Understanding Student Mental Health Issues in Advising and Teaching

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Transition is tough!
Get Focused: What do you see?
Today’s Agenda

- META-GOAL: Breaking Silence
- GOAL 1: Define “Mental Health Issues” and the “Problem”
  - National Trends
  - Local Trends
  - Your Experiences
- GOAL 2: Discuss Early Intervention Strategies
- GOAL 3: If time – Why?
Context Setting

- Objective - TO BE USEFUL TO YOU
- This is PERSONAL
- Avoidance is human...but probably not sustainable
- I have a lot of data points. The data point you want, I won't have
“It is your resistance to ‘what is’ that causes your suffering.”

Buddha
"I don't remember saying that"
-Buddha
# Defining the Problem: Mental Health as a Continuum

<table>
<thead>
<tr>
<th>Health</th>
<th>Reacting</th>
<th>Injured</th>
<th>Severe/Persistent Impairment</th>
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<tbody>
<tr>
<td>Informal Self Help</td>
<td>Common Reversible Supportive</td>
<td>Significant Functional Impairment</td>
<td>High Risk Duration</td>
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<tr>
<td>Community Supports</td>
<td>Services</td>
<td>Impairment</td>
<td>Difficulty with independent</td>
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<tr>
<td>Coping Family/Friends</td>
<td>Self-Care Skill Building</td>
<td>Time-Out Course of Treatment</td>
<td>functioning</td>
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<td>Multidisciplinary treatment</td>
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### The Continuum: National College Health Assessment – UConn SP14

<table>
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<tr>
<th>Within last year...</th>
<th>Male (n=234)</th>
<th>Female (n=584)</th>
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<tr>
<td>Felt overwhelmed</td>
<td>77.8</td>
<td>93.1</td>
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<tr>
<td>Felt exhausted</td>
<td>74.4</td>
<td>89.5</td>
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<tr>
<td>Felt Very Sad</td>
<td>54.9</td>
<td>70.7</td>
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<tr>
<td>Felt Lonely</td>
<td>50.2</td>
<td>68.1</td>
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<tr>
<td>Overwhelming Anxiety</td>
<td>43.8</td>
<td>63.2</td>
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<tr>
<td>Felt things were hopeless</td>
<td>39.7</td>
<td>50.5</td>
</tr>
<tr>
<td>Depressed – diff to function</td>
<td>26.9</td>
<td>36.3</td>
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<tr>
<td>Intentional SIB</td>
<td>1.7</td>
<td>7.1</td>
</tr>
<tr>
<td>Seriously considered Suicide</td>
<td>5.1</td>
<td>9.0</td>
</tr>
<tr>
<td>Attempted Suicide</td>
<td>0.9</td>
<td>0.5</td>
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5 year National Trends In College Mental Health

- Center for Collegiate Mental Health (10 years) – PRACTICE RESEARCH NETWORK
- 139 college counseling centers across the nation, n=100,736 and 770,000 appointments
- Population of students who are seeking care
Increasing Acuity

- Purposely injured yourself without suicidal intent (e.g., cutting, hitting, burning, hair pulling, etc.)*

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<tbody>
<tr>
<td>21.8%</td>
<td>22.5%</td>
<td>23.2%</td>
<td>23.8%</td>
<td>25.0%</td>
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- Seriously considered attempting suicide*

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<tbody>
<tr>
<td>23.8%</td>
<td>25.5%</td>
<td>30.3%</td>
<td>30.9%</td>
<td>32.9%</td>
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Top 5 Most Common Presenting Concerns @ CMHS (FA15)

- **Anxiety**: 20.00%
- **Depression**: 15.80%
- **Relationship problem (specific)**: 9.40%
- **Attention difficulties**: 4%
- **Adjustment to new environment**: 3%
Top 5 reported contributors to negative ACADEMIC IMPACTS at UConn

1. Stress (32.6%)
2. Anxiety (23.2%)
3. Sinus/Ear/Bronchial Infection (21.1%)
4. Cold/Flu (18.3%)
5. Internet Use/Computer Games (15.3%)

American College Health Association National Survey – UCONN SPRING 2014 (n=818)
emotional preparedness is a major factor in student success during first year of college

- ability to take care of oneself
- adapt to new environments
- control negative emotions or behavior and
- build positive relationships.
Challenges to Getting Support:
National First Year College Experience Survey

- 1 in 10 students (11%) said they did not turn to anyone for support when needed.
- Less Likely To Seek Support
  - males vs. females (16% vs 6%) and
  - those who rate their first term experience as “terrible/poor” or “fair” vs “excellent/good” (15% and 16% vs 7%).
- African American students are more likely to say they keep feelings about difficulty of college to themselves than white students (75% vs 61%).

(CLAUDE STEELE – STEREOTYPE THREAT)
Risk of Substance Abuse

- (30%) reported regularly consuming drugs or alcohol during their first term,
- these students were more likely than non-regular drug/alcohol users to rate their emotional health worse than their peers (39% vs 32%) and experience negative emotions such as stress (56% vs 47%), anxiety (43% vs 36%), and feeling overwhelmed (47% vs 40%).
Summary – TALK – BE EXPLICIT!

- Build resilience and life skills to increase emotional preparation for college
  - Scaffolding- Vygotsky
  - Zone or Proximal Development
- Explicitly discuss warning signs of distress and encourage help seeking before and during transition. Identify resources
- Be attuned to escalating substance use as coping
Comprehensive Approach to Mental Health Promotion and *Suicide Prevention*

- Develop Life Skills
- Promote Social Connectedness
- Identify Students at Risk
- Increase Help-seeking Behavior
- Provide Mental Health Services
- Follow Crisis Management Procedures
- Restrict Access to Potentially Lethal Means
Promoting psychological flexibility
How are you feeling?

Mental health is a key part of your overall health. Brief screenings are the quickest way to determine if you or someone you care about should connect with a mental health professional - they are a checkup from your neck up. This program is completely anonymous and confidential, and immediately following the brief questionnaire you will see your results, recommendations, and key resources.

UNIVERSITY OF CONNECTICUT

Take a screening

458 UConn Students Took Mental Health Screening in the last 30 days!
Why? (2012)

Arthur Levine
Diane R. Dean

GENERATION ON A TIGHTROPE

A PORTRAIT OF TODAY'S COLLEGE STUDENT
Why? Failure to Develop Independent Coping?

- 41% of undergraduates text, email, call or visit their parents at least daily (19% three times a day or more)
- 27% of undergraduates asked parents to intervene in problems with professors or employers
- 76% of colleges and universities report increases in parent involvement and intervention
Why? Is it the Economy?

- 48% of campuses report increases in the number of students temporarily dropping out for financial reasons
- 67% report students are working longer hours for financial reasons
- 48% report increases in the number of students living at home for financial reasons
- 36% report students are taking fewer credits for financial reasons
- 62% of college students say the recession affected where they went to college
- 67% say the chief benefit of college is increased earning power versus 44% in 1976
Why? Denial, Optimism or Naiveté?

- On the Future 89% of undergraduates are optimistic about their personal futures
- 35% are optimistic about the future of the country
- 73% expect to be at least as well off as their parents
Part II. Skills
Skill Building

- A TEST OF SELECTIVE ATTENTION
- STEP 1: NOTICE
Questions from Faculty

- What are signs of distress? What’s normal?
- At what point/when do I intervene?
- What do I say to a student who is crying?
- What is my role? What are we allowed to ask?
- How do I approach a student I’m concerned about?
- When do I refer?
- What resources are available? What if a student claims they can’t do the work because of emotional or MH issues?
- Who do I call immediately?
A Model For Action
N.Q.P.R

- Notice
- Question/Listen
- Persuade
- Refer
NOTICING

- Noticing along the continuum – early identification leads to prevention of more severe consequences
- Do not ignore your gut instinct - If you smell smoke, there may be fire
- CONSULT, CONSULT, CONSULT
Consultation

Year | Consultation Count
--- | ---
2006-07 | 24
2007-08 | 38
2008-09 | 110
2009-10 | 140
2010-11 | 204
2011-12 | 274
2012-13 | 310
2013-14 | 370
2014-2015 | 547
What are the distress signs you have noticed?
Noticing: Signs of Distress

- Changes in Mood:
  - Sadness, crying, hopelessness, anger, anxiety, irritability

- Changes in Behavior:
  - Change in sleep patterns
  - Change in appetite, weight loss or gain
  - Less enjoyment of previously pleasurable activities
  - Self-injury, self-neglect, decline in hygiene
Noticing: Signs of Distress (cont)

- Withdrawal from friends and usual activities
- Decreased energy and motivation
- Increased use of alcohol/substances
- Increase in physical complaints
- Difficulty with concentration and memory
- Thoughts of death, suicide, or self-injury
Noticing: Warning Signs of Suicide or High Risk

You'd be better off without me
I wish I were dead
I can't take it anymore
I wish was never born
I am so tired of living
We are programmed to interact: Be a Face

- Still face experiments
- You don't need to say much
- Create community through connection!
Question/Listening Tips

- Set Up:
  - Consult first if possible
  - Timing: If in doubt don’t wait
  - Private with time to talk
  - Have resources ready
- Opening: Broaching Topic
  - Inquire about how they are doing – open ended
  - Express concerns, and what you’ve noticed
  - Open Ended Questions, Encouragers to Talk
Question/Listening

- Where are they on the continuum – Ask about impact
  - In what ways has this disrupted things for you?
  - What have you been experiencing?
  - Has it gotten so bad that you’ve had thoughts of hurting yourself?

- AVOID
  - Judgments
  - Playing “Fixit”
0 Offer Hope In Any Form
Then Ask:
0 Will you go with me to get help?”
0 “Will you let me help you get help?”

YOUR WILLINGNESS TO LISTEN AND TO HELP CAN REKINDLE HOPE, AND MAKE ALL THE DIFFERENCE.
The best referral involves taking the person directly to someone who can help.

The next best referral is getting a commitment from them to accept help, then making the arrangements to get that help.

Remember the referral can be appropriate to where they are on the continuum.
Resources

During business hours 8:30am 4:30pm M-F
- CMHS: located 4th Floor Arjona
- 860-486-4705

After hours and weekends:
- Access on-call service for consultation
- CMHS 860-486-4705

National toll-free 24/7 hotlines:
- 1-800-SUICIDE 1-800-273-TALK
  (800-784-2433) (800-273-8255)
“What if someone is in immediate danger?”

- Immediate danger means the person...
  - Has already injured himself/herself
  - Has taken an overdose
  - Has a weapon and is threatening to use it
  - Is on a ledge, roof, open stairway
  - Other high risk behaviors/situations

CALL 911
Role Play Scenario

- Allen is a 21 year old single white male who has been your advisee for 2 years and is taking a capstone class with you during his last semester at UConn.
- You notice he is in distress because:
  - Very spotty attendance
  - Writing assignments morose (not characteristic)
  - Disheveled looking
  - Failing
- You ask him to stop by your office after class.
CARE Team Cases

Referrals by Academic Year*

- Spring 2013: 78
- 2013-14: 184
- 2014-15: 337
Part II: Panel Presentation
University CARE Team: Overview

- Q1: (C2) Describe the brief history and broad purpose of the University CARE team
- Introductions of Roles
- Q2: What are the variety of ways that a student becomes a CARE case?
- Q3: In what cases should a faculty or advisor reach out to CARE?
- Q4: How does an advisor/faculty communicate with CARE team?
Panel Presentation

- Q5: What is the process that CARE uses to assess and manage a case?
- Q6: Will I get updates from CARE?
- Q7: Privacy Concerns –
- Q8: I feel unsafe confronting the student. What should I do?
Our obligation to students in severe distress is CRITICAL. What is our obligation to students under stress?

- 98% have never harmed another
- 98% have never been hospitalized
- 86% have never injured self
- 96% have never attempted suicide
- 90% have never seriously thought about suicide.
Every Connection Counts
Building a Healthy Community
The Take Away

- In order to weave a tighter safety net we ask all members of our community to:
  - Be an active ally
  - Be aware of warning signs of distress
  - Know campus resources
  - Call and Consult – Tug on the Web
  - Refer

- CMHS and CARE are happy to visit your department to provide basic information or tailored consultation
Today’s Students: Strengths and Challenges

“It may be wrong, but it’s how I feel.”
Tightrope Factoids

- Most students surveyed say that the establishment of the World Wide Web is the key event in their lives, versus the 29% who cite the September 11 attack and its aftermath.
- Generation on a Tightrope: Arthur Levine & Diane Dean
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