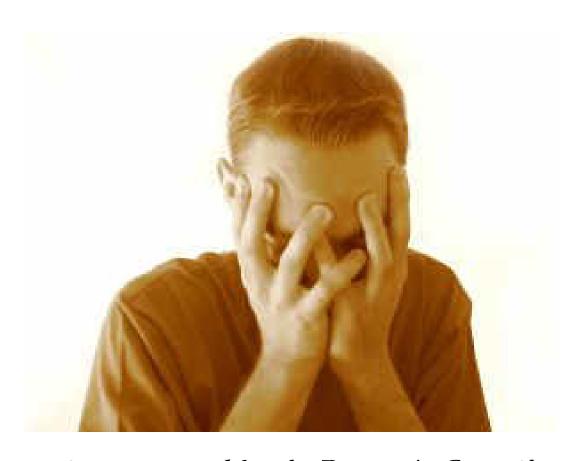
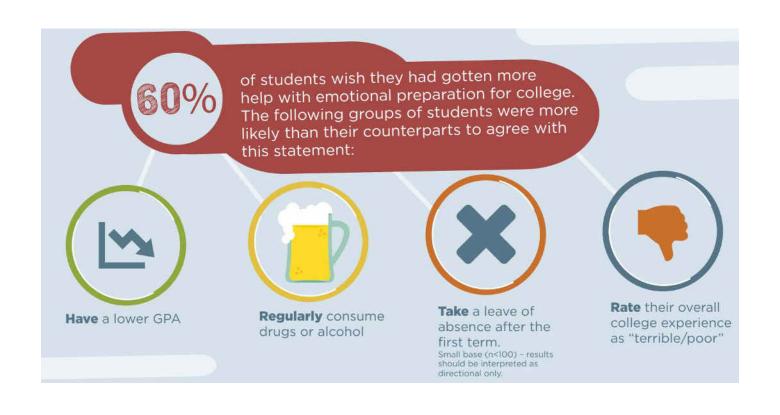
Assisting a Student in Distress: We all have a role



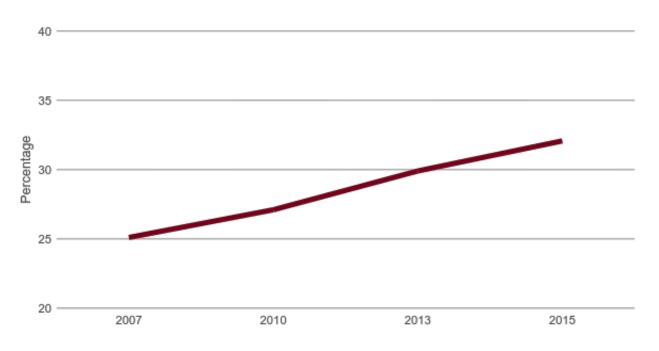
A presentation sponsored by the Provost's Council on Student Mental Health

JED Foundation: Emotional Preparedness





University of Minnesota Mental Health Condition Diagnoses Over Time

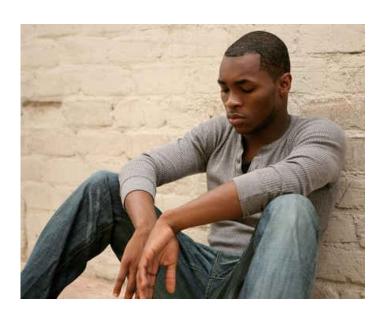




Anxiety



ADHD



Depression



Eating Disorders

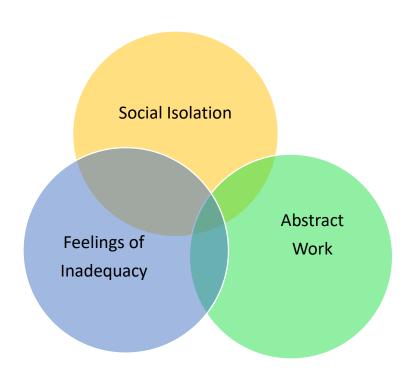
Prevalence of the problem

The Journal of Nervous and Mental Disease & Volume 201, Number 1, January 2013 Daniel Eisenberg, PhD, Justin Hunt, MD, MS, and Nicole Speer, PhD

Psychiatric Concern	Men	Women	Total
Major depression	7.5	10.0	9.0*
Other depression	8.9	7.9	8.3*
Generalized anxiety	4.0	8.7	7.0*
Panic disorder	2.3	5.5	4.1*
Any depression or anxiety	18.9	23.9	21.8*
Suicidal ideation	5.9	6.6	6.3
Suicidal plan	1.6	1.7	1.6
Suicidal attempt	.4	.7	.6
NSSI	15.2	15.2	15.3

Mental Health Crisis for Grad Students

[Nature Biotechnology/ Inside Higher Ed, March6, 2018]



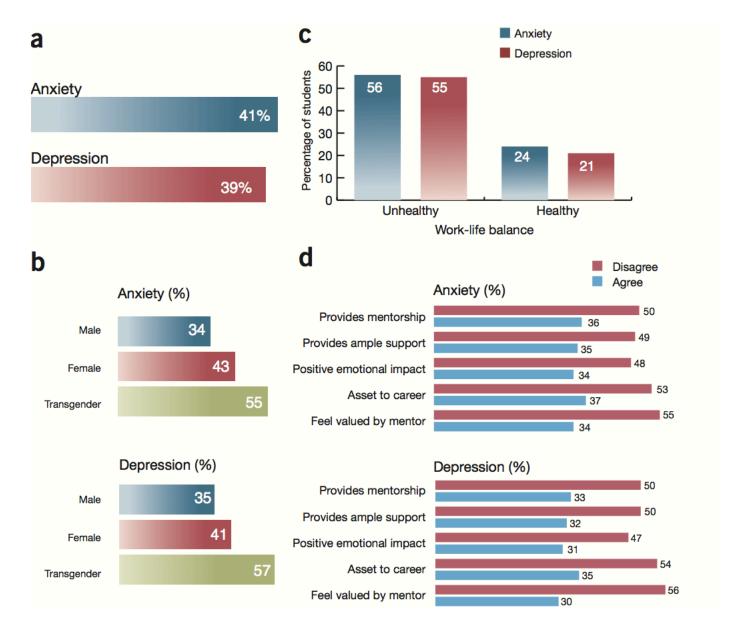


Figure 1 The prevalence of anxiety and depression within the population of graduate students studied. (a) Overall prevalence. (b) Prevalence of anxiety and depression by gender. (c) Effect of perceived work—life balance. (d) Effect of relationship with mentor (see **Supplementary Data**).



These results are from the 2016 Pre-Orientation survey. Data was pulled on May 24, 2016. There were 5,370 responses which represents over 90% of the Class of 2020.

CHOOSING THE U



75%

chose the U because of top ranked programs 67%

chose the U because of campus life opportunities

65%

chose the U because it is a big school

59%

chose the U because of the wide variety of majors

DECIDING TO GO TO COLLEGE

76%

indicated that getting a better Job was very important

76%

want to learn more about things that interest them

64% want training for a specific career

MAJOR 🍣

23%

know exactly what they want to major in and do not plan to change their mind

77%

are at various levels of major exploration with 5% having no idea and needing help assessing interests

TRANSITION TO COLLEGE



56% are concerned with academic coursework Idoing well in class. workload]

have financial concerns (paying tuition, financial aid. managing money)

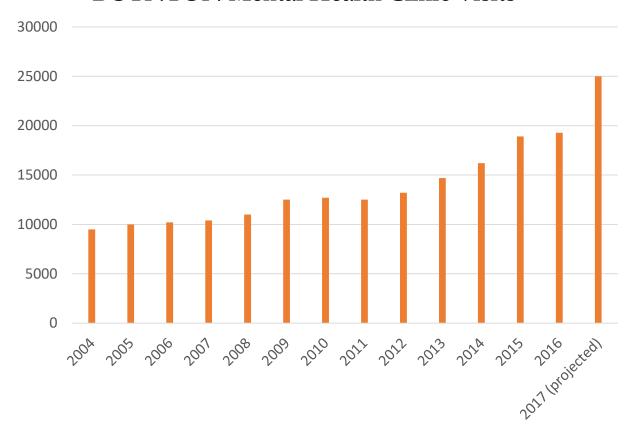
OTHER TOPICS

7% expressed varying degrees of likelihood that they will seek personal counseling

58%

are likely/very likely to get tutoring or other academic support for specific courses

BOYNTON Mental Health Clinic Visits



Healthy Minds Study

Began in 2005 >100 campuses, >100,000 respondents



Main Measures

Mental health screens (e.g., PHQ-9, GAD-7, SCOFF)

Health behaviors (e.g., substance use, exercise, sleep)

Attitudes and knowledge about services

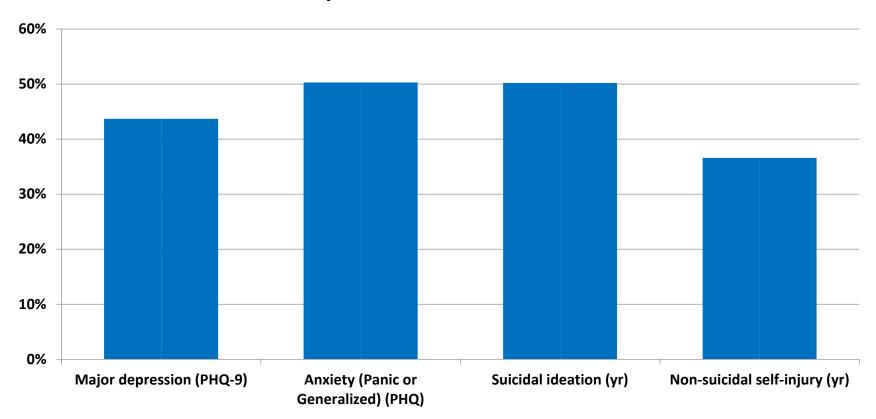
Service use

Academic and social environment

Full questionnaire at www.healthymindsnetwork.org/research/data-for-researchers

Fewer than Half of Students with Mental Health Problems Receive Treatment

Any Treatment Past Yr (%), by Mental Health Problem

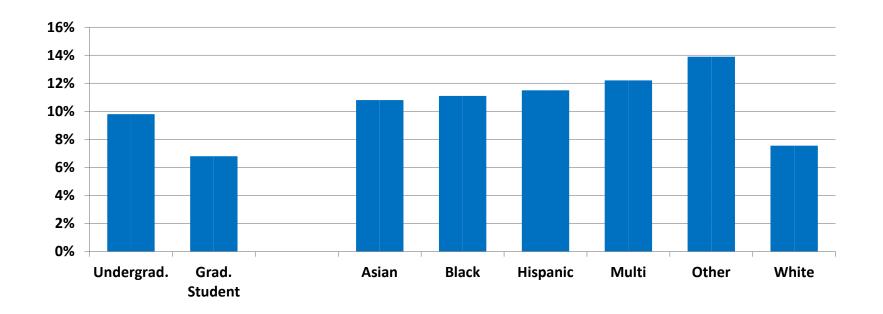


Stigma Is Important but Not the Only Important Barrier to Help-seeking

- If we could reduce the level of stigma by half, we project treatment use among those with major depression would increase from 44% to 60%
- Other factors that appear to be important:
 - No need
 - Prefer to deal with issues on my own
 - Stress is normal in college/graduate school
 - Get a lot of support from other sources, such as friends and family
 - Don't have enough time

Substantial Variation in Diagnoses Across Student Characteristics

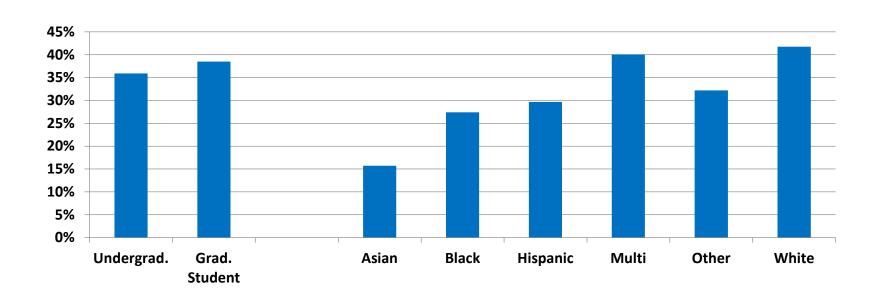
Major Depression (%) by Demographic Group



**Prevalence increases X3 for GLBT

Substantial Variation in Help-Seeking Across Student Characteristics

Treatment in Past Year (%) among those with a Mental Health Problem, by Demographic Group





Learning Outcomes

As a result of this training, participants will be able to:

Recognize common academic, personal, and physical indicators of student distress.

Determine their **role** in responding to students in distress.

Respond effectively to students in distress.

Utilize critical campus **resources** that support faculty and staff in responding to students in distress.

A Few Initial Pointers:

- You don't need to be a "mental health" expert
- You are not being asked to be a therapist
 - (...worry less about saying the "right thing" than saying something...)
- Don't get too involved but don't ignore
- Remember how much power you carry
 - A little compassion can go a long way...
- A public health approach (...early intervention)

Indicators of Distress

Academic:	Physical:	Personal/Interpersonal:	Indicators of Risk:
Repeated absences Decline in quality of work or classroom performance Essays or creative work that indicate disturbing content including, extreme hopelessness, social isolation, rage or despair Classroom disruptions	Marked changes in physical appearance including deterioration in grooming, hygiene or weight loss/gain, changes in typical clothing. Excessive fatigue, nodding off Intoxication, hung over, or smelling of alcohol Appearing sick or ill, repeated reports of headache or digestive problems	Tearfulness Expressions of hopelessness, worthlessness or shame Exaggerated personality traits (e.g., more withdrawn, animated, or irritated than usual) Direct comments about distress, family problems, or other difficulties Expressions of concern by other classmates or peers	 Implied or direct threats of harm to self or others Self-injurious or destructive (out of control) behavior Written work that is dominated by themes of despair, hopelessness, suicide, violence, death, or aggression:

Scenario

It's the seventh week of the semester. A student—who you haven't seen since the beginning of the term—stops by "to talk".



• What are you **recognizing**?

•What is your **role**?

•How do you **respond**?

•What <u>resources</u> do you recommend or refer the student to?

What indicators of distress are you recognizing?

- Are they academic?
- Are they personal?
- Are they physical?
- Does the student seem at risk?

What is your **role**?

- Attend
- Connect
- Listen
- Mindful of the limits of your role (not a therapist, not a parent, not a friend).
- Consult as appropriate
- Follow up with student as appropriate

What is your **response**?

- Affirm and validate
 - "I'm really glad you reached out/came in and are willing to talk."
- Empathize
 - "I notice you seem upset." / "I hear how upset you are."
 - "This sounds seems really hard."
- Clarify
 - "What would be most helpful for you right now?"

What **resources** do you recommend or refer the student to?

- Student Counseling Services
- Boynton Mental Health Clinic
- Student Academic Success Services
- Others?

Scenario

You haven't heard from the student since your week seven meeting, but she stops by again.



•What are you **recognizing**?

•What is your **role**?

•How do you **respond**?

•What <u>resources</u> do you recommend or refer the student to?

What is your **response**?

- Affirm and validate
 - "I'm really glad you came back and are willing to talk."
- Empathize
 - "It's clear to me how upset you're feeling."
- Clarify
 - "What did you mean when you said 'nobody would care' if you're gone?"
 - "Are you having thoughts about harming yourself?"

• What <u>resources</u> do you recommend or refer the student to?

- Student Counseling Services
- Boynton Mental Health Clinic
- OSA Care Manager
- BCT
- Family?
- Community resources?

- What is your **response**?
 - "Will you be able to keep yourself safe until tomorrow?"
- What <u>resources</u> do you recommend or refer the student to?
 - U of MN Case Manage (BCT)
 - Crisis Connection (612-301-4673)
 - UMPD
 - Student Counseling Services
 - Boynton Mental Health Clinic

Campus Resources

Direct Services

Boynton MHC

- Established 1925
- Medical Model
- Psychotherapy
- Psychiatry
- Minimal trainees
- Limited consulting
- Student fees & insurance funding
- Medical record system
- HIPAA

SCS

- Established 1932
- Developmental Model
- Academic, career, & psychological counseling
- No Psychiatry
- 50% services delivered by supervised trainees
- Consulting
- General funding/no billing
- Counseling specific record system

Boynton Mental Health: Groups at a Glance

Group	Day	Time	Tentative StART dATE	Number of sessions	Group leader
Uso (For students of color)	Thursday	1-2:30pm	February 22	10	Reiko hirai & chiung wang
USO (All AGES)	Thursday	10-11:30am	February 8	11	Brian post
USO (All Ages)	Monday	10-11:30am	March 5	9	Michelle krypel
Medication Education workshop	Varies	3-4Pm	February 21, March 1, April 4	1	Janelle jones
LGBTQI connections	Friday	2-3:30pm	February 16	10	Lauri appelbaum
LGBTQI connections	Wednesday	10-11:30am	February 21	10	Mary utz
Queer t	Monday	1-2:30pm	February 19	10	Lauri appelbaum
Meditation For Healthy Minds	Friday	9:30-11:30am	March 2	6	Mary Clark
ACT for anxiety	Tuesday	1-2:30pm	February 20	7	Jessie Saer
PTSD Skills	monday	1:30-3pm	February 26	8	Rachel ans
Building social confidence	Friday	1-2:30Pm	March 2	7	Meg benefield

STUDENT MENTAL HEALTH Twin Cities Compus

HOME

RESOURCES FOR

INFORMATION FOR ...

ABOUT US

EVENTS

WANT TO TALK? MAKE AN APPOINTMENT WITH BOYNTON HEALTH OR STUDENT COUNSELING SERVICES AFTER HOURS CRISIS? CALL (612) 301-4673 OR TEXT "UMN" TO 61222 EVENINGS AND WEEKENDS.





Confidential, free online programs to help with stress, depression, social anxiety and insomnia.

Enter code "UMN" for occess.

Concerned about a friend?

Find general guidelines on how to help a friend and additional resources available on campus.



Student MENTAL HEALTH Resources



Provost's Committee on Student Mental Health

University of Minnesota

Driven to Discover[™]

www.mentalhealth.umn.edu





Student MENTAL HEALTH Resources



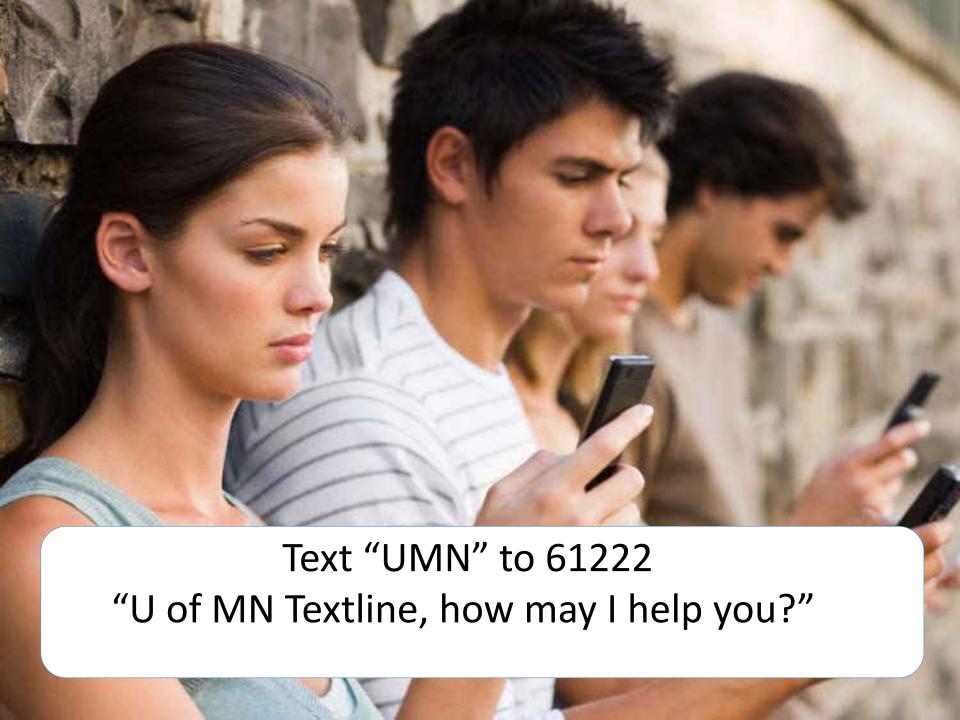
Provost's Committee on Student Mental Health

University of Minnesota

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www.mentalhealth.umn.edu

CRISIS CONNECTION (612-301-4673)



On-line Screening

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 MINNESOTA

TAKE A SCREENING

University of Minnesota | Provost's Committee on Student Mental Health mental health.umn.edu

Purpose of the Folder:

The University of Minnesota is deeply committed to the physical and emotional well-being of our students. We can all play a part by noticing wormsome behavior and responding with compeasion. By sharing your concerns and intervening early you can help maintain a healthy and safe compus. This folder is designed to help you recognize indicators of student distress and how to respond and refer the student appropriately.

... worty less about saying the "right thing" than souing something ...

Indicators of Distress

Narked changes in physical appearance including leterioration in grooming, lygene or weight loss/gair	Tearfulness Expressions of hopelessness, vorthlessness or shame saggerated personality	Implied or direct threats of harm to will or others Self-injunous or de-
hanges in typical clothing, scessive fatigue, odding off stoxication, hung over, or meling of sicohol appearing sick or ill, repeated reports of headache or ligestive problems.	raits (e.g., more withdrawn, animated, or irritated than usual) Direct comments about distress, family problems, or other difficulties Expressions of concern by other classmates or peers	structive (out of control behavior • Written work that is dominated by themes of despain hopeless ness, suicide, violens death, or aggression
	Notes	
	edding off stoxication, hung over, or melling of slookol opearing sick or II, repeat- d reports of headache or	odding off stoxication, hung over, or melling of sloohol distress, family problems, or opeoring sick or ill, repeat direports of headache or Expressions of concern by

The 4R Model

	Suggestions for Practice and Application
RECOGNIZE	Key questions to guide your conversation: Which areas of the student's life are most impacted? Are the indicators of distress in multiple areas? What seems to be the triggest area of concern?
ROLE	Oear about personal boundaries and professional limitations focus on behaviors and actions that can be of most use • Attend/Connect/Listen to the student or your colleague • Consult about the situation generate options for follow up • Lieise with professional staff as needed
RESPOND	The content of what you say will vary depending on the situation. However, there are some general guidelines you can follow to frame your response: Affirm and validate • Beinforce help seeking behavior and requests for assistance: Empathize • Befrain from judgments about what "should" happen or what the student "should" do • Recognize that students are often scared and intimidated to talk about their concerns • the willing to talk about the emotions that you're hearing and observing: Clarify • To ensure accurate understanding • To build on past successes as you assist in identifying next steps
RESOURCES	Clarify locations and hours prior to meeting with student if possible Does this warrant urgent consultation?







Help is just a click away.

Visit Learntolive.com/partners (Enter code UMN)





changing the conversation about mental health







NOW







