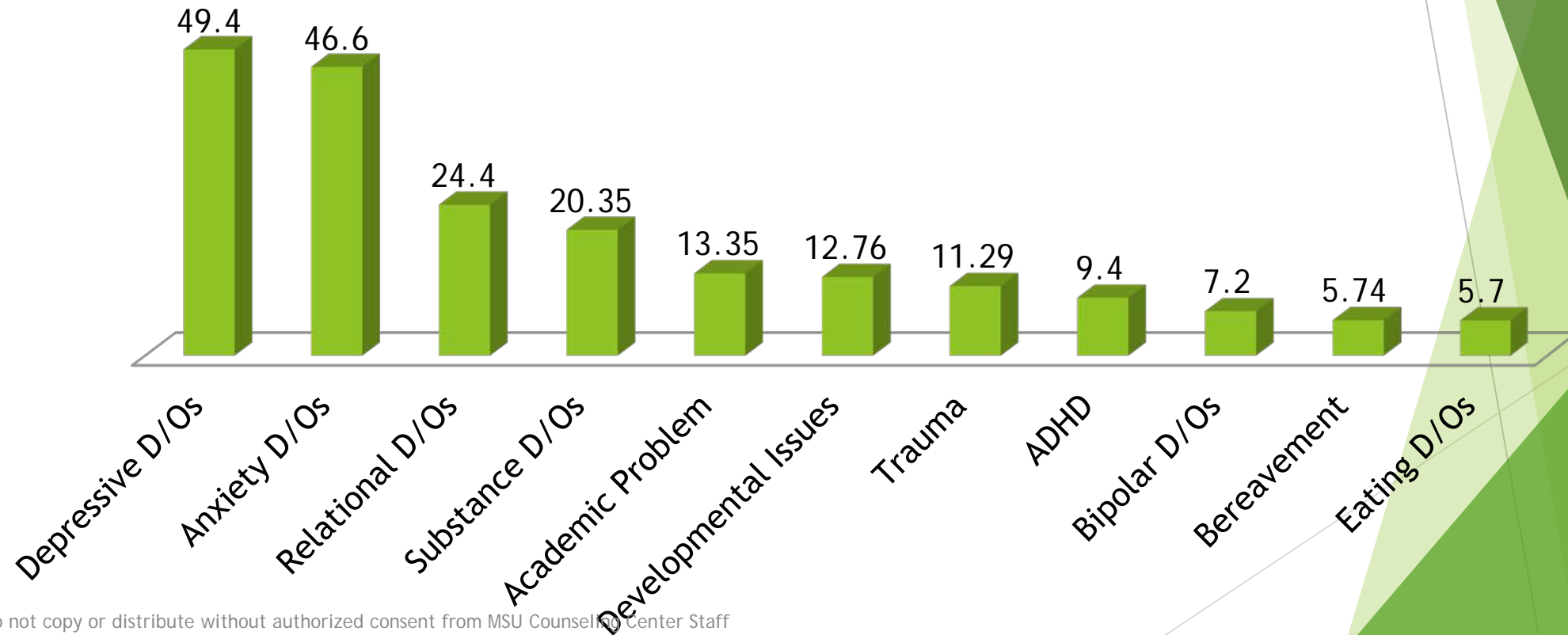
Mental health Awareness

Common Concerns and Issues:
What might be going on…

Developmental Concerns
- Homesickness
- Break-ups
- Academic problems
- Sexual orientation, gender identity
- Family & relationships

Trauma
- Sexual assault incidents
- Death of a family member or friend
- Abusive relationships
- Complex trauma

Common Concerns and Issues:
What might be going on…

Mental Health Diagnoses

▶ Substance use/abuse

  ▶ Abuse of both illicit and prescription drugs – self-medicating

▶ Disordered eating habits

  ▶ Sudden weight loss, binge-eating, or purging behaviors

▶ Depression / Bipolar

  ▶ Depressed Mood –- Fluctuations in mood

  ▶ Isolation

  ▶ Sleep issues

  ▶ Self-Injury

▶ Anxiety / Panic / Social Fears

  ▶ Obsessive / Compulsive Behaviors

  ▶ Panic Attacks

  ▶ Social Avoidance

How do you know if and when to seek/refer for help...

▶ Signs to be aware of...

  ▶ Sadness

  ▶ Chronic insomnia

  ▶ Poor concentration

  ▶ Anxiety/panic symptoms

  ▶ Frequent absences from classes

  ▶ Radical change in behavior or hygiene

  ▶ Increase of alcohol use, or drug abuse

  ▶ Talking about death or suicide

▶ If you're not sure...consult/refer (err on the side of caution)

# What strategies can be used with students in distress?

Strategies To Consider

▶ Understand Your Role

▶ Develop Communication Skills

▶ Approach Individuals with Compassion

▶ Make Referrals and Get Help

Understanding Your Role

▶ Multiple roles, sometimes creating difficult scenarios:

- Instructor
- Advisor/Mentor
- Bridge to Campus Resources
- Friend

▶ How do you navigate these roles and communicate effectively?

▶ How do you know when to consult and/or refer a student to resources?

▶ How might the students/staff that we work with (mis)understand your roles?

▶ What key individuals should you communicate with when you have a student you think is in crisis?

Developing Communication Skills
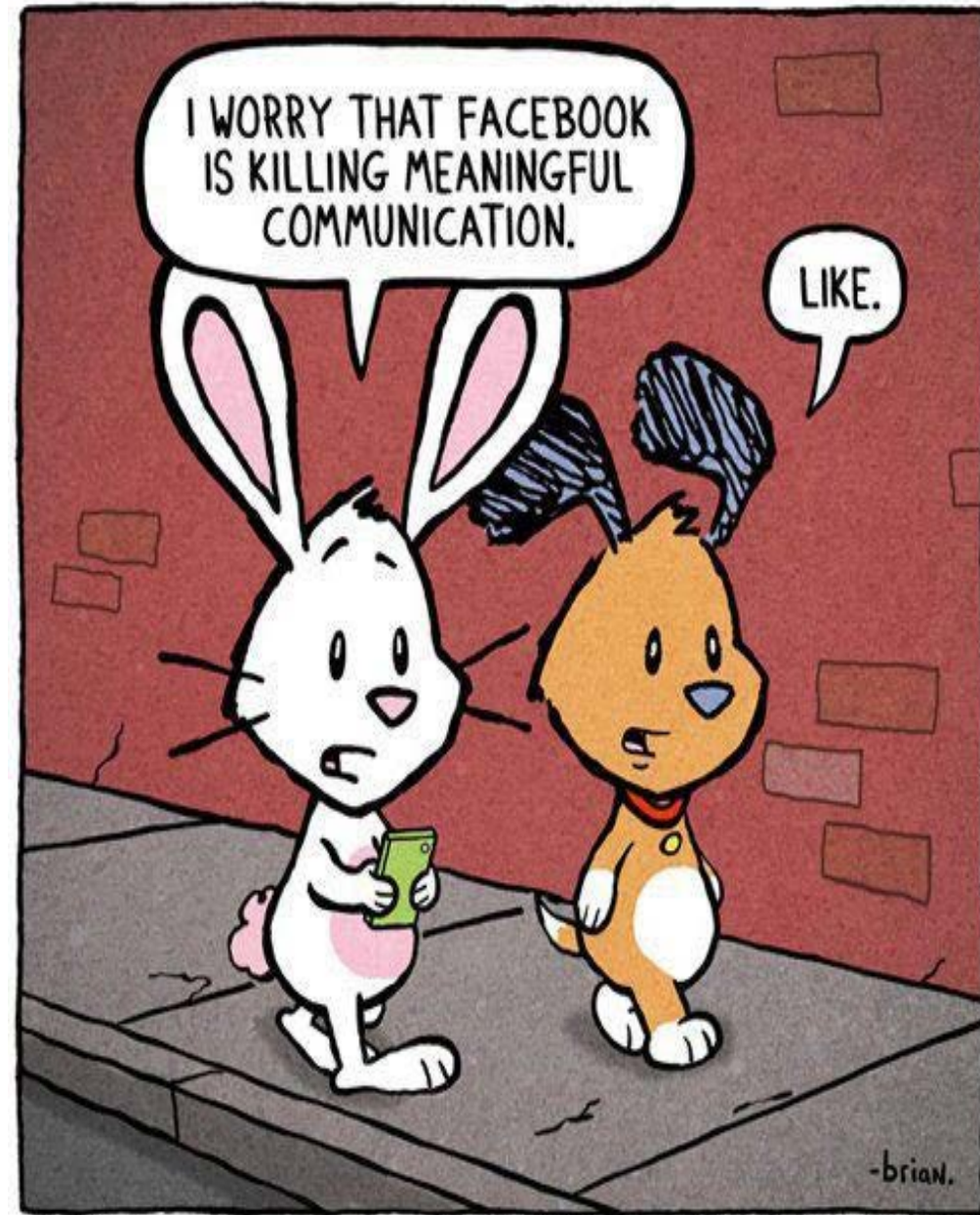
Developing Communication

▶ Best to start with open questions and active listening, unless in an emergency situation

▶ A shift from open-ended discussion to more close-ended refining of information can be an effective strategy

   ▶ Possibly include more probing questions, building on previous information

▶ Difficult communication situations (e.g., disciplinary action, mental health concerns) may require more structure and direction, from the beginning – be intentional and deliberate

Active Listening

- A combination of techniques to engage in full, active participation in a discussion:
  - **Words**
    - Reflect statements, check for understanding, avoid assumptions (NOT "parroting")
    - Do NOT modify the message to suit your needs or avoid a topic
    - Avoid being pre-occupied with your thoughts or experiences
      - Sharing can be helpful, but can also be a slippery slope or backfire – be judicious
  - **Tone of voice**
    - Calm, slow speech, marked by careful breathing and comfort with silence
    - Do NOT rush into a topic or away from an awkward discussion; sometimes we need some space to think
  - **Body language and facial expressions**
    - Find positive, safe location to talk
    - Use comforting, open physical behaviors and postures
      - Eye contact, nodding, smiling
      - Avoid physical contact, except in careful or special situations
    - Do NOT display an overly anxious reaction to topics

Problems in Dialogue and Communication

▶ The communication might be faltering if you notice these verbal cues:

   ▶ Very brief responses

   ▶ Debating ideas (i.e., trying to "win" the argument)

   ▶ Giving lectures (either you or them)

   ▶ Monopolizing the conversation

   ▶ Angry attitude or emotions

Problems in Dialogue and Communication

▶ Similarly, there are physical, non-verbal signs of someone holding back or disconnecting from a discussion:

- ▶ No eye contact
- ▶ Tearfulness
- ▶ Silence
- ▶ Shaking legs /fidgety
- ▶ Arms locked, tight under chest
- ▶ Censoring speech with your body

How to Engage: Connecting through dialogue…

▶ Don't <u>assume</u> that you know what the problem is until they've clearly told you what's going on

▶ Let the student or staff member know that they can trust you and the limits to how you will or won't share their information:

   ▶ <u>Danger to Self or Others</u>

      ▶ We have a responsibility to consult with supervisors about SI/HI or other dangerous behaviors

   ▶ <u>Sexual Assault</u>

      ▶ Forms located on Sexual Assault Website – consult with supervisors

▶ Help them understand that what they are experiencing is common and that there are things you can do to help

▶ Respect their right or need to talk to you when THEY are ready

Approaching Individuals with Compassion

- Stigma and Help-Seeking Behaviors
  - Some groups have significant difficulty seeking MH treatment due to factors around cultural mistrust, stereotype threat
    - International student populations
    - Cultural and racial minority groups
    - First-generation and first-year students
  - Ironically, individuals with the most severe MH problems might also feel stigmatized in seeking MH treatment
- Focus on prevention and early detection, with key emphasis on seeking help
  - Try and ensure tone of intervention or meeting is warm and compassionate – not punitive

In Case of Emergency

▶ Talk to the student…

  ▶ If they are in crisis (in immediate danger of being harmed, either by themselves or another individual, or are in danger of harming someone else):

    ▶ Follow Protocols for reporting

      ▶ Reporting up

      ▶ Contact Parent(s) and/or emergency contact

    ▶ Call Campus or Community Police (**911** or 517-355-2221 [*Non-Emergency Line*])

    ▶ Utilize 24 hour Crisis Options by phone:

      ▶ **Sexual Assault Crisis & Safety Education Program Hotline**: 517-372-6666, 24 hours/day

    ▶ Listening Ear: 517-337-1717

    ▶ National Suicide Prevention Lifeline: 1-800-273-TALK (8255)

What resources exist within and outside of MSU as resources of support for promoting mental health in yourselves and your students?

Identifying and Accessing Resources

- ▶ You can call to consult with us during business hours 517-355-8270
  - ▶ Inform the receptionist of your role and that you are calling about a student in crisis
  - ▶ **8a.m. to 7 p.m**. Monday and Tuesday, **8 a.m. to 5 p.m**. Wednesday thru Friday
  - ▶ **SUMMER HOURS, Monday-Friday 8a.m. to 5p.m.**
- ▶ A clinician is always on-duty for crisis consultations during business hours and during walk-in hours
  - ▶ **10-12 & 1-5** Monday and Tuesday, **10-12 & 1-3** Wednesday thru Friday
- ▶ We have a very diverse staff that is trained to handle a variety of issues or provide referral options and we can accommodate most therapist preference requests
  - ▶ **Community-based Resources**
    - ▶ Insurance Considerations
    - ▶ Call and Consult with Counseling Center about referral options

Identifying and Accessing Resources

- **MSU Counseling Center**
  - Central access point for mental health treatment at MSU
  - **Counseling**:
    - Time-Limited Individual and Couple's Counseling
    - Group Counseling
    - Substance Abuse Assessment and Counseling
  - **Sexual Assault Program – Sexual Assault Crisis Intervention (SACI) Team**
    - Hotline: 517-372-6666, 24 hours/day
  - **Outreach**: *Workshops, seminars, resource fairs, guest speaking, student volunteers*
  - **Multicultural Counseling – MECCA *(Multi-Ethnic Counseling Center Alliance)***
  - **Testing Center**
    - National Testing Site
    - Psychological Testing & Consultation Services - ADD/ADHD Testing

Identifying and Accessing Resources

Walk-through of Screening Process:

1. **Arrival at MSUCC** – check-in at front desk
2. **Form Completion** – complete (4) forms on a computer, including demographics and some symptom questionnaires
   - Computer process includes signing of consent and describes confidentiality, etc.
3. Wait to be seen by counselor-on-duty; this can range from five minutes to two hours
4. **Screening Interview**– this generally takes from 20-40 minutes, and is a screening meeting --- not necessarily therapy or intervention, although crisis intervention is a key component of the meeting
   - Make plans for short-term coping or management – can sometimes include follow-up calls or sessions
5. Move the screening to **Disposition Review Team (DRT)**– meets once weekly to assign or refer all students who present at MSUCC
6. **Referral and follow-up** as recommended by DRT, including possible scheduling at MSUCC, outside referral option and/or referral to a campus partner, like psychiatry

Information on Website for Referral & Outreach

- **To make referrals**:
  - Go to website: www.counseling.msu.edu
  - On Home Page roll on FACULTY/STAFF tab (top section)
  - Information for STUDENTS IN DISTRESS
  - Community-Based Referrals
    - Insurance Considerations
    - Call and Consult with Counseling Center about referral options
- **To request an outreach**:
  - On Home Page roll on FACULTY/STAFF tab (top section)
  - Click on Outreach Services
  - Complete outreach services form and hit SUBMIT button
  - You will be contacted by Outreach team member or Liaison Staff member
  - It is recommended that you submit requests 3 weeks prior to event date

MSU Resources

- Student Health Center at Olin: http://olin.msu.edu/

- Health4uProgram: http://health4u.msu.edu/

- Employee Assistance Program (EAP): http://eap.msu.edu/

- Office of Cultural & Academic Transitions (OCAT): http://ocat.msu.edu/

- MSU Women's Resource Center: http://wrc.msu.edu

- Center for Gender in Global Context: http://gencen.isp.msu.edu

- MSU LBGT Resource Center : http://lbgtrc.msu.edu/

MSU Resources

- Office for Inclusion and Intercultural Initiatives: http://www.inclusion.msu.edu/index.html

- Ask a Spartan: http://askus.msu.edu

- Family Resource Center: https://www.frc.msu.edu/

- Planned Parenthood (Lansing): http://www.plannedparenthood.org

MSU Counseling Center
207 Student Services Building
517-355-8270
www.counseling.msu.edu