Helping Through Communication:

Mental Health Awareness and Support Strategies

MSU Counseling Center
Dr. Talitha Easterly

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!

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

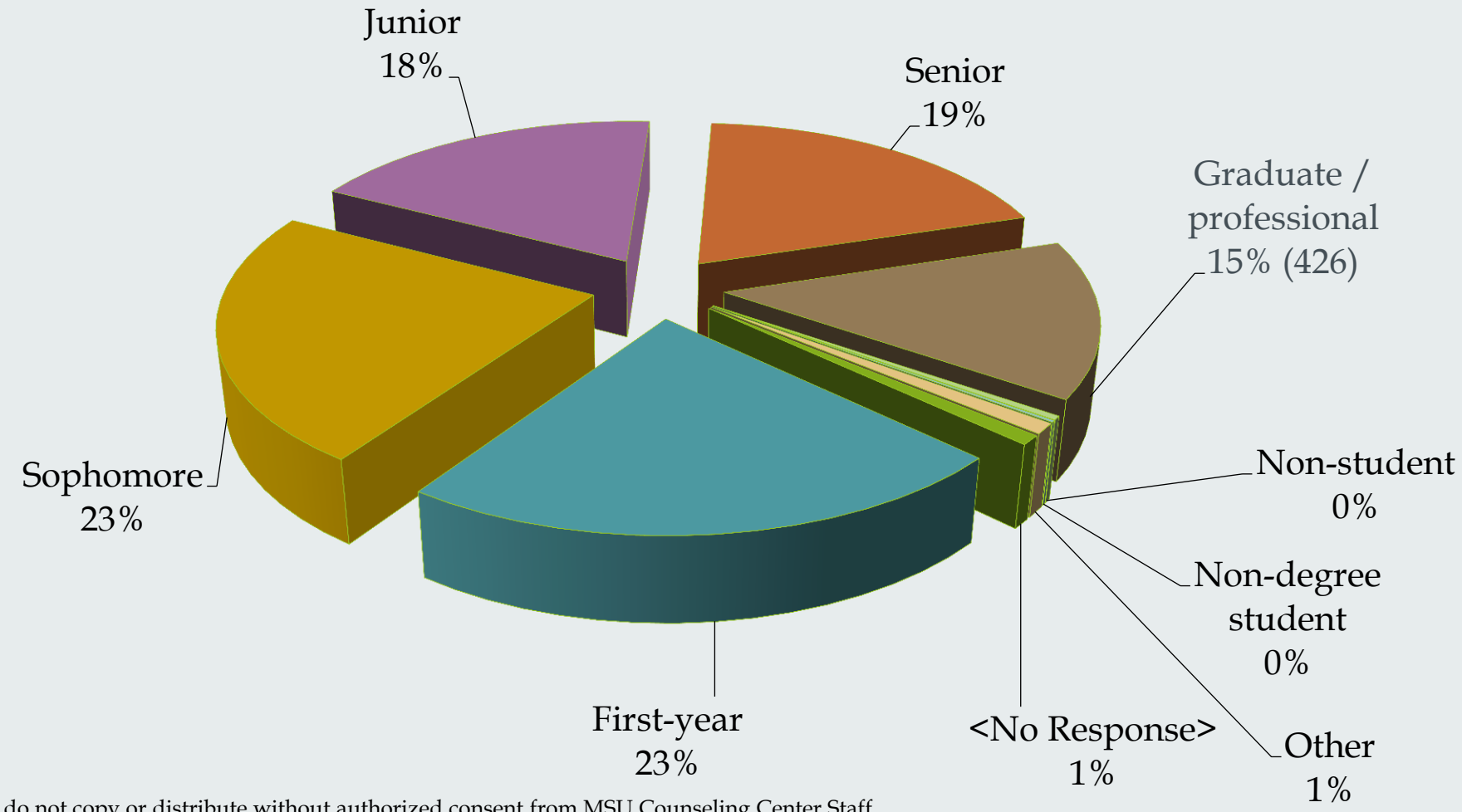
- Increased **acuity** of presenting concerns at University/College Counseling Centers:
  - No change in acuity from 1992 to 2002 (Schwartz, 2006)
  - NCHA of 2010:
    - Prevalence of severe psychological disorders has nearly *tripled*
    - Increase in high-risk behaviors such as harm to self and others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

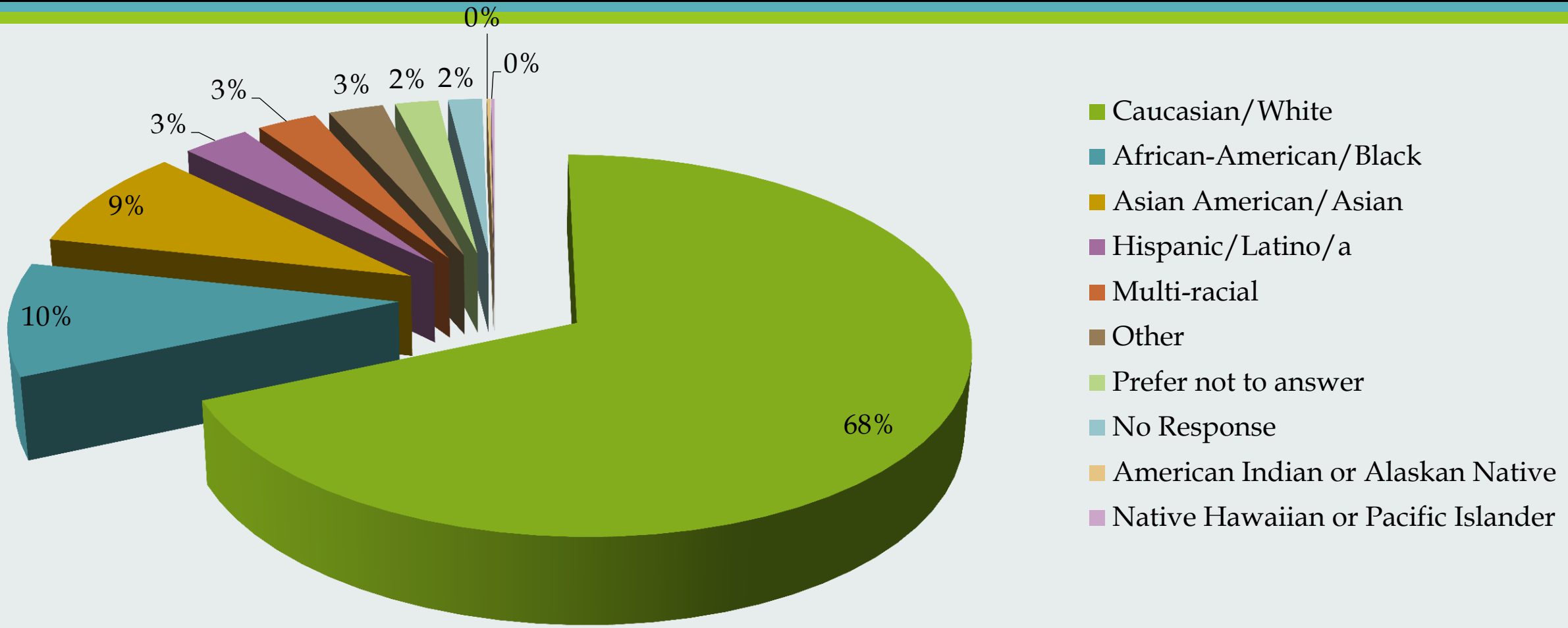
Possible Explanations

- 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

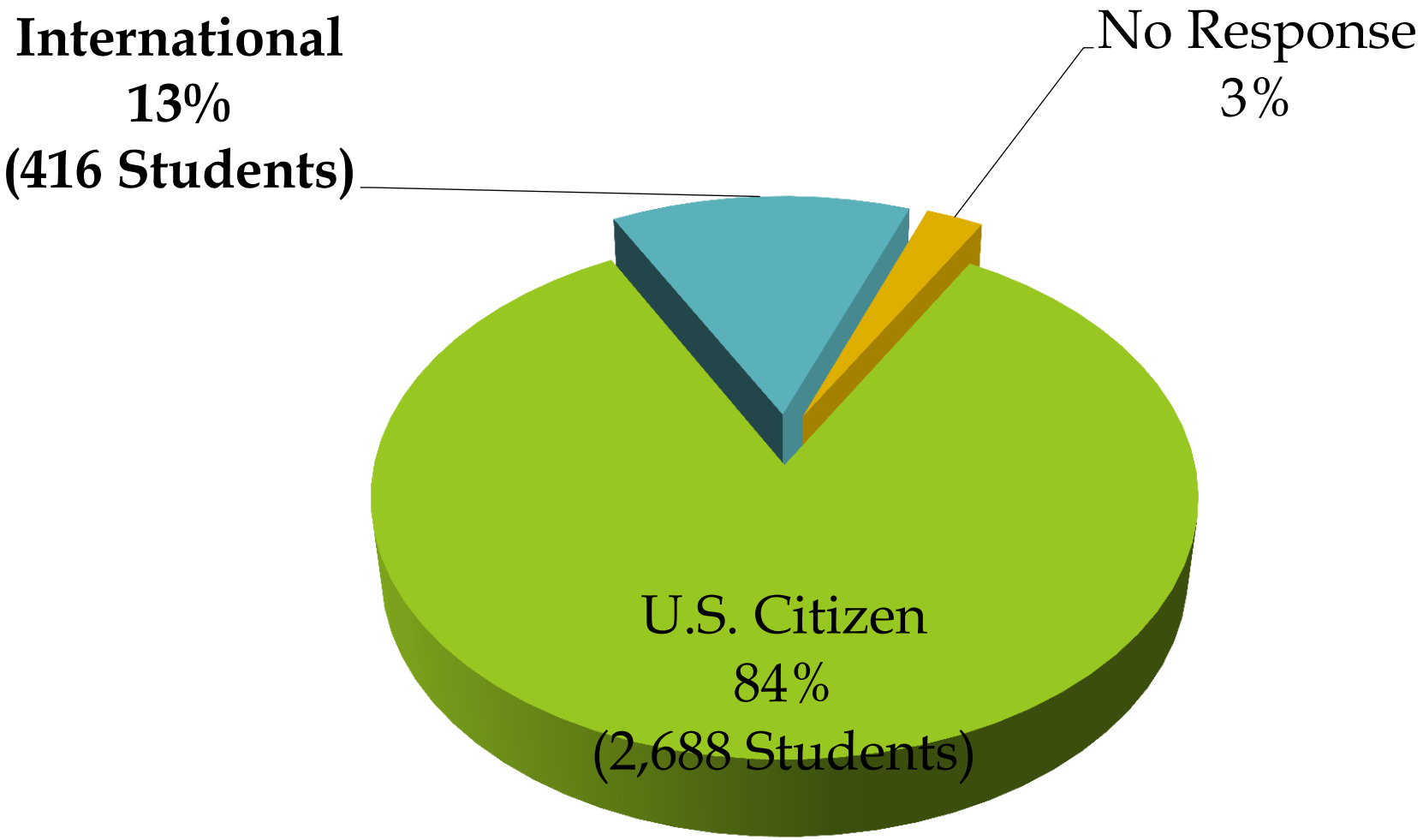
Clients' Academic Status



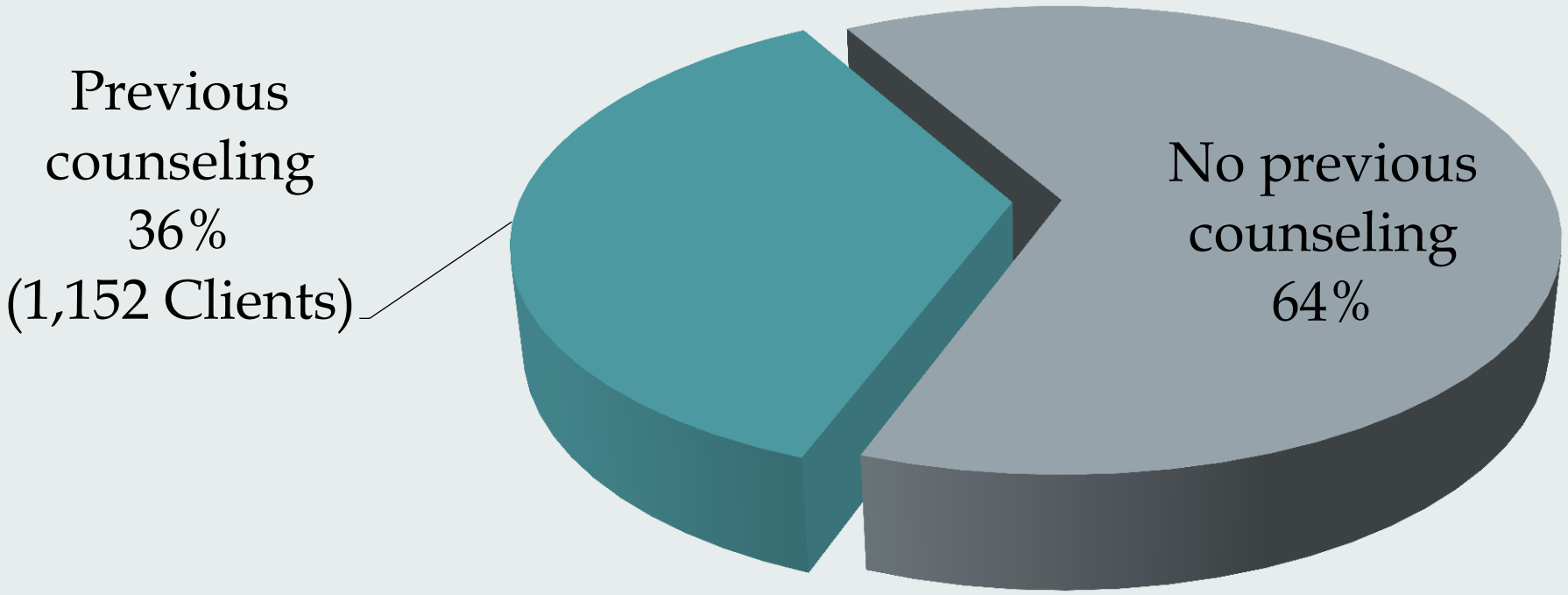
Clients' Reported Racial/Ethnic Identification (n=3,200)



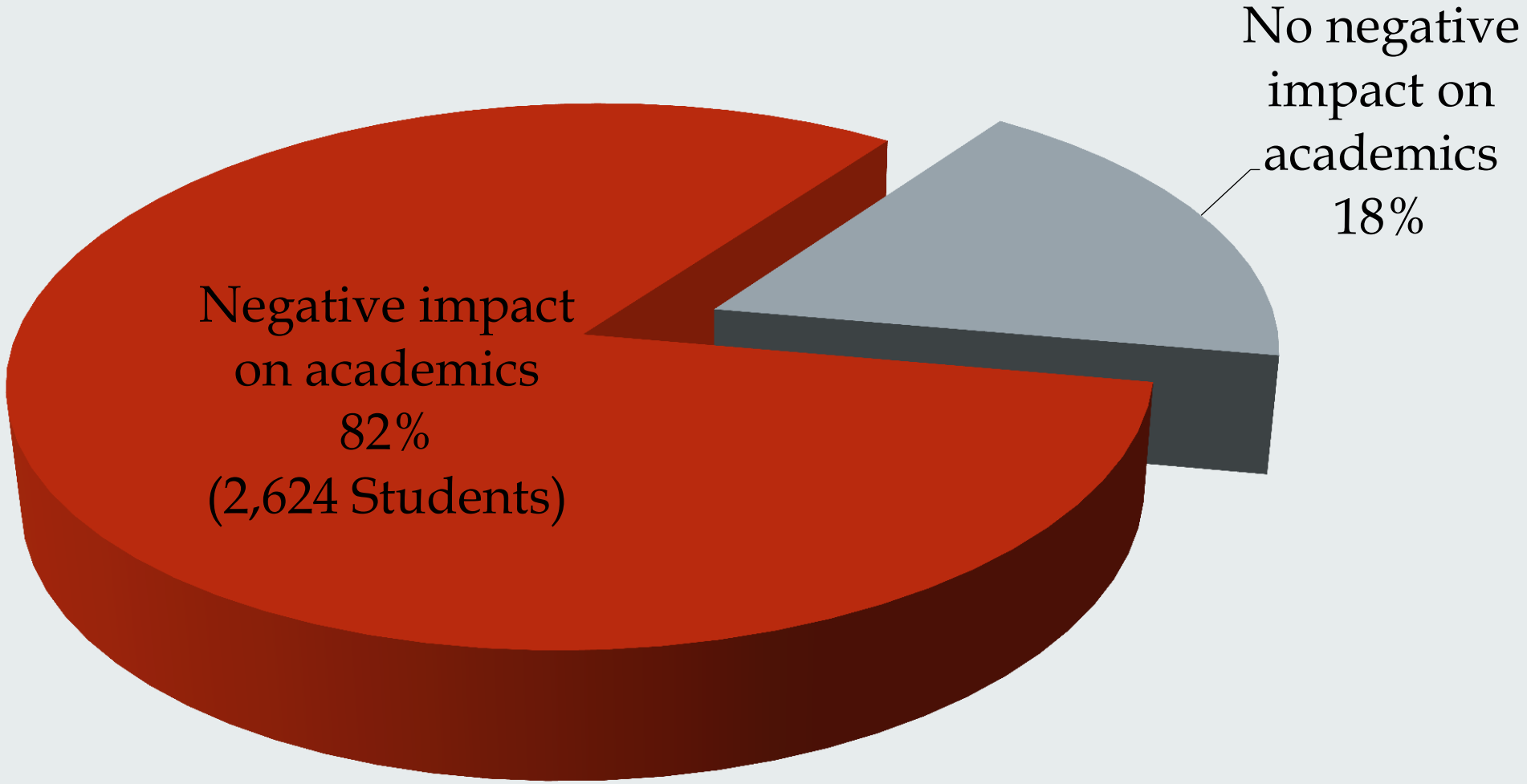
416 International Students Received Counseling (n=3,200)



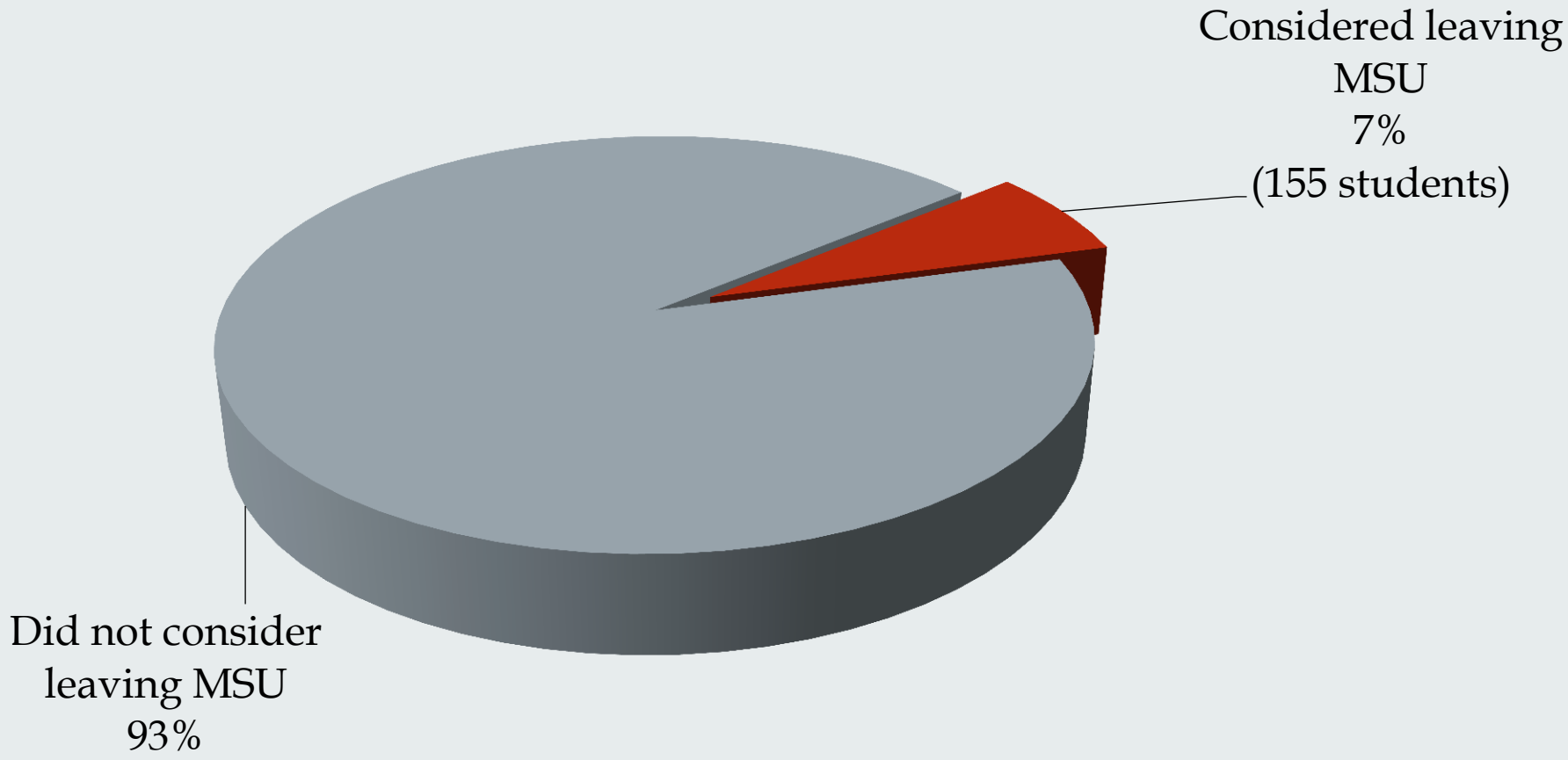
1,152 Clients (36%) Reported Previous Counseling at Initial Screening (n=3,200)



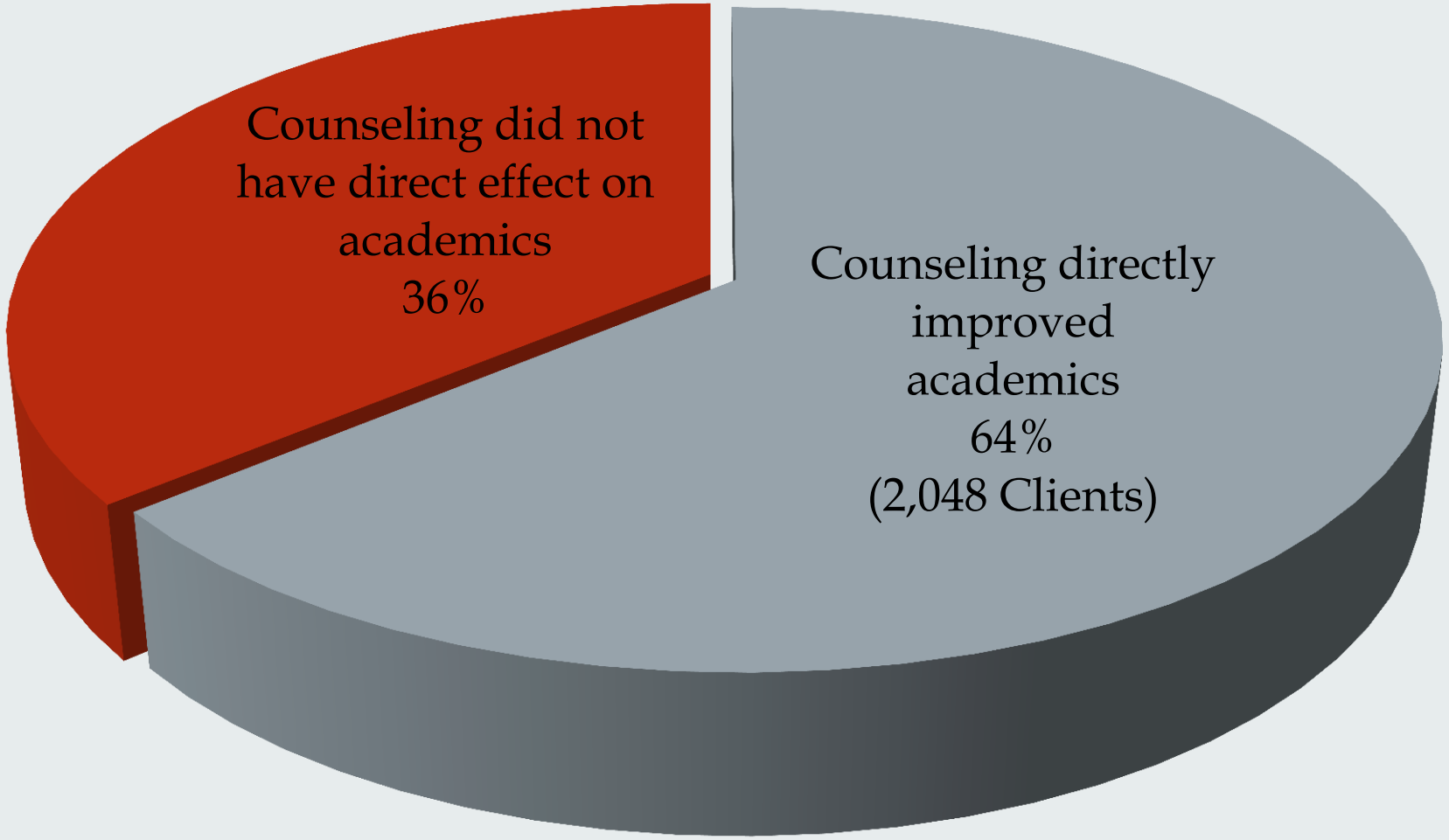
Clients Reported that Presenting Concerns Negatively Impacted their Academic Performance (n=3,200)

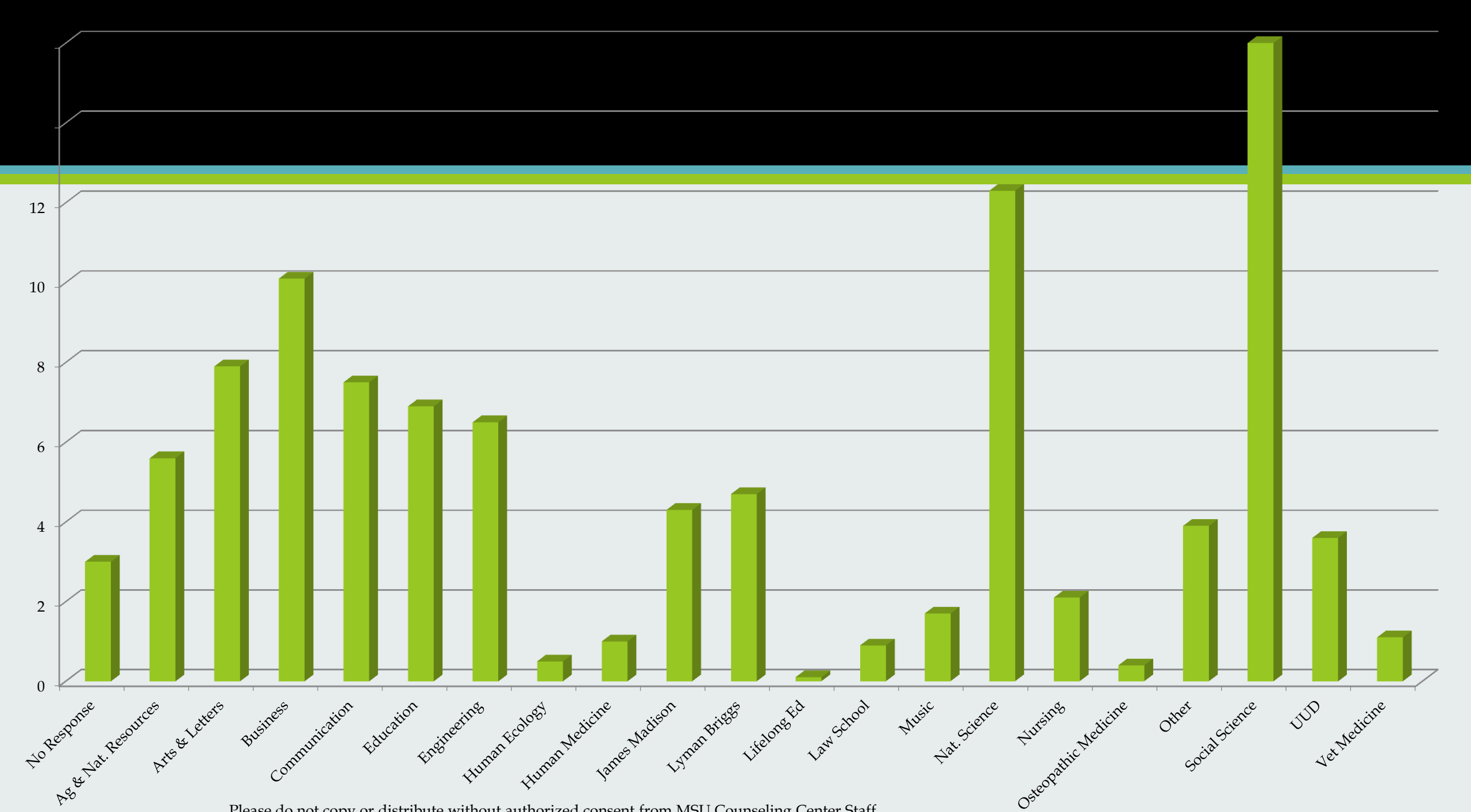


7% of Clients Considered Leaving MSU due to Presenting Concerns (n=3,200)

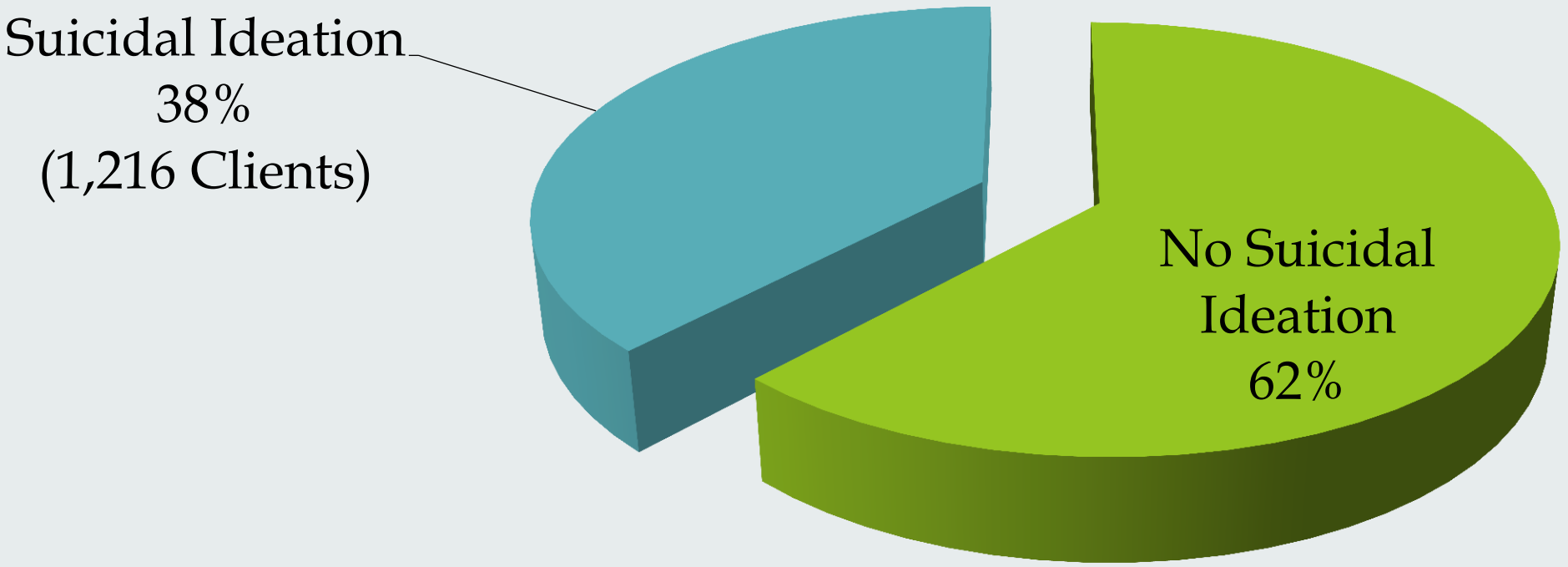


2,048 Clients (64%) Report that Counseling Directly Improved their Academic Performance (n=3,200)

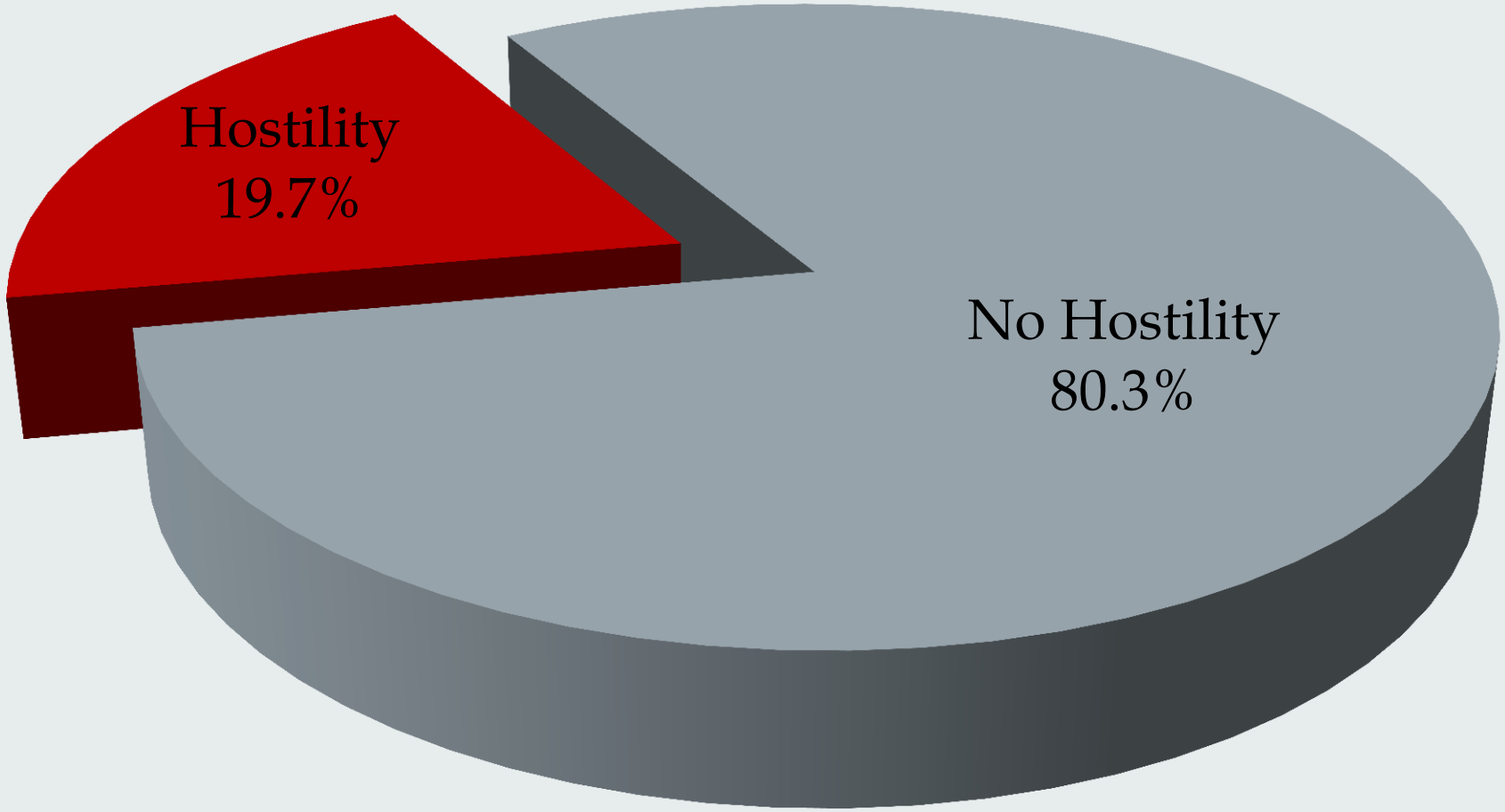




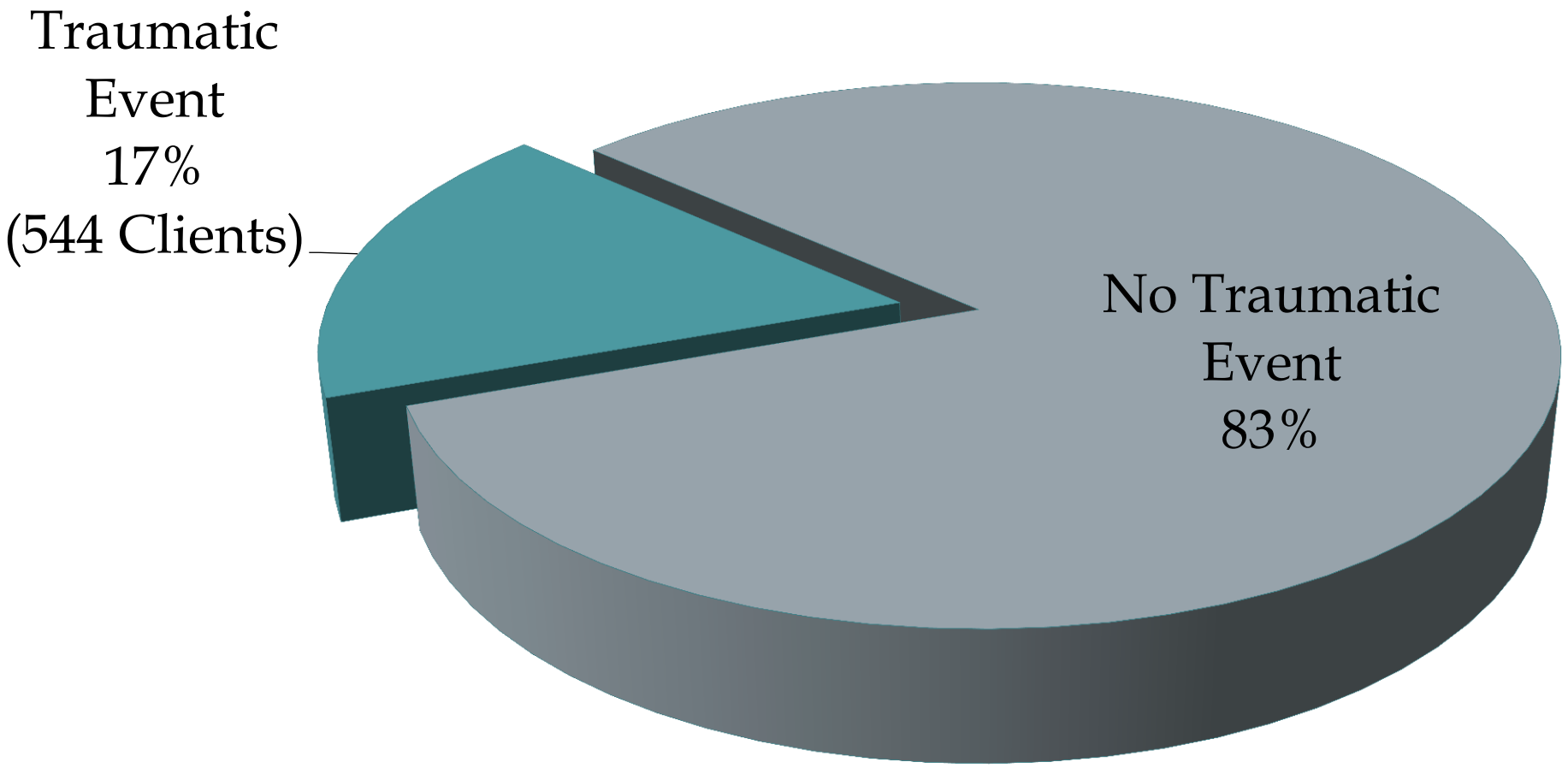
1,216 Clients (38%) Reported Suicidal Ideation at Initial Screening (n=3,200)



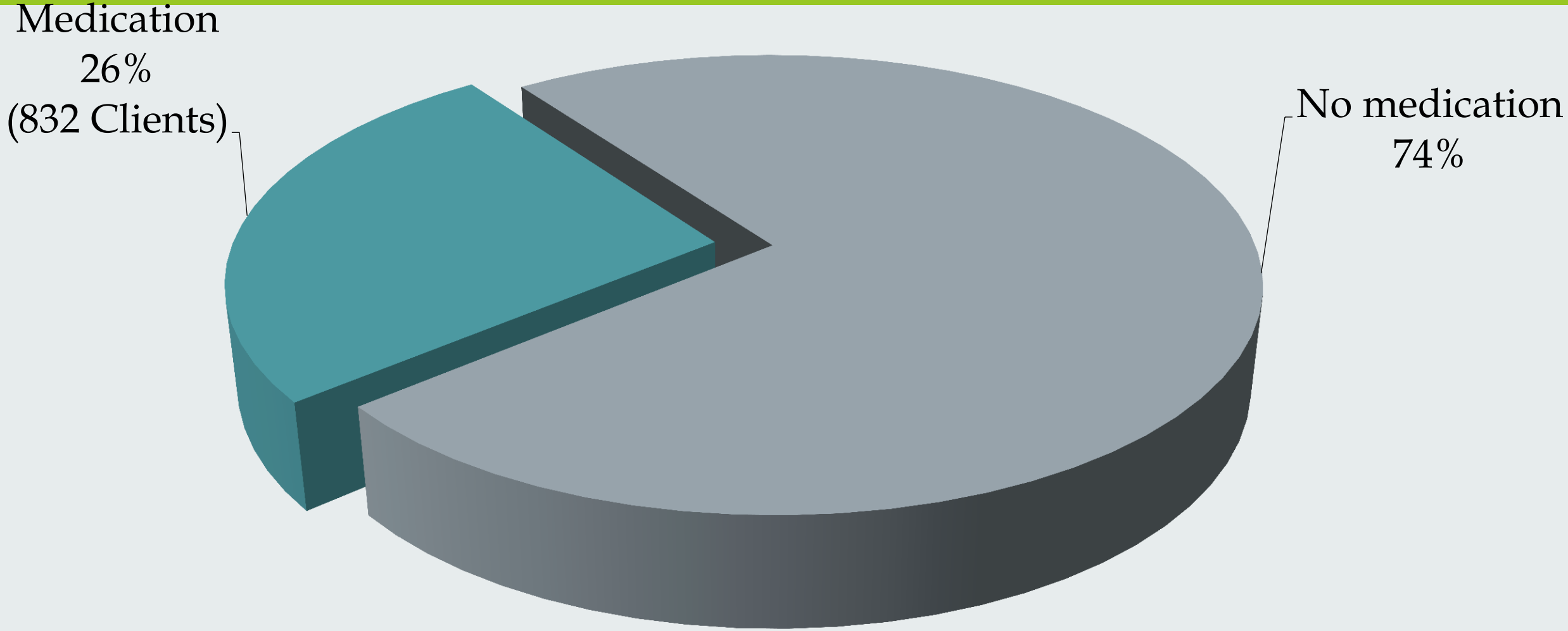
Clients (19.7%) Reported Hostility at Initial Screening (n=3,200)



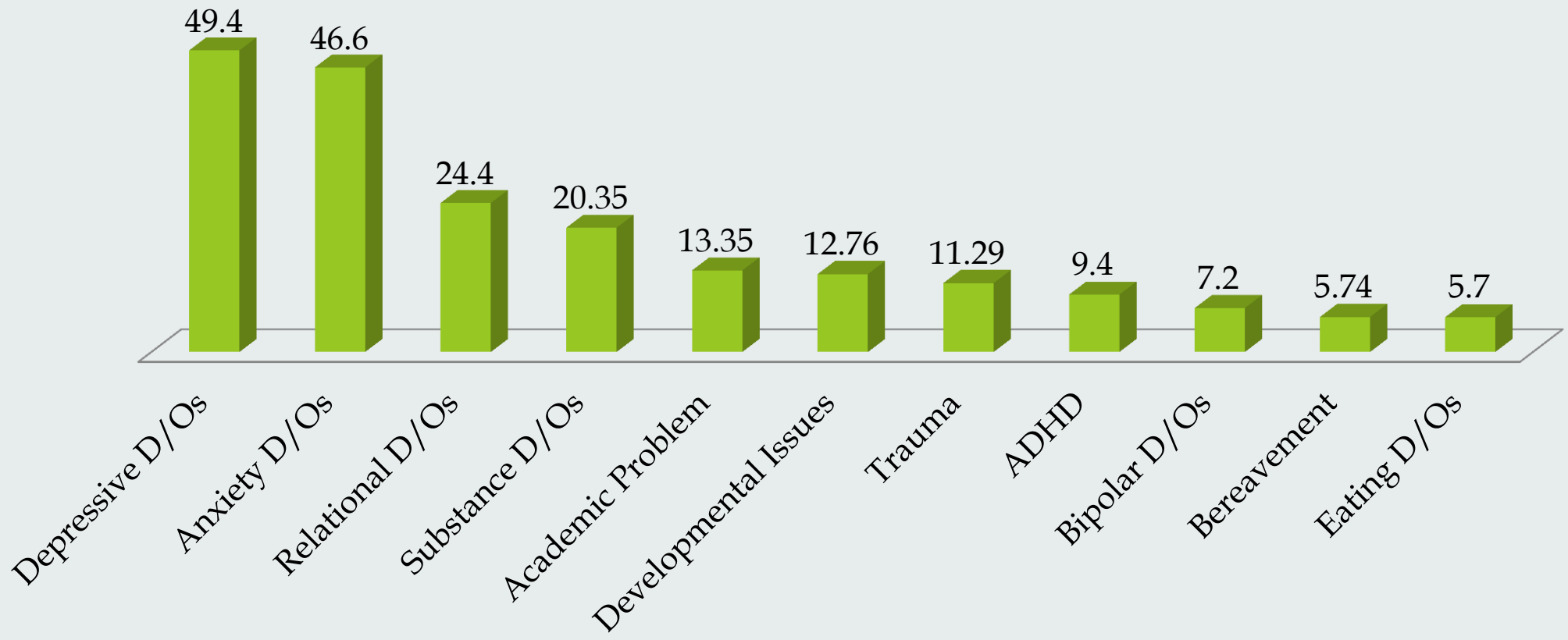
544 Clients Reported Previous Trauma at Initial Screening (n=3,200)



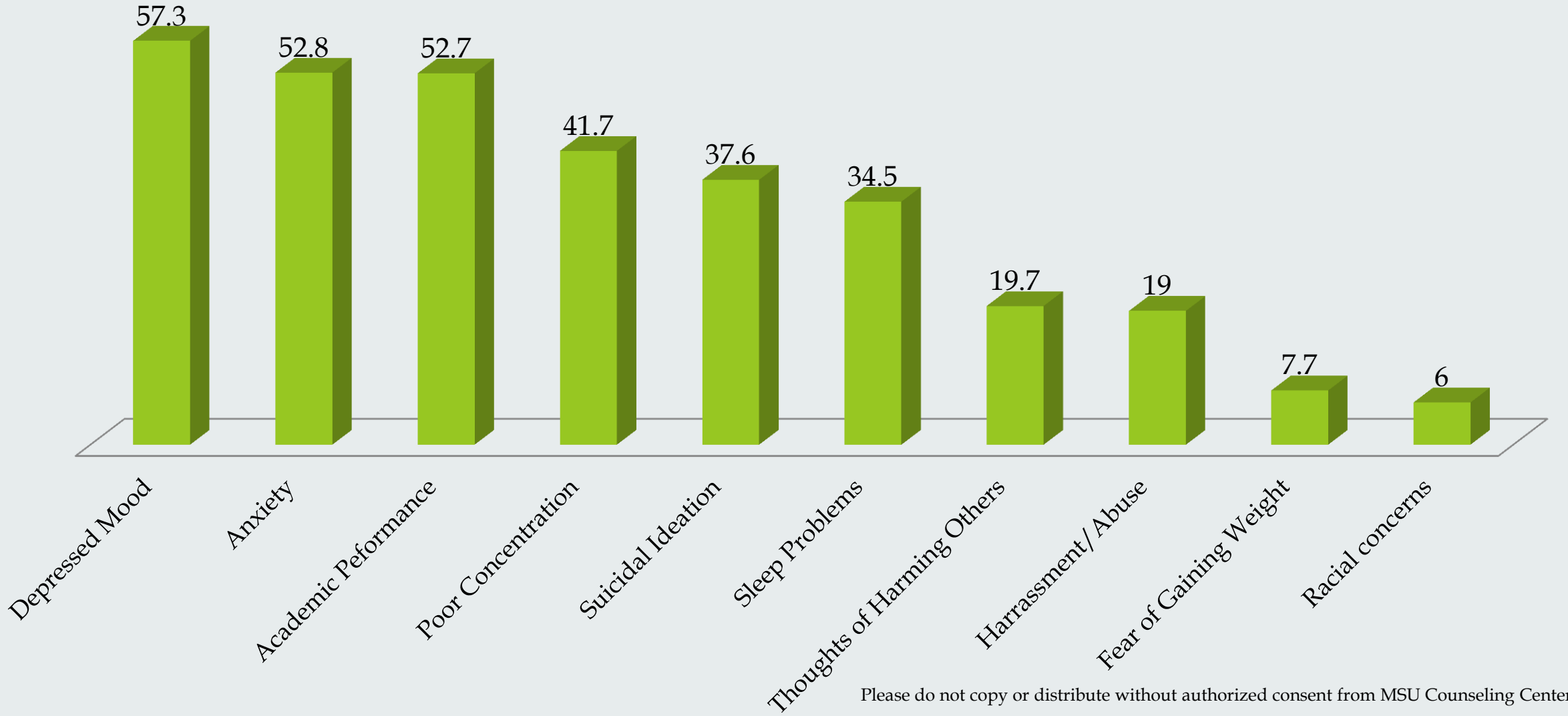
832 Clients (26%) Prescribed Psychiatric Medication at Initial Screening (n=3,200)



Most Frequent Diagnostic Clusters, Sorted by % of Clients (n=3,200)



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



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

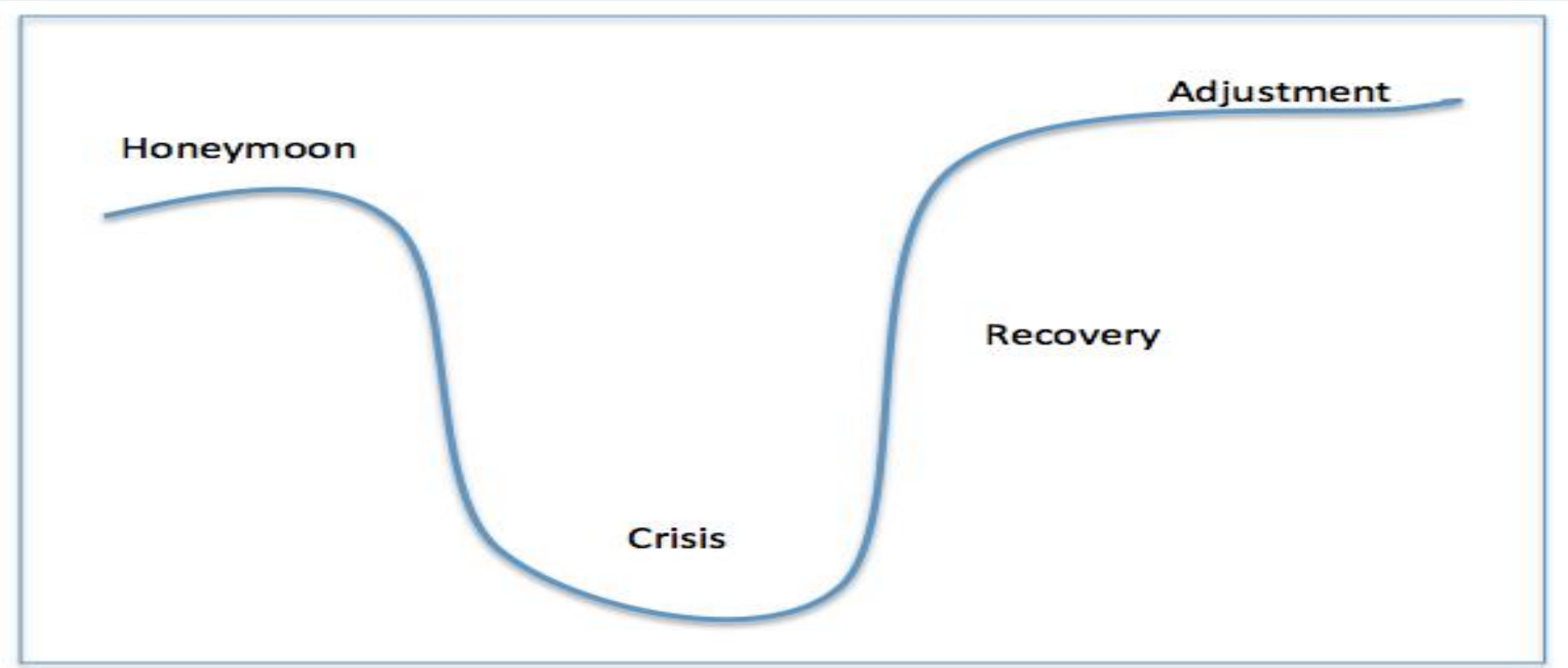
Common Concerns and Issues: *What* might be going on…

- **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

Adjustment

Section compiled by Dr. DukHae Sung

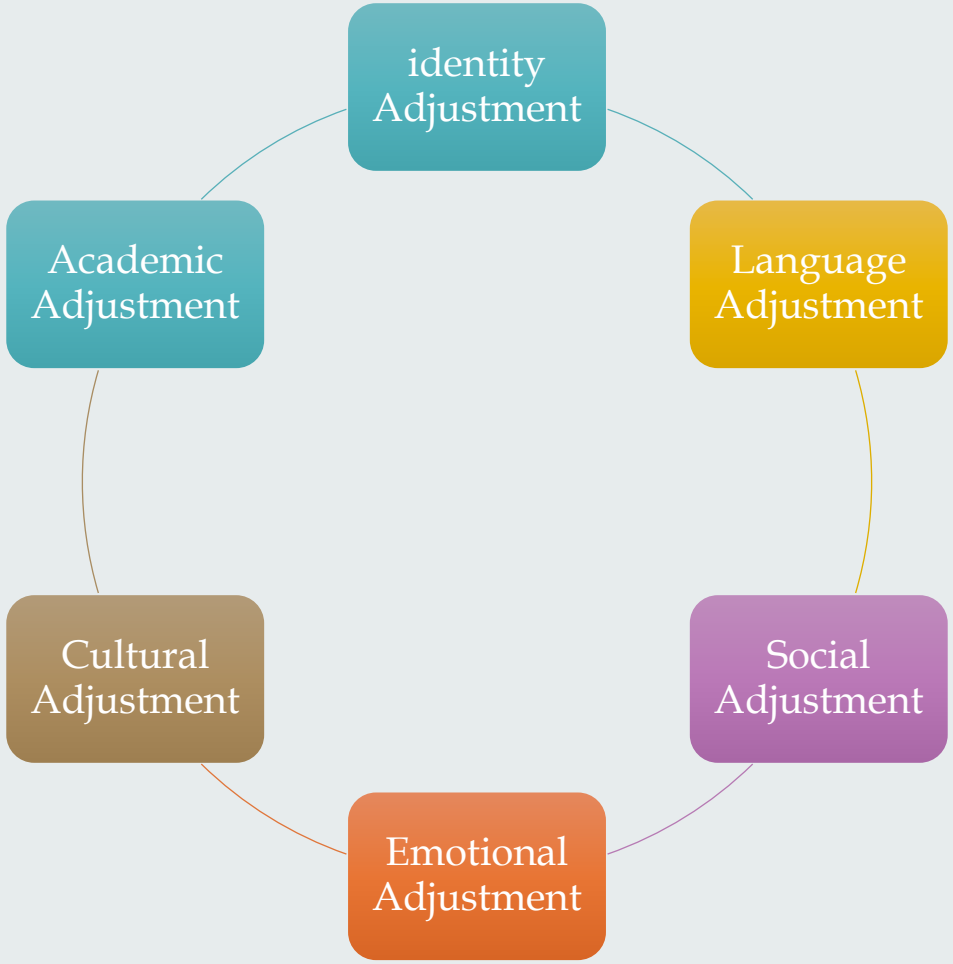
Culture Shock & Adjustment Process



Acculturative Stress

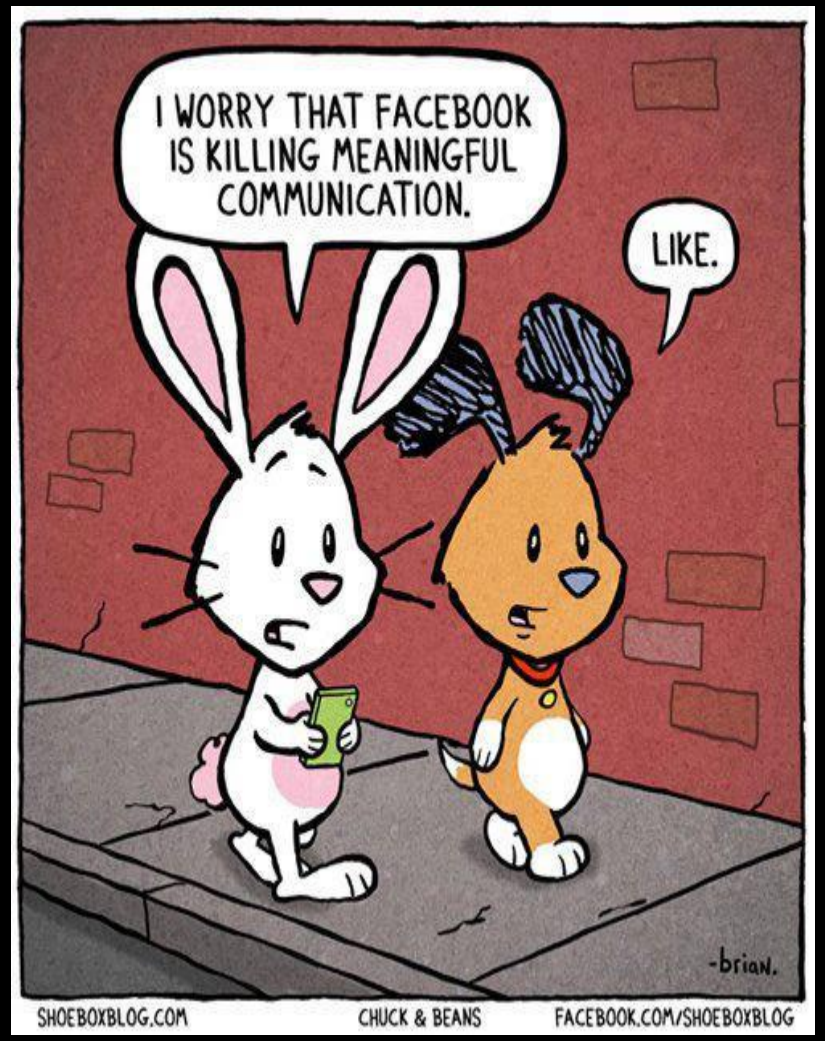
- "I feel *lonely* and miss my family and friends back home"
- "I feel *ignored* by people here"
- "Do *not feel fit into* any groups."
- "I feel *anxious* in classroom"
- "Do not know how to talk to my advisor"
- "Feel down and not motivated"
- "I am afraid that I am going to let my parents down"

Adjustment Factors



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

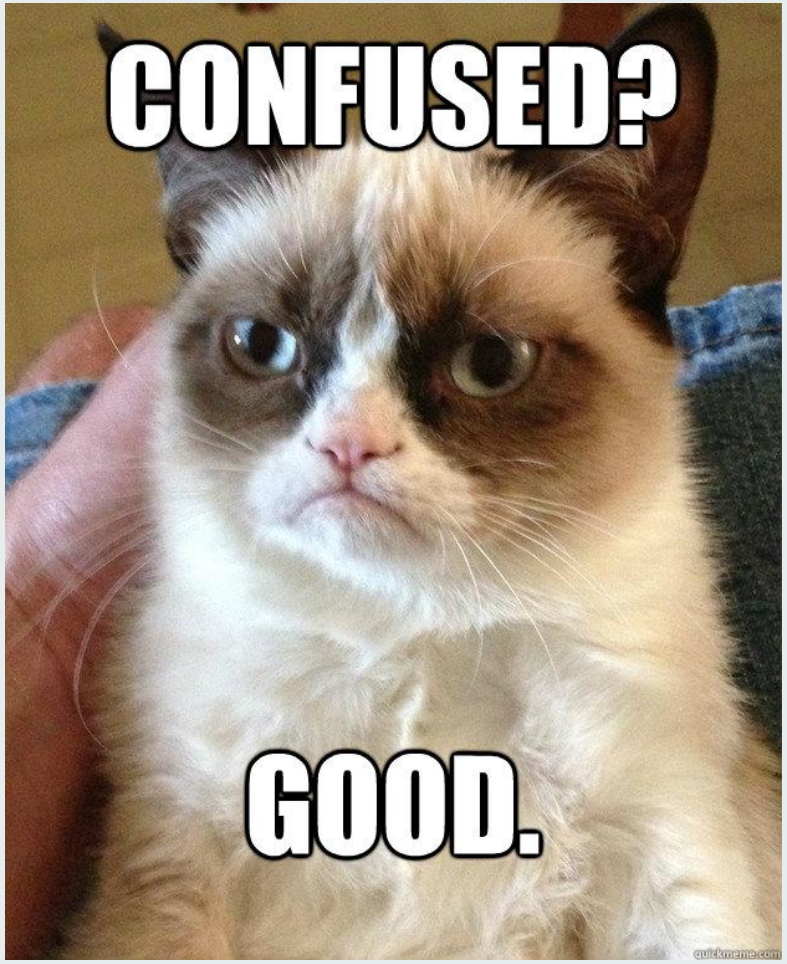
Types of Questions: Closed-ended

- 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

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?

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

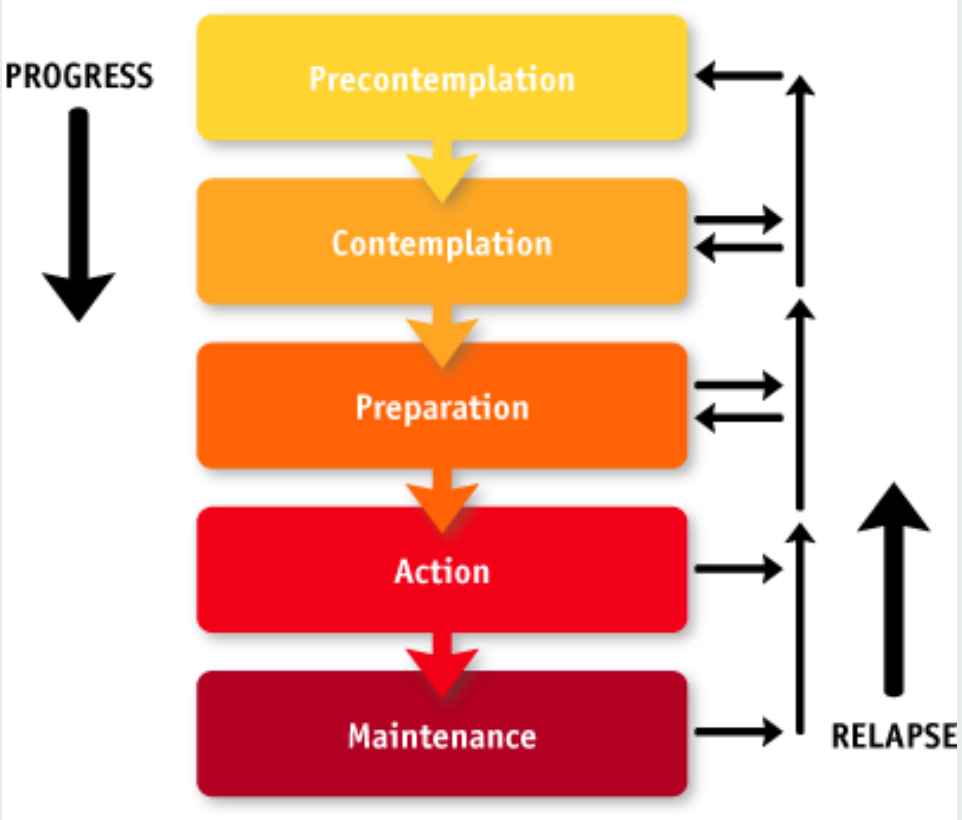
- Similarly, there are physical, non-verbal signs of someone holding back or disconnecting from a discussion:
  - No eye contact
  - Tearfulness
  - Silence
  - Shaking legs /fidgety
  - Arms locked, tight under chest
  - Censoring speech with your body

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

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



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