

The College Student Mental Health Crisis

Today's college students are suffering from an epidemic of mental illnesses

"All we want are the facts, ma'am"

"All we know are the facts ma'am"



There is much we now know about students and the mental health issues they experience while attending college

- ▶ 75% of lifetime cases of mental health conditions begin by age 24
- ▶ 1 in 4 young adults between the ages of 18 and 24 have a diagnosable mental illness; more than 25 % of college students have been diagnosed or treated by a professional for a mental health condition within the past year
- ▶ More than 11% of college students have been diagnosed or treated for anxiety in the past year and more than 10% reported being diagnosed or treated for depression
- ▶ More than 40% of college students have felt more than an average amount of stress within the past 12 months
- ▶ More than 80% of college students felt overwhelmed by all they had to do in the past year and 45% have felt things were hopeless
- ▶ Almost 73% of students living with a mental health condition experience a mental health crisis on campus, yet 34.2 % reported that their college did not know about their crisis

What does this have to do with academic success?

- ▶ In an American College Health Association report released in 2011, students cited depression and anxiety as among the top impediments to academic performance
- ▶ 64% of young adults who are no longer in college are not attending college because of mental health related reasons; depression, bipolar disorder, and post-traumatic stress disorder are the primary diagnoses of these young adults
- ▶ 31% of college students have felt so depressed in the past year that it was difficult to function and more than 50% have felt overwhelming anxiety, making it hard to succeed academically

Can't they just go get help?

- ▶ More than 45% of young adults who stopped attending college because of mental health related reasons did not request accommodations and 50% of them did not access mental health services/supports either
- ▶ Overall, 40% of students with diagnosable mental health conditions did not seek help and 57% of them did not request accommodations from their school
- ▶ Concern of stigma is the number one reason students do not seek help

There is a push for more campus based mental health services and supports

- ▶ There is an expectation that the demand for mental health services in community colleges will increase in the next several years
- ▶ Without adequate treatment, young adults experiencing a mental health issue are more likely to receive lower GPAs, drop out of college or be unemployed than their peers who do not have a mental health challenge

Students have emphasized the critical need for the following services and supports to be available on campus:

- ▶ Mental Health training for faculty, staff, and students
- ▶ Suicide prevention programs
- ▶ Student mental health organizations
- ▶ Mental health information during campus tours, orientation, health classes and other campus-wide events
- ▶ Walk-in student health center, 24-hour crisis hotlines, ongoing individual counseling services, screening and evaluation services and comprehensive referral to off-campus services and supports

Certainly this is not an issue that will affect me and my class

Students under pressure

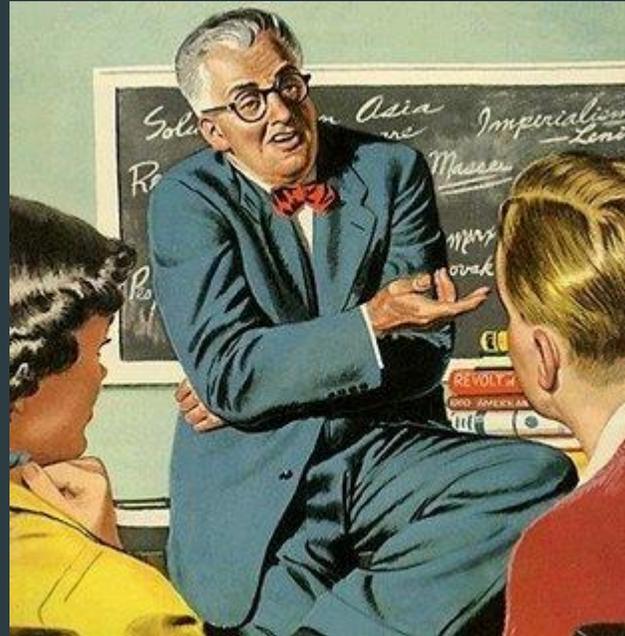
College and university mental health trends by school year among students already receiving services at counseling centers

<i>Percentage of students</i>	2010–11	2011–12	2012–13*
Attended counseling for mental health concerns	45.2%	47.6%	48.7%
Taken a medication for mental health concerns	31.0%	31.8%	32.9%
Been hospitalized for mental health concerns	7.0%	7.8%	10.3%
Purposely injured yourself without suicidal intent (e.g., cutting, hitting, burning, hair pulling, etc.)	21.8%	22.5%	23.2%
Seriously considered attempting suicide	23.8%	25.5%	30.3%
Made a suicide attempt	7.9%	8.0%	8.8%
Considered seriously hurting another person	7.8%	7.9%	11.2%
Intentionally caused serious injury to another person	2.4%	2.2%	3.3%

Source: Center for Collegiate Mental Health

*In 2012–13 the answer format was changed for all items except prior counseling/medication. This change may have partially accounted for some of the increases, but because rates changed differentially, it's clearly more than that. For a more detailed explanation of changes, see the Center for Collegiate Mental Health 2013 Annual Report.

What can I do? I am not a trained counselor, how can I be of any help?



Let's talk

What is disruptive and what is distress?

- ▶ It depends
 - ▶ Faculty must estimate the risk of violence within the contextual baseline of past behavior and understand potential risk factors
 - ▶ There are no analysts that can give us a definitive answer about a student's future violence
 - ▶ There are no psychological tests or expert computer system that can predict 100%

Despite the fact that all behaviors must be assessed in context to determine risk, people still want a list. So, we will provide a list with this caveat: these are meant to be generalizations and behaviors that fit into either the category of “disruptive” or “distressed”. Both sets of behaviors will require some kind of faculty intervention.

How do I know if the student is being disruptive?

- ▶ Examples of disruptive behaviors
 - ▶ Misuse of technology in the classroom
 - ▶ Frequent interruption of professor while talking
 - ▶ Inappropriate or overly revealing clothing in classroom
 - ▶ Crosstalk while the instructor is speaking
 - ▶ Interruptions
 - ▶ Poor personal hygiene that leads to classroom disruption or lack of focus
 - ▶ Use of alcohol or other substances in class
 - ▶ Entitled or disrespectful talk to instructor or other students
 - ▶ Arguing grades
 - ▶ Eating or consuming beverages in class without permission
 - ▶ Reading or doing other class work during class time

How do I know if a student is in distress?

- ▶ Examples of distressed behavior
 - ▶ Serious academic trouble
 - ▶ Exaggerated emotional responses
 - ▶ Changed social relationships
 - ▶ Disruptive behavior
 - ▶ Persistent depression
 - ▶ Increased physical complaints
 - ▶ Increased alcohol or drug use
 - ▶ Changed personal appearance

What is mental illness?

- ▶ Mental illnesses and psychological suffering are conditions that arise out of a complex mix of psychological, social, and biological influences that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functions
- ▶ Mental illness is a broad descriptive category that can include conditions like major depression, schizophrenia, bipolar disorder, obsessive-compulsive disorder, panic disorder, and post-traumatic stress disorder
- ▶ Mental illness can affect persons of any age, race, religion, or income
- ▶ These conditions are not the result of personal weakness or lack of character or intelligence

Facts about mental illness and treatment

- ▶ Mental illness can strike individuals in the prime of their lives, often during college years
- ▶ Without treatment, the consequences of these conditions for the individual and society are alarming
- ▶ The best treatments for these conditions are highly effective; depending on the condition and the treatment, between 70 and 90 percent of individuals have significant reduction of symptoms and improved quality of life
- ▶ Early identification and treatment are essential
- ▶ Ensuring access to the treatment and recovery supports accelerates recovery and minimizes further harm
- ▶ Stigma erodes confidence that these conditions are real and treatable

Specific synopsis of student concerns and conditions

- ▶ If you would like specific symptoms, causes, and treatments for various mental illness diagnoses check out the following sites:
- ▶ www.halfofus.com - Half of Us- Information and true stories from young people facing distress and the stigma that comes with the challenge of mental illness
- ▶ www.nami.org - National Alliance on Mental Illness (NAMI)
- ▶ www.nimh.nih.gov - National Institute of Mental Health
- ▶ <http://www.ulifeline.org> - BridgeValley Web site, click on Student Affairs then Counseling Services, site located at bottom of the page
- ▶ Van Brunt, B and Lewis, W. (2014). A Faculty Guide to Addressing Disruptive and Dangerous Behavior. New York: Routledge.

How can I help a distressed student?

- ▶ There are two pathways to choose once you have identified a student in distress:
 - ▶ Speaking directly with the student
 - ▶ Contacting the Counseling staff or Dean of Students Office

Choosing a pathway

If you have a relationship/
rapport with the student



- ▶ Speak directly to the student
- ▶ Begin the conversation by expressing your concerns about specific behaviors you have observed

If you do not really know the
student



- ▶ You may prefer contacting the counselor assigned to your campus
- ▶ You may contact your Dean of students office

Your decision about which path to choose also may be influenced by.....

- ▶ Your level of experience or comfort
- ▶ The nature or severity of the problem
- ▶ Your ability to give time to the situation
- ▶ Other personal factors

How do I know when to refer a student to counseling?

- ▶ You don't know how to help the student
- ▶ You feel unable to provide all of the support the student needs
- ▶ You feel that you have reached your limit or have exhausted your ideas on how to help
- ▶ The student's struggles leave you feeling helpless or anxious
- ▶ You feel angry or intimidated by the student's comments or behavior
- ▶ You are spending large amounts of time on the student's problems
- ▶ The student's issues are too close to home for you, making it hard to keep perspective

How do I refer a student to counseling?

- ▶ Share with the student your interest in his or her well-being
- ▶ Emphasize that the choice to seek professional guidance is up to the student
- ▶ Give the student the option to call the Counseling Office from your office
 - ▶ South Charleston Campus - 205.6707 (56706)
 - ▶ Montgomery Campus - 734.6612 (46612)
- ▶ Offer to call the Counseling Office on the student's behalf while he or she is with you
- ▶ Refer to a specific person and location
 - ▶ South Charleston - Carla Blankenbuehler, room 032A
 - ▶ Montgomery - LuAnn Summers, room 410
- ▶ Remember that referring to the Counseling Office can help the student begin to help himself or herself

What should I tell the student about the counseling office?

- ▶ Information the student shares with the counselor is confidential except when the student discloses past or potential harm to self or others
- ▶ There is no cost to the student for counseling. It is a benefit provided to students when enrolled at BridgeValley
- ▶ Individual counseling sessions are short-term (9 sessions) and may include referral to professionals outside the college

The Suicidal/Homicidal Student

Suicide is a real concern

- ▶ 7% of college students have “seriously considered suicide” during the past year
- ▶ Suicide is the 2nd leading cause of death on college campuses

What should I do in an emergency?

- ▶ If a student is violent, out of control, or in immediate danger of physically harming others or himself/ herself:
 - ▶ Call campus police 205.6630 South Charleston / 442.3313 Montgomery campus or 911 immediately
 - ▶ Ensure other students' safety
 - ▶ Contact or have someone contact the Dean of Students or his designee

In conclusion.....

Are today's students really more disturbed than those in the years past?

- ▶ YES, however,
 - ▶ Higher occurrence of mental health concerns
 - ▶ Improved diagnosis
 - ▶ Assessment
 - ▶ Earlier intervention
 - ▶ Decreased stigma toward mental illness

These factors may bring a student to college who may not have previously considered postsecondary education as an option

Some mental illnesses such as schizophrenia and bi-polar disorder, have early adult on set that will affect this population too

Other contributing factors

- ▶ Approximately 11% of college students meet criteria for some form of learning disability
- ▶ Approximately 4-5% of adults are estimated to meet criteria for AD/HD and many in college systems report marked increase in the numbers of students reporting problems focusing and seeking AD/HD diagnoses and accommodations
- ▶ Use of Ritalin and related “study drugs” have dramatically increased in the past two decades

Life style habits as contributing factors

- ▶ Eating patterns
- ▶ Sexual activity
- ▶ Sleeping patterns
- ▶ Drinking behaviors

And as if that weren't enough, today's students are also dealing with.....

- ▶ Cross-cultural issues
- ▶ Family dysfunction/expectations
- ▶ Lack of role models
- ▶ First-generation student may mean dealing with discrimination
- ▶ Experimentation with drugs and alcohol
- ▶ Weak interpersonal attachments
- ▶ Many lead “hyper-enriched lives” with cell phones, computers, classes, jobs, sports, travel, volunteer work, and more; all this too much to handle for some students
- ▶ Academic unpreparedness/pressured to get good grades
- ▶ Holding down a job
- ▶ Financial concerns

Mental health issues can affect anyone

- ▶ Michelangelo - Experienced “melancholia” and had symptoms of bipolar disorder
- ▶ Charles Dickens - Known to have had epilepsy and clinical depression
- ▶ Ludwig Van Beethoven - Believed to have had schizophrenia or bipolar disorder
- ▶ Buzz Aldrin - His new-found fame was hard for him to handle and led to depression and alcoholism
- ▶ Mike Wallace - Experienced psychosomatic pain, severe depression, and suicidal thoughts
- ▶ Virginia Woolf - Throughout her life she struggled with what is now considered bipolar disorder, enduring multiple suicide attempts and psychiatric hospitalizations

Questions?

