

# Academic Advising Office Faculty Brown Bag

Wellness Center for Health and Counseling
October 17, 2012

## The State of Mental Health on College Campuses

- Across the country student problems are increasing in frequency and acuity
- Increasing number of students coming
   to college on medication and with treatment history
- Institutional resources are not increasing in proportion to the need



#### Just a Few Statistics

- 12% surveyed felt that "life was not worth living" at least sometimes MTV/Associated Press
- 10% surveyed considered suicide in the last
   12 months ACHA 2010
- More that 1,100 college students commit suicide annually – ACHA 2010
- Several recent studies have found some 17-28 percent of teens and young adults say they have engaged in the behavior at some point in their lifetimes.
- About 1,825 college students between the ages of 18 and 24 die each year from alcohol-related injuries, including motor vehicle crashes. NIH 2011

# Types of Problems

 Developmental – issues of growth and transition of college-age students

Situational – stressors originating in the external environment

 Psychological or emotional disorders – illnesses with psychosocial, biological origins

# Developmental Challenges

Identity issues (who am I now?)

Issues of separation (where am I now?)

 Relationship issues (girl meets boy, boy meets boy, peers, etc.)

Career identity (who and what will I be?)

## Situational Issues

- Alcohol and substance abuse
- Financial worries
- Family and relationship problems
- Loss of relationships (breakups)
- Sexual assault and relationship violence
- Discrimination
- Academic problems
- Illness and death of family or friends

# Psychological and Emotional Disorders

- Anxiety Disorder and Major Depression
- Bipolar and other Mood Disorders
- Schizophrenia
- Sleep Disorders
- Eating Disorders
- Alcoholism and other addictions
- Obsessive Compulsive Disorder

## Signs of Distress

- **Problems with Academic Performance**: lack of preparation, absences and tardiness, indecisiveness, procrastination, repeated requests for extensions, sudden change in level of performance, writing assignments that raise concern
- Interpersonal Concerns: increasing dependence, excessive emotionality, mood swings, threatening or aggressive interactions, isolated, withdrawn, irritability or heightened anxiety, no eye contact, pessimism, disclosure of hopelessness or suicidality
- *Unusual Behaviors:* falling asleep in class, weight loss/gain, listless, disruptive, hygiene issues, disjointed and confused thoughts, bizarre behavior, paranoid ideation, grandiose delusions, cuts on wrists, legs or ankles, slurred speech, dilated pupils

# Barriers to Seeking Help

Lack of understanding of problem

Unaware of options

Denial, fear or resistance

Stigma of counseling





"Positive interaction between a students 'who pose a risk' and faculty, staff, and other students can be the best method for early identification and intervention."

 Florida Gubernatorial Task Force for University Campus Safety

## Create a Culture of "Two-Way Listening"

- Encourage and empower students to break the code of silence
- Listening must be expanded beyond academic concerns
- Communication should include listening to feelings,
   especially hurt and pain

-- Secret Service "Threat Assessment in Schools"

### What the Best College Teachers Do:

- Reflect a strong trust in students
- Display openness
- Talk about their own intellectual journey
- Encourage students to be reflective and candid
- Discuss interests and obstacles
- Treat students with simple decency

# Helping Students in Distress



- Culture of connection and emphasis on educating the whole student
- Faculty and staff are on the front line to identify and motivate students to seek help
- Education and early intervention focus
- Wellness Center for Health and Counseling as an integral part of the college community (wellness, prevention and remediation)

#### Engaging the Student and Facilitating the Referral

(making the connection, sorting out ambivalence, and increasing motivation)

- 1. Observe and be able to describe behavior objectively; "I have noticed that xyz and that it has affected abc" not simply...."I'm worried about you"
- 2. Initiate discussion with the student as soon as possible



3. In a supportive way, share with the student your objective description of the behavior or concern

4. Ask for the student's reactions; does the student recognize the problem?

- 5. Explore *their* perception of the problem and their situation LISTEN!!!
- 6. Validate and reflect feelings, and offer HOPE and support
- 7. If in denial or minimizing, reiterate your concern and review the behaviors that need attention
- 8. Facilitate appropriate level of referral to appropriate resource:
  - If necessary, walk the student down to Wellness Center (Residence Life can do this too) x4195
  - If necessary, call Campus Security x4444
  - Campus Ministry is always an option too x4110
  - Seek a release of information at this point
  - 9. Follow up with the student; did they follow through?

## So after all this....then what?

- Self Care need for de-briefing
- Boundaries and faculty role
- Letting Go (but not cutting off)
- Follow-up with student
- Felt sense of gratitude as part of the caring community of Le Moyne!!

