



Supporting Students with Mental Health Concerns (Depression, Anxiety, and Beyond)



Cultural Awareness

- + Awareness of cultural factors is growing, especially related to:
 - Race
 - Ethnicity
 - Sexual orientation
 - International differences
 - Gender identity
- + One's background may impact how symptoms are perceived as well as help-seeking behaviors



Why Mental Health First Aid?

- + Mental health problems are common
- + Stigma is associated with mental health problems
- + Many people are not well informed about mental health problems
- + Professional help is not always on hand
- + People often do not know how to respond
- + People with mental health problems often do not seek help



Why Mental Health First Aid® for Higher Education?

- + 40% of young adults aged 18-24 are enrolled in 2- or 4-year educational institutions
- + 75% of mental disorders develop before age 25
- + Early identification and treatment can lessen the impact of the mental illness
- + Only 18.5% of college students aged 18-24 receive services for any mental health disorder



What Is a Mental Disorder?

A **mental disorder** or **mental illness** is a diagnosable illness that:

- Affects a person's thinking, emotional state, and behavior
- Disrupts the person's ability to
 - Work
 - Successfully attend school
 - Carry out daily activities
 - Engage in satisfying relationships



U.S. Adults with a Mental Disorder in Any One Year

Type of Mental Disorder	% Adults
Anxiety disorder	19.1
Major depressive disorder	6.8
Substance use disorder	8.0
Bipolar disorder	2.8
Eating disorders	2.1
Schizophrenia	0.45
Any mental disorder	19.6

Only 41% of people with a mental illness use mental health services in any given year



Prevalence and Treatment of Mental Health Disorders among College Students in Past Year



Disorder	% Estimated Prevalence	% Received Treatment
Mood Disorder (incl. Major Depressive Disorder, Dysthymia, Bipolar Disorder)	10.6	34.0
Anxiety Disorder (incl. Panic, Social anxiety, GAD, Specific phobia)	11.9	15.9
Alcohol Use Disorder	20.4	5.3
Drug Use Disorder	5.0	
Any Disorder	45.8	18.5

Blanco et.al. 2008

SUB 7



The Impact of Mental Illness

- + Mental illnesses can be more disabling than many chronic physical illnesses. For example:
 - The disability from moderate depression is similar to the impact from relapsing multiple sclerosis, severe asthma, or chronic hepatitis B.
 - The disability from severe depression is comparable to the disability from quadriplegia.
- + “*Disability*” refers to the amount of disruption a health problem causes to a person’s ability to:
 - Work
 - Successfully attend school
 - Carry out daily activities
 - Engage in satisfying relationships

Depression and Anxiety



- + Are among the most common mental illnesses
- + Can have some similar signs and symptoms
- + Can frequently co-occur



Depression

- + Major depressive disorder lasts for at least 2 weeks and affects a person's
 - Emotions, thinking, behavior, and physical well-being
 - Ability to work, successfully attend school, and have satisfying relationships
- + Video: The View From Here
 - Watch for Signs and Symptoms of Depression



Signs and Symptoms of Depression

Physical

- + Fatigue, lack of energy, sleeping too much or too little, overeating or loss of appetite, constipation, weight loss or gain, headaches, irregular menstrual cycle, loss of sexual desire, unexplained aches and pains

Behavioral

- + Crying spells, withdrawal from others, neglect of responsibilities, loss of interest in personal appearance, loss of motivation, slow movement, use of drugs and alcohol



Signs and Symptoms of Depression

Psychological

- + Sadness, anxiety, guilt, anger, mood swings, lack of emotional responsiveness, feelings of helplessness, hopelessness, irritability
- + Frequent self-criticism, self-blame, pessimism, impaired memory and concentration, indecisiveness and confusion, tendency to believe others see one in a negative light, thoughts of death and suicide



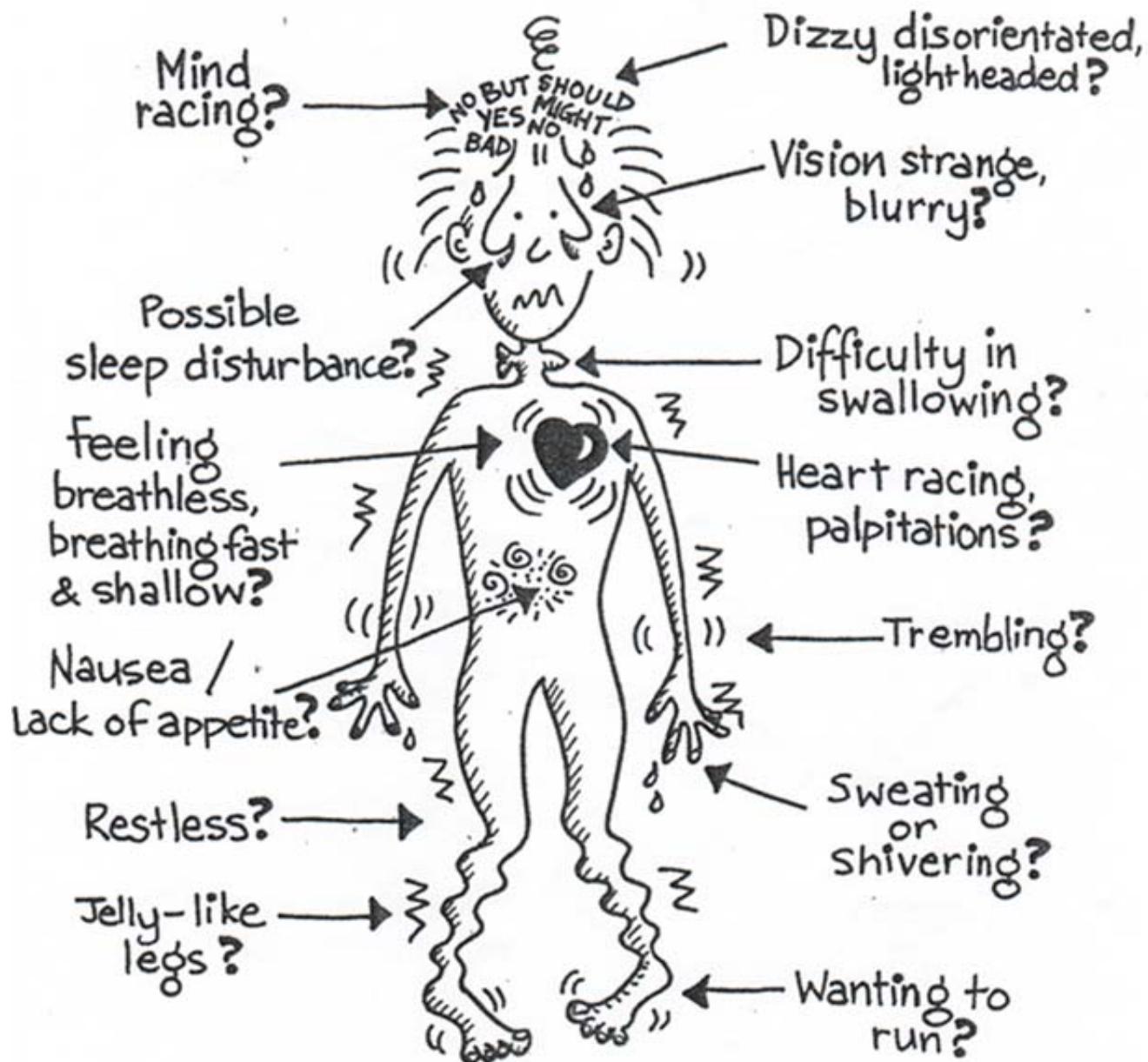
Anxiety

- + An anxiety disorder differs from normal stress and anxiety
- + An anxiety disorder is more severe, lasts longer and interferes with work, school, and relationships

U.S. Adults with an Anxiety Disorder in Any One Year



Type of Anxiety Disorder	% Adults
Specific phobia	9.1
Social phobia	7.1
Post-traumatic stress disorder	3.6
Generalized anxiety disorder	2.7
Panic disorder	2.7
Obsessive-compulsive disorder	1.2
Agoraphobia (without panic)	0.9
Any anxiety disorder	19.1





Signs and Symptoms of Anxiety

Physical

- + **Cardiovascular:** pounding heart, chest pain, rapid heartbeat, blushing
- + **Respiratory:** fast breathing, shortness of breath
- + **Neurological:** dizziness, headache, sweating, tingling, numbness
- + **Gastrointestinal:** choking, dry mouth, stomach pains, nausea, vomiting, diarrhea
- + **Musculoskeletal:** muscle aches and pains (especially neck, shoulders and back), restlessness, tremors and shaking, inability to relax



Signs and Symptoms of Anxiety

Behavioral

- + Avoidance of situations, obsessive or compulsive behavior, distress in social situations, phobic behavior

Psychological

- + Unrealistic or excessive fear and worry (about past and future events), mind racing or going blank, decreased concentration and memory, indecisiveness, irritability, impatience, anger, confusion, restlessness or feeling “on edge” or nervous, fatigue, sleep disturbance, vivid dreams



Mental Health First Aid

The Action Plan

- **A**ssess for risk of suicide or harm
- **L**isten nonjudgmentally
- **G**ive reassurance and information
- **E**ncourage appropriate professional help
- **E**ncourage self-help and other support strategies



Suicide Risk Assessment

- + Sex
- + Age (College Student Impulsivity)
- + Chronic physical illness
- + Mental illness
- + Use of alcohol or other substances
- + Less social support
- + Previous attempt
- + Organized plan



Warning Signs of Suicide

- + Threatening to hurt or kill oneself
- + Seeking access to means
- + Talking or writing about death, dying, or suicide
- + Feeling hopeless
- + Feeling worthless or a lack of purpose
- + Acting recklessly or engaging in risky activities
- + Feeling trapped
- + Increasing alcohol or drug use
- + Withdrawing from family, friends, or society
- + Demonstrating rage and anger or seeking revenge
- + Appearing agitated
- + Having a dramatic change in mood



Questions to Ask

Ask the person directly whether he or she is suicidal:

- + “Are you having thoughts of suicide?”
- + “Are you thinking about killing yourself?”

Ask the person whether he or she has a plan:

- + “Have you decided how you are going to kill yourself?”
- + “Have you decided when you would do it?”
- + “Have you collected the things you need to carry out your plan?”



How to Talk with a Person Who Is Suicidal

- + Let the person know you are concerned and are willing to help
- + Discuss your observations with the person
- + Ask the question without dread
- + Do not express a negative judgment
- + Appear confident, as this can be reassuring

Check For Two Other Risks

- + Has the person been using alcohol or other drugs?
- + Has he or she made a suicide attempt in the past?



Keeping the Person Safe

- + Provide a safety contact number
- + Help the person identify past supports
- + Involve them in decision making
- + Call law enforcement if the person has a weapon or is behaving aggressively

Do Not

- + Leave an actively suicidal person alone
- + Use guilt and threats to try to prevent suicide
 - *You will go to hell*
 - *You will ruin other people's lives if you die by suicide*
- + Agree to keep their plan a secret



Reasons for Self-Injury

- + To escape unbearable anguish
- + To change the behavior of others
- + To escape a situation
- + To show desperation to others
- + To “get back at” other people
- + To gain relief from tension
- + To seek help



How to Help with a Person Who Self-Injures

- + Recognize that self-injury is usually a symptom of serious psychological distress
- + Avoid any negative reactions to the self-injury
- + Discuss the situation calmly
- + Focus on ways to stop the distress

Do Not

- + Focus on stopping self-injury
- + Trivialize the feelings or situations that have led to self-injury
- + Punish the person
- + Threaten to withdraw care



Medical Emergencies

Seek emergency medical help when someone has:

- + Taken an overdose of medication
- + Consumed poison
- + A life-threatening injury
- + Confusion, disorientation, or unconsciousness
- + Rapid or pulsing bleeding



Mental Health First Aid

The Action Plan

- **A**ssess for risk of suicide or harm
- **L**isten nonjudgmentally
- **G**ive reassurance and information
- **E**ncourage appropriate professional help
- **E**ncourage self-help and other support strategies



Listening Nonjudgmentally

Key **attitudes** to make the person feel respected, accepted, and understood:

- + Acceptance
- + Genuineness
- + Empathy

Key **nonverbal skills** to show you are listening:

- + Attentiveness
- + Comfortable eye contact
- + Open body posture
- + Being seated
- + Sitting next to the person rather than directly opposite
- + Not fidgeting



Give Reassurance and Information

- + Treat the person with respect and dignity
- + Do not blame the person for his or her symptoms
- + Have realistic expectations
- + Offer consistent emotional support and understanding
- + Give the person hope for recovery
- + Provide practical help
- + Offer information



What Isn't Supportive

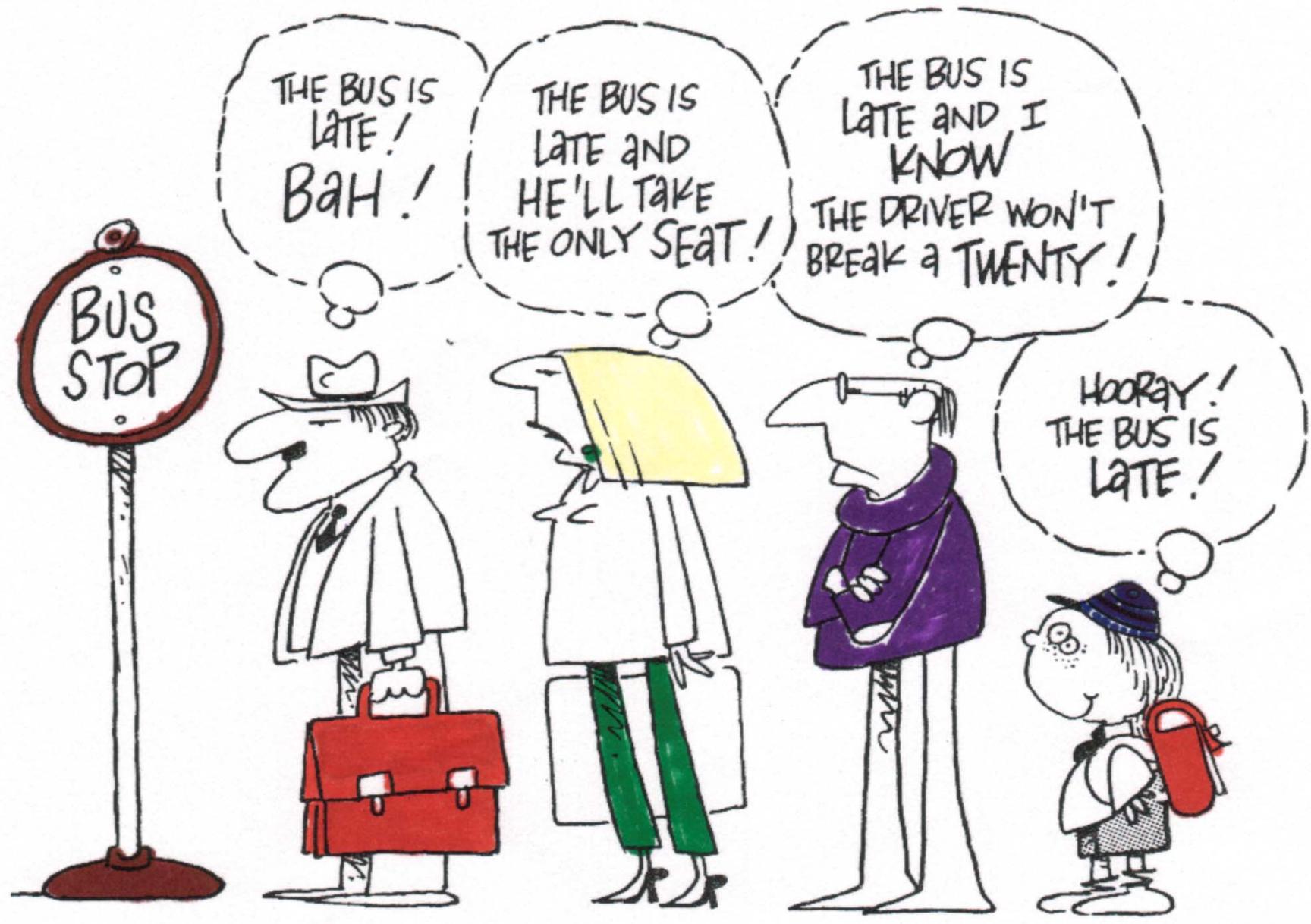
- + Do not just tell the person to “snap out of it”
- + Do not be hostile or sarcastic
- + Do not adopt an overinvolved or overprotective attitude
- + Do not nag the person to do what he or she normally would do
- + Do not trivialize the person’s experiences
- + Do not belittle or dismiss the person’s feelings
- + Avoid speaking with a patronizing tone
- + Resist the urge to try to “cure” the person



Encourage Appropriate Professional Help

- Types of Professionals
 - Doctors (primary care physicians)
 - Psychiatrists
 - Social workers, counselors, and other mental health professionals
- Types of Professional Help
 - “Talk” therapies
 - Medication
 - Other professional supports

The way we think can influence how we feel





Encourage Self-Help and Other Support Strategies

- Exercise
- Relaxation and Meditation
- Peer support groups
- Self-help books based on cognitive behavioral therapy
- Family, friends, faith, and other social networks



What Are Substance Use Disorders?



Substance use disorders include

- Dependence
- Abuse that leads to problems at home or work
- Abuse that causes damage to health





Understanding Substance Use Disorders

- + 8% of U.S. adults have a substance use disorder in any given year
- + 20.4% of U.S. college students 18-24 have an alcohol use disorder and 5 % have a drug use disorder in any given year
- + The use of alcohol or drugs does not mean a person has a substance use disorder
- + 75% of people who develop substance use disorders do so by age 27
- + Alcohol use disorders are three times as common as drug use disorders



Binge Drinking

- + Definition: 5+ drinks on same occasion on at least 1 day in the past 30 days (4+ for females)
- + Estimated 44% of students binge drink
- + Associated with lower grades, missed classes, and falling behind in class
- + Risk factors include:
 - Membership in a fraternity or sorority
 - Living off campus
 - Belief that most students binge drink
 - Drinking to fit in
 - Low cost and availability of alcohol
 - Attending college with frequent binge drinking



Co-Occurrence

- + Substance use disorders can co-occur with almost any mental illness
- + Some people “self-medicate” with alcohol and/or other drugs
- + People with mood or anxiety disorders are two to three times more likely to have a substance use disorder



Warning Signs

- + Increased use over time
- + Increased tolerance for the substance
- + Difficulty controlling use
- + Symptoms of withdrawal
- + Preoccupation with the substance
- + Giving up important activities
(work, social, family, etc.)
- + Continued use even after recognizing problem with substance use





Common Substances

- + Marijuana (and synthetic Marijuana)
- + Heroin (and other opioids)
- + Sedatives and tranquilizers
- + Cocaine
- + Amphetamines
- + Methamphetamines
- + Ecstasy and other hallucinogens
- + “Bath Salts”
- + Inhalants
- + Tobacco
- + Alcohol



Illicit Use of Prescription Drugs by College Students

- + Painkillers 7.5%
- + Sedatives 3.7%
- + Stimulants 7.5%
- + Antidepressants 3.0%
- + Erectile dysfunction 0.9%
- + 1 or more of above 14.3%

American College Health Association, 2012



Listen Nonjudgmentally

Try to

- + Listen to the person without judging him or her as bad or immoral
- + Avoid expressing moral judgments about his or her drinking
- + Show you are concerned for his or her well-being

Try not to

- + Be critical of the person
- + Label the person or accuse him or her of being “an addict” or “an alcoholic”
- + Express your frustration at the person for having these problems



Give Reassurance and Information

- + Changing drinking and drug habits is not easy
- + Willpower and self-resolve are not always enough to stop the problem
- + Giving advice may not help the person change substance use habits
- + Not everyone wants abstinence as a goal — reducing the quantity of use can be worthwhile
- + A person may stop or try to stop substance use more than once before being successful



Do Not

- + Join in drinking with the person
- + Bribe, nag, or threaten
- + Make excuses for the person's behavior
- + Take on the person's responsibilities
- + Feel guilty or responsible



Counseling Center

- + Free to students, No session limits
- + Personal-Emotional and Academic
- + Individual, group, couples
- + Therapy dogs
- + Pawsitive Relaxation, DeStess in the Dirt, Mind and Body, Graduate Student Support Group, SMART Recovery
- + On-call counselor
- + Consulting psychiatrist (at SHS)
- + 8 professional staff, plus graduate student trainees
- + Call to consult
- + Web site: decision tree, referral guide, ISP



Other Area Referrals

- + Student Health Service
- + Prairie Saint Johns
- + Sanford
- + First Step
- + The Village
- + Private Practices