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

MSU Counseling Center
‘Quick Start for Teaching’
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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?
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.
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

- Honeymoon
- Crisis
- Recovery
- Adjustment
Adjustment Factors

- Identity Adjustment
- Academic Adjustment
- Cultural Adjustment
- Language Adjustment
- Social Adjustment
- Emotional Adjustment

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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) pollution
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
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 cacophony 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

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Counseling and psychotherapy: Positive impact on academic performance

Counseling values
- Interiority
- Depth
- Dialogue
- Compassion
- Empathy
- Reflection
- Imagination
- Relatedness
- Belonging

Neurological changes
- Memory
- Intuition
- Creativity
- Innovation
- Synthetic thinking
- Lateral thinking
- Impulse-control

Right-hemisphere functions

Cognitive functions

Academic outcomes
- Performance
- Persistence
- Retention
- Motivation
- Productivity
- Conduct
MSUCC Clients Reported that Presenting Concerns Negatively Impacted their Academic Performance (n=2765)

55% (1521 Students) had a negative impact on academics

45% had no negative impact on academics
MSUCC Clients Report that Counseling Directly Improved their Academic Performance

Counseling did not have direct effect on academics 36%

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

2014-2015 Data
Michigan State University Counseling Center

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

- Caucasian/White: 68%
- African-American/Black: 10%
- Asian American/Asian: 9%
- Hispanic/Latino/a: 3%
- Multi-racial: 3%
- Other: 3%
- Prefer not to answer: 2%
- No Response: 2%
- American Indian or Alaskan Native: 0%
- Native Hawaiian or Pacific Islander: 0%
416 International Students Received Counseling (n=3,200)

- U.S. Citizen: 84% (2,688 Students)
- International: 13% (416 Students)
- No Response: 3%
1,152 Clients (36%) Reported Previous Counseling at Initial Screening (n=3,200)
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))

- Depressed Mood: 57.3%
- Anxiety: 52.8%
- Poor Concentration: 52.7%
- Suicidal ideation: 41.7%
- Sleep Problems: 37.6%
- Thoughts of harming others: 34.5%
- Harrassment/Abuse: 19.7%
- Fear of Gaining Weight: 19%
- Racial concerns: 7.7%
- Others: 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

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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 assume 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:
  - **Danger to Self or Others**
    - We have a responsibility to consult with supervisors about SI/HI or other dangerous behaviors.
  - **Sexual Assault**
    - 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

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**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)

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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
To make referrals:
- Go to website: [www.counseling.msu.edu](http://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://lbgtrec.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