Helping Through Communication: Mental Health Awareness and Support Strategies

MSU Counseling Center
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Overview

• All on the Same Page
  • Establishing Support
  • Building Connectivity & Commonality

• Mental Health Awareness
  • Trends and Data
  • Common Concerns and Issues

• Helping Through Communication

• Identifying and Accessing Resources
ALL ON THE SAME PAGE
Building Connectivity & Commonality

• We all at one time or another (maybe right now) have experienced stress…

• We all at one time or another have worried about a friend, family member, colleague or student…

• Build connectivity around idea that everyone at one time or another experiences some form of distress

• Build commonality through agreement that counseling, therapy, mental health services can be beneficial for anyone!

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Roles in Pre-College Programs

- Faculty, staff, advisors, department leadership, student staff play a number of roles, sometimes creating difficult communication scenarios:
  - Student
  - Advisor/Mentor
  - Program Coordinator
  - Bridge to Campus Resources
  - Friend/Family

- How do we navigate these roles and communicate effectively within each?
- How might these roles overlap?
- How might the students/adolescents that we work with (mis)understand these roles?
- In addition, how do we notice mental health issues and connect with our students/adolescents, to get them help?
Mental Health Awareness: Trends and Data

Section compiled by Dr. Scott Becker
National Trends

• Increased **acuity** of presenting concerns at University/College Counseling Centers:
  • No change in acuity from 1992 to 2002 (Schwartz, 2006)
  • NCHA of 2010:
    • Prevalence of severe psychological disorders has nearly **tripled**
    • Increase in high-risk behaviors such as harm to self and others
    • Increase in psychiatric medication
    • Increase in hospitalizations

• Increased **demand** for services reported by 93% of CC Directors (AUCCD, 2012)
  • Staffs of UCCs have, on average, not grown in the past 15 years
  • MSUCC: increase of **100%** in students seen in direct service within less than a 10 year period (2006 – present)
100% Increase in Students Receiving Counseling at MSUCC within less than a 10 year period
Possible Explanations

- Increase in availability of psychotropic medications
- Increase in socioeconomic stressors
  - Financial stressors due to parental unemployment
  - Competition for grades, internships, jobs post-graduation
- Increase in collective/cultural anxiety - fear
  - 9/11, Virginia Tech, etc.
- Increase in recognition and reporting of trauma, including childhood sexual abuse and sexual assault
- De-stigmatizing of mental health treatment
- Technology and brain development
Clients’ Academic Status

- First-year: 23%
- Sophomore: 23%
- Junior: 18%
- Senior: 19%
- Graduate / professional: 15% (426)
- Non-student: 0%
- Non-degree student: 0%
- Other: 1%
- <No Response>: 1%

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Clients' Reported Racial/Ethnic Identification (n=3,200)

- Caucasian/White: 68%
- African-American/Black: 10%
- Asian American/Asian: 9%
- Hispanic/Latino/a: 3%
- Multi-racial: 3%
- Other: 2%
- Prefer not to answer: 2%
- No Response: 0%
- American Indian or Alaskan Native: 0%
- Native Hawaiian or Pacific Islander: 0%

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416 International Students Received Counseling (n=3,200)

- U.S. Citizen: 84% (2,688 Students)
- International: 13% (416 Students)
- No Response: 3%
1,152 Clients (36%) Reported Previous Counseling at Initial Screening (n=3,200)

Previous counseling 36% (1,152 Clients)

No previous counseling 64%
Clients Reported that Presenting Concerns Negatively Impacted their Academic Performance (n=3,200)

- Negative impact on academics: 82% (2,624 Students)
- No negative impact on academics: 18%
7% of Clients Considered Leaving MSU due to Presenting Concerns (n=3,200)

Did not consider leaving MSU 93%

Considered leaving MSU 7%
(155 students)
2,048 Clients (64%) Report that Counseling Directly Improved their Academic Performance (n=3,200)

- Counseling directly improved academics 64%
- Counseling did not have direct effect on academics 36%

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1,216 Clients (38%) Reported Suicidal Ideation at Initial Screening (n=3,200)

Suicidal Ideation
38%
(1,216 Clients)

No Suicidal Ideation
62%
Clients (19.7%) Reported Hostility at Initial Screening (n=3,200)
544 Clients Reported Previous Trauma at Initial Screening (n=3,200)

- Traumatic Event: 17% (544 Clients)
- No Traumatic Event: 83%
832 Clients (26%) Prescribed Psychiatric Medication at Initial Screening (n=3,200)
Most Frequent Diagnostic Clusters, Sorted by % of Clients (n=3,200)

- Depressive D/Os: 49.4%
- Anxiety D/Os: 46.6%
- Relational D/Os: 24.4%
- Substance D/Os: 20.35%
- Academic Problem: 13.35%
- Developmental Issues: 12.76%
- Trauma: 11.29%
- ADHD: 9.4%
- Bipolar D/Os: 7.2%
- Bereavement: 5.74%
- Eating D/Os: 5.7%

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Most Frequent Presenting Concerns
Sorted by % of Total Clients (n=3,200)

- Depressed Mood: 57.3%
- Anxiety: 52.8%
- Academic Performance: 52.7%
- Poor Concentration: 41.7%
- Suicidal Ideation: 37.6%
- Sleep Problems: 34.5%
- Thoughts of Harming Others: 19.7%
- Harrassment/Abuse: 19%
- Fear of Gaining Weight: 7.7%
- Racial concerns: 6%
Common Concerns and Issues
Common Concerns and Issues: What might be going on...

- Developmental Concerns
  - Homesickness
  - Break-ups
  - Academic problems
  - Concerns about sexual or gender orientation/identity
  - Redefining family & communal relationships

- Trauma
  - Sexual assault incidents
  - Death of a family member or friend
  - Abusive relationships
  - Complex trauma
Common Concerns and Issues: *What might be going on...*

- **Mental Health Diagnoses**
  - Substance use/abuse
    - Abuse of both illicit and prescription drugs – self-medicating
  - Disordered eating habits
    - Sudden weight loss or purging behaviors
  - Depression / Bipolar
    - Depressed Mood -- Fluctuations in mood
    - Isolation
    - Sleep issues
    - Self-Injury
  - Anxiety / Panic / Social Fears
    - Obsessive / Compulsive Behaviors
    - Panic Attacks
    - Social Avoidance

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Adjustment

Section compiled by Dr. DukHae Sung
Culture Shock & Adjustment Process

Honeymoon

Crisis

Recovery

Adjustment

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Acculturative Stress

• “I feel lonely and miss my family and friends back home”
• “I feel ignored by people here”
• “Do not feel fit into any groups.”
• “I feel anxious in classroom”
• “Do not know how to talk to my advisor”
• “Feel down and not motivated”
• “I am afraid that I am going to let my parents down”
Adjustment Factors

- Identity Adjustment
- Academic Adjustment
- Language Adjustment
- Cultural Adjustment
- Social Adjustment
- Emotional Adjustment
Developing Communication

Section compiled by Dr. Scott Brown and Donna Kitrick
Developing Communication

• It is best to start with open questions and active listening, unless in an emergency situation

• A shift from open-ended discussion to more close-ended refining of information can be an effective strategy
  • Possibly include more probing questions, building on previous information

• Difficult communication situations (e.g., punishment, mental health concerns) mean you need to be as in control of the dialogue as you can be, from the beginning – be intentional and deliberate
Active Listening

• A combination of techniques to engage in full, active participation in a discussion:
  • **Words**
    • Reflect statements, check for understanding, avoid assumptions (NOT “parroting”)
    • Do NOT modify the message to suit your needs or avoid a topic
    • Avoid being pre-occupied with your thoughts or experiences
      • Sharing can be helpful, but can also be a slippery slope or backfire – be judicious
  • **Voice tone**
    • Calm, slow speech, marked by careful breathing and comfort with silence
    • Do NOT rush into a topic or away from an awkward discussion; sometimes we need some space to think
  • **Body language and facial expressions**
    • Find positive, safe location to talk
    • Use comforting, open physical behaviors and postures
      • Eye contact, nodding, smiling
      • Avoid physical contact, except in careful or special situations
    • Do NOT display an overly anxious reaction to topics
Types of Questions: Open-ended

• Open-ended communication allows for others to talk freely, without restriction
  • Can help in gathering information or elaborating on a situation
  • Good for building rapport

• Examples:
  • **What** – What did you want to talk about today? What’s going on?
  • **Who/Where** – So you’re worried about your family? Who are you concerned about? Where have you been (physically or emotionally) lately?
  • **How** – How are you holding up with all this going on?
Types of Questions: Open-ended

- Possible drawbacks of open-ended communication:
  - Can be difficult to manage the conversation, if a particular goal or timeline is in play
    - Tip: Use the leading phrase, “Very briefly, tell me…”
  - Can lead to difficult information or areas of discussion you had not planned on addressing
Types of Questions: Closed-ended

- Closed-ended communication leads a person to answer with specific information ONLY, often a single word or sentence.
  - For example: What time did it happen? Where were you going? Who was with you? Did you call her?

- These questions can be very effective at quickly gathering information or refining information.

- Drawbacks:
  - Limitations when dealing with emotions/feelings
  - May not illicit the depth of communication you hoped for

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Types of Questions: Probing

- Probing questions are specific types of open- or closed-ended questions that aim to elaborate on information from within the communication
  - I noticed you said you were worried about your friend – what in particular makes you concerned?
  - When you said you went to the party, how many people were there? Did you know anyone who was there?
- These types of questions are the nexus of an effective interview or information-gathering discussion
- They can elicit anxiety or defensiveness, if the person perceives us to be “digging” or intruding
Types of Questions: Multiple

- Avoid communication where you ask a barrage of questions, all linked together – this is anxiety producing and ineffective.
  - *Example:* Can you tell me what happened, how it felt, and what you did about it?
Types of Questions: Leading

• These questions can cause several problems:
  • They can communicate disinterest in continue to talk
  • They can focus more on your goals or assumptions, instead of the person’s own feelings or thoughts
  • They can actually lead to dangerous outcomes

• For example:
  • You’re not thinking about killing yourself, are you? So you don’t have a gun and you wouldn’t try to get one? You’re not saying that you cheated, are you?

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Problems in Dialogue and Communication

- The communication might be faltering if you notice these verbal cues:
  - Very brief responses
  - Debating ideas (i.e., trying to “win” the argument)
  - Giving lectures (either you or them)
  - Monopolizing the conversation
  - Angry attitude or emotions
Problems in Dialogue and Communication

• Similarly, there are physical, non-verbal signs of someone holding back or disconnecting from a discussion:
  • No eye contact
  • Tearfulness
  • Silence
  • Shaking legs /fidgety
  • Arms locked, tight under chest
  • Censoring speech with your body
How to Engage: Connecting through dialogue...

- Don’t assume that you know what the problem is until they’ve clearly told you what’s going on.

- Let the student or staff member know that they can trust you and the limits to how you will or won’t share their information:
  - **Danger to Self or Others**
    - We have a responsibility to consult with supervisors about SI/HI or other dangerous behaviors.
  - **Sexual Assault**
    - Forms located on Sexual Assault Website – consult with supervisors.

- Help them understand that what they are experiencing is common and that there are things you can do to help.

- Respect their right or need to talk to you when THEY are ready.

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Approaching Individuals with Compassion

• **Recovery-based Language:**
  - Avoid using labels
  - Focus on what is strong – not what is wrong
  - Be aware of issues surrounding mental health – especially stigma, discrimination, and privilege

• **Stages of Change**
  - Key process in the changing of any mental health or substance abuse condition/problem

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Approaching Individuals with Compassion

• Stigma and Help-Seeking Behaviors
  • Some groups have significant difficulty seeking MH treatment
    • International student populations
    • Cultural and racial minority groups
    • First-generation and first-year students
  • Ironically, individuals with the most severe MH problems might also feel stigmatized in seeking MH treatment

• Focus on prevention and early detection, with key emphasis on seeking help
  • Try and ensure tone of intervention or meeting is warm and compassionate – not punitive
In Case of Emergency
How do you know if and when to seek/refer for help...

• Signs to be aware of...
  • Sadness
  • Poor concentration
  • Anxiety
  • Frequent absences from classes
  • Radical change in behavior
  • Increase of alcohol or drug abuse
  • Talking about death or suicide

• If you’re not sure… consult/refer (err on the side of caution).
Identifying and Accessing Resources

• Talk to the student…
  • If they are in crisis (in immediate danger of being harmed, either by themselves or another individual, or are in danger of harming someone else):
    • Follow Protocols for reporting
      • Reporting up
      • Contact Parent(s) and/or emergency contact
    • Call Campus or Community Police (911 or 517-355-2221 [Non-Emergency Line])
  • Utilize 24 hour Crisis Options by phone:
    • Sexual Assault Crisis & Safety Education Program Hotline: 517-372-6666, 24 hours/day
    • Listening Ear: 517-337-1717
    • National Suicide Prevention Lifeline: 1-800-273-TALK (8255)
Identifying and Accessing Resources

• Counseling Center
  • You can call and consult with counselors
    • Inform the front desk staff that you are calling about a precollege program adolescent in crisis

• Community-based Resources
THANK YOU

MSU Counseling Center
207 Student Services Building
517-355-8270
www.counseling.msu.edu