

Fast Facts for Faculty

Fall 2014

“ I did not even know that what I was experiencing was not normal. I had nothing to compare it to. After I started my journey of healing I realized how much of my experience with depression and lack of information on how to manage it affected my experience and performance at SJSU.” – Transfer Student, Psychology Major



“ MY REFLECTION” BY SUSAN CHRISTINE USED WITH PERMISSION.

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Featured Topic: Mental Health

The World Health Organization defines Health as a state of complete physical, mental, and social well-being, and not merely the absence of disease. Mental Health is a state of well-being in which an individual realizes his or her own abilities and is able to cope in a positive manner with daily life. This state of well-being allows individuals to work productively and contribute to society. Within the United States, it is estimated that only about 17% of adults are within a state of optimal mental health (U.S. Department of Health and Human Services, 1999) and that 25% of American adults experience mental illness in a given year (National Institution of Mental Health, n.d.). As educators, we aim to help our students develop tools and strategies to be successful not only within the classroom but within the greater community. Part of helping our students thrive is helping students learn strategies to maintain their mental health. The Accessible

Education Center (AEC), formerly the Disability Resource Center, publishes a yearly Fast Facts for Faculty with the aim of providing useful information about students with disabilities. The featured topic for the 2014-2015 academic year is Mental Health. It is estimated that approximately 61.5 million Americans experience mental illness annually, which is roughly 25% of the population. With over 28,000 students at San José State University (SJSU), over 7,000 students could experience a mental health illness. Students experiencing mental health concerns will face unique challenges in the classroom and may utilize a variety of support services on campus and within the community to help ensure their success at the university. This issue of Fast Facts will explore mental health within higher education, provide an overview of the signs and symptoms of emotional distress focusing specifically on depression and anxiety, and provide ways to best serve students.

Why Mental Health

Over the past 20 years we have seen a 27% increase, from 14.4 million to 19.7 million, in the number of individuals enrolling in postsecondary education (Knapp, Kelly-Reid, & Ginder, 2012). As the rate of college attendance has grown, college campuses have seen more students, roughly 12-18%, with a diagnosable mental health illness (Mowbray et al., 2006). The increase in the number of students with mental health issues attending higher education can be, in part, attributed to the recent success of treating younger students with mental health problems to manage well during high school, enabling them to go on to colleges and universities (Neighmond, 2011). The high concentration of university students with mental health problems is a result of several factors, including the age of onset which for 75% of individuals who live with chronic mental illness, is 24 (Kessler, et al., 2007).

Furthermore, students entering college are often at the age (18-24) described as “emerging adulthood,” a developmental stage during which students are transitioning into independence, new and more intimate relationships, and are developing skills for self-sufficiency. This particular transitional stage is described as extremely stress provoking and can often lead to depression and anxiety as students may adopt ‘maladaptive’ coping strategies (Meadows, Brown, & Elder, 2006). It is important to notice how students are responding to the daily stressors and demands of college, with more than

80% of college students reporting feeling overwhelmed and 45% experiencing feelings of hopelessness (American College Health Association, 2012). Often times, signs of emotional distress can be seen within the classroom through a student’s nonverbal behavior and classroom interaction style. Given this, faculty members can have a tremendous amount of positive influence helping students connect to appropriate campus and community services. The first step to assisting our SJSU students who may experience a mental health issue or crisis is to know signs of emotional distress and the appropriate services available on and off campus. Of equal importance is for faculty and staff to understand the spectrum of mental health intervention programs, the most common mental health issues experienced by college students, and provide information and strategies on ways to best serve students experiencing a mental health concern or crisis.

“I felt alone. I was surrounded by my classmates and yet I felt as though I was around no one. I realized I needed to talk to someone when my faculty member commented on my class attendance and missed assignments. I am grateful that she walked with me to Counseling Services.”
-Sophomore, Justice Studies

Spectrum of Mental Health Intervention Programs

San José State University offers a wide spectrum of intervention programs focused specifically on mental health. The following are three types of programs that are available on campus: prevention, early intervention, and treatment and support.

Prevention Programs are geared towards everyone, but with an emphasis on those who are of particular risk. Some examples of prevention programs focused on mental health awareness are educational programs providing students with general information on mental health, campus events/programs geared to reduce mental health stigma, and stress management workshops. The SJSU Mental Health Ambassadors (MHA) program is one mental health prevention program geared towards promoting mental health awareness and available campus services. For more information on MHA please contact Counseling Services at 408-924-5910.

Early Intervention Programs target people who are experiencing mental health problems and those who may be developing a mental health illness. Early intervention programs aim to prevent mental health problems from becoming more serious and aim to reduce the likelihood of secondary effects such as school dropout or job loss. Workshops and support services that are offered through the AEC and Counseling Services are examples of early intervention programs. For more information contact AEC at 408-924-6000 or Counseling Services at 408-924-5910.

Treatment and Support Programs are geared towards individuals who have decided to seek help. The treatment and support that an individual decides upon will be unique to him or her as one program/plan does not fit all. Support programs offered through the Wellness and Health Promotion (WHP) are examples of this form of intervention. For more information on WHP visit <http://www.sjsu.edu/wellness/>.

Signs of Emotional Distress

The transition from high school or community college to SJSU can be difficult as a student's role changes and new expectations are set upon them. For students who may struggle with balancing the new expectations and campus environment, not recognizing the signs of emotional distress or where to go for support can gravely affect their ability to perform academically. For many students, faculty members are seen as a source of support both inside and outside of the classroom. By noticing and approaching a student in potential distress, faculty members have the ability to connect the student to available critical services that may prevent a student's distress from becoming an ongoing mental health issue. As faculty and staff members interact with students, it is important to notice behaviors that are inconsistent with previous observations. While not a conclusive list, below are some common classroom signs of emotional distress that a student could present:

Changes in appearance: significant changes in weight, disheveled appearance, and lack of personal hygiene.

Changes in classroom performance: quiz/test performance drastically declined, changes in attendance/class participation, repeated requests for coursework extensions, missed exams/not completing required curriculum assignments.

Changes in classroom interaction: changes in styles of interaction with classmates, changes in the amount of social interaction in the classroom, decreased energy, inability to concentrate, diminished eye contact.

If a student comes to you in distress, or discloses a mental health issue, it is important to:

Listen: support the student by listening so that they can feel heard.

Normalize: share with the student that many college students feel overwhelmed and stressed at times during their college experience.

Refer: take the stigma out of seeking help. Reassure the student that the services available to students are here because college is a time for personal growth and development. Remind the student that they do not have to go through this alone.

Healthy Tips for Managing Stress

While stress is undeniable in a college environment the following reminders are healthy ways to encourage students to manage stress:

Get enough sleep: consistent sleep helps an individual's mind and body feel refreshed and balanced.

Exercise regularly: setting aside 30 minutes for exercise 3 times a week can play a key role in reducing and preventing the effects of stress.

Eat a healthy diet: eating nutritious food can sustain energy and keep one's mind clear and balanced.

Set aside time to relax: schedule time each day to take a break from academic and personal responsibilities to help recharge.

Connect with others: build your support network and surround yourself with positive, encouraging people.

Do something you enjoy each day: spend time with friends, play video games, or go out for a walk. Engaging daily in things that one enjoys can help manage stress.

Powering down: disconnecting from electronic devices can help an individual to reset and refocus their attention to connect with the present and take notice of the here and now.

Depression on College Campuses

Over the past 15 years, universities have seen an increase in the number of students who are experiencing symptoms of depression and anxiety (Tartakovsky, 2008). Based on a 2013 survey conducted by the American College Health Association-National College Health Assessment (ACHA-NCHA II), 45 percent of college students will experience feeling hopeless, 31 percent will feel so depressed that it is difficult to function, 51 percent will experience overwhelming anxiety, and 83 percent will feel overwhelmed by all they have to do during the academic school year. In 2012-2013 in the Counseling Center's annual report, two of the top reasons that students at SJSU sought personal counseling were to address feelings of depression and anxiety.

It is not uncommon to hear people say "I am feeling depressed about XYZ situation." Many times the word depression is casually used to describe one's feelings around a particular situation, event, or conversation. Many of us may experience a day when we describe our

mood as "blue" or "depressed." Often it is just that, a mood that within a day or so will shift. Due to the large number of college students experiencing depression, deciphering between depression and natural sadness is important because symptoms of depression can severely affect a student's ability to function in the classroom as one's emotions, thoughts, behaviors, and physical well-being can be seriously affected. Some common symptoms of depression are: fatigue/insomnia; diminished interest or pleasure in all or most activities; feelings of worthlessness/frequent self-criticism; impaired memory, concentration, or decision making; inattention to personal hygiene or grooming; and thoughts of death or suicide.

Two different forms of depression are:

Major Depressive Disorder: characterized as lasting for at least 2 weeks and affecting a person's ability to function in daily activities such as work and relationships.

Dysthymia: characterized as a more persistent depressive disorder lasting for at least 2 years in adults.

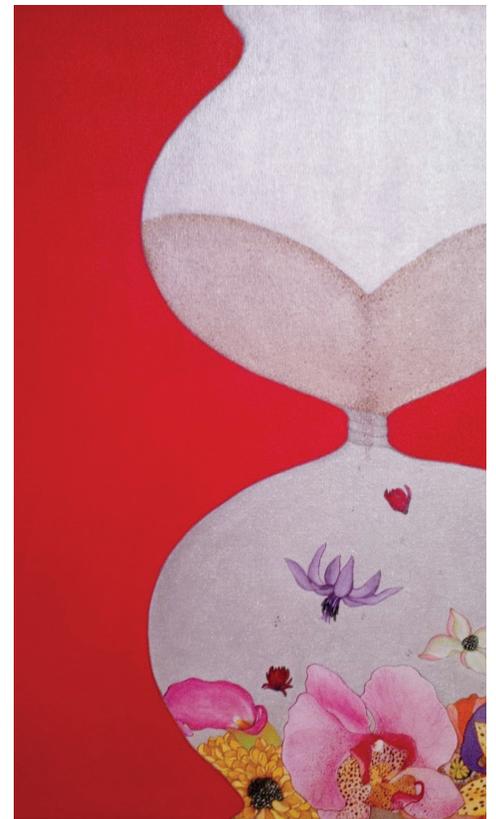
Anxiety on College Campuses

It is not unusual for college students to feel anxious about academic and social related events. However, it is important for individuals to recognize when anxiety reaches a level that prevents them from performing in social and curriculum-related activities, as this affects students' abilities to fully participate in the learning environment. Given that anxiety is the most common mental illness in the United States, and one of the top reported reasons students seek out personal counseling at SJSU, it is critical to identify its symptoms. Some common symptoms of anxiety are: overwhelming feelings of panic and fear; uncontrollable obsessive thoughts; painful, intrusive memories/recurring nightmares; physical symptoms such as sickness, heart pounding, startling easily, and muscle tension. According to the National Alliance on Mental Illness (NAMI), the most common forms of anxiety disorders are:

Panic Disorder: a sudden feeling of terror that can happen repeatedly and sometimes without warning. Individuals can experience physical symptoms such as chest pain, shortness of breath, and dizziness.

Obsessive Compulsive Disorder (OCD): repetitive, intrusive, irrational and unwanted thoughts (obsessions) or rituals that feel impossible to control (compulsions).

Posttraumatic Stress Disorder (PTSD): following an event in which an individual experiences and/or witnesses a traumatic event and experiences severe symptoms such as nightmares, flashbacks, being easily startled or scared, or feeling numb/angry/irritable/distracted, affecting the individual's ability to function in daily life.



"TIME" BY SUSAN CHRISTINE
USED WITH PERMISSION.

Listening Nonjudgmentally

Providing support for someone who is experiencing symptoms of depression and anxiety can be challenging. Many times the person in distress may be unable to respond in a rational manner to suggestions or reach out for help when in need. Listening nonjudgmentally to a person in distress can be key in helping that person feel supported. It is critical to make the person in distress feel respected, accepted, and understood. The following non-verbal cues are important to consider when speaking with someone who is in distress: eye contact, body posture, mirroring, and limiting distractions.

Eye Contact can be intimidating. Maintain a comfortable level of eye contact by being aware of the nonverbal behaviors the receiver may be displaying. Encourage the speaker by using other non-verbal cues such as head nods and smiles.

Body Posture can say a lot about an individual's listening. Leaning slightly forward or sideways while sitting can send a message of support to the receiver.

Mirroring facial expressions / tone and volume of voice can help to show sympathy and empathy in situations where individuals feel vulnerable.

Limiting **environmental distractions** while with someone in distress can demonstrate to the individual that you are with them in the current moment. Be aware of your nonverbal behaviors such as fidgeting, clockwatching, etc. that could give mixed messages to the receiver.

Listening Nonjudgmentally

*You are NOT listening to me when:
You say you understand.*

You say you have an answer to my problem and I have not even finished telling you.

You cut me off before I have finished speaking.

You finish my sentence for me.

You tell me about your experiences, making mine seem unimportant.

You refuse my thanks by saying you haven't really done anything.

You ARE listening to me when:

You really try to understand me even if I am not making much sense.

You grasp my point of view even when it is against your own convictions.

You allow me the dignity of making my own decisions, even though you think I might be wrong.

You do not take my problem away from me, but allow me to deal with it in my own way.

You hold back the desire to give me good advice.

You do not offer me religious solace when you sense I am not ready for it.

You give me enough room to discover for myself what is really going on.

You accept my gratitude by telling me how it makes you feel to know that you have been helpful.

Author : Unknown

Student Classroom Case Scenario

The case scenario below is based on an actual event that occurred at SJSU within the past year. The student came to the attention of the AEC when multiple faculty members expressed concern regarding the students' emotional well-being and atypical behaviors demonstrated in class, and questioned the safety of others in the classroom. Hereafter, the student will be referred to as "John". Ask yourself "What would I do in this situation?" and then read below for more information on how to respond.

One day while in class, due to reasons unknown to classmates, John started displaying signs of emotional distress that became increasingly disruptive. While in class, John exhibited heightened agitation which was demonstrated through frantic pacing, arms flailing erratically, and muttering, directed to only himself. John was unable to respond to faculty members' instructions to calm down. At the height of John's agitation, he ran out of the room and began to relentlessly bang his head against the wall, resulting in multiple individuals congregating in the hallway around him. A faculty member approached John, directing him to stop his behavior and instructed a bystander to call UPD.

Responding to a Student in Crisis

In the above scenario, the faculty member instructed John to stop his behavior. The manner in which a bystander responds to a student experiencing mental health issues can gravely affect the outcome of the situation. It is typical to feel uncertain about how to respond but remaining in control and staying calm can help you to de-escalate a situation and prevent further agitation. It is important to remember every situation is unique. The guidelines below are provided to assist you in responding to a student in distress.

RESPONDING IN A SUPPORTIVE MANNER

- Remain calm and assess the situation.
- Maintain your safety and access to an exit.
- Speak quietly in a nonthreatening tone at a moderate pace.
- Talk in a clear and concise way using positive words.
- Use short simple sentences.
- Use "I" statements that are nonthreatening e.g " John I can see that you are in distress. I am concerned and would like to help."
- Do not assume that the student understands what you are saying and can process information in a typical way.

RESPONDING IN A NON-SUPPORTIVE MANNER

- Display panic and fear towards the student.
- Raise your voice or shout demands at the student.
- Threaten the student to stop the behavior e.g " John I will call UPD if you do not stop banging your head on the wall."
- Use sarcasm or patronizing statements to stop the behavior such as " John, stop trying to seek attention."
- Expect traditional emotional responses by the student.
- Expect that the student will be able to communicate with you in a cohesive manner.
- Respond negatively when a student can not communicate effectively.

Sometimes even when we try our very best to assist a student in crisis there may be a time when we simply are unable to help despite our best efforts. Always remember your safety and the safety of others is paramount and must be considered. You should not hesitate to call the University Police Department (UPD) if you are in a situation where you feel your safety, and/or others, is being threatened. You can contact UPD at 408-924-2222 if off campus and at extension 4-2222 if you are on campus.

Campus Resources

Connecting students early on to mental health information regarding the signs, symptoms, and available resources may help prevent a student's emerging mental health issue from becoming a mental health crisis. Below is information regarding the comprehensive services offered to SJSU students and training programs that are open for students, faculty, and staff.

Accessible Education Center (AEC): The Accessible Education Center provides a comprehensive service in support of the educational development and success for students with disabilities in a student-centered and professional environment. For more information visit sjsu.edu/aec. Administration Building RM 110 408-924-6000

Counseling Services: Counseling Services provides educational and personal counseling sessions free of charge to students along with a variety of educational workshops that are available throughout the academic year. For more information visit sjsu.edu/counseling. Administration Building RM 201 408-924-5910

Wellness and Health Promotion: The Wellness and Health Promotion program provides services to support the wellness and health of students at SJSU. For more information visit <http://www.sjsu.edu/wellness/>. Health Building (HB) RM 209 408-924-6122

A Thousand Stars : This grant founded training program on suicide awareness provides education and skills to SJSU student volunteers in order to help provide fellow students and community members in distress with vital resources. For more information contact Dr. Wei-Chien Lee at 408-924-5910.

Mental Health First Aid Training (MHFA): MHFA is a 8-hour training course designed to teach individuals (trainers) methods for assisting someone who may be in the early stages of developing a mental health problem or in a mental health crisis. Trainers who complete the 8-hour training program will learn a five-step action plan to: assess a situation; select and implement appropriate interventions; and secure appropriate care for an individual experiencing a mental health problem. Trainers also learn risk factors and warning signs of mental illness and about available mental health treatments. For more information contact Dr. Kell Fujimoto in Counseling Services at 408-924-5910 or Deanna Peck at 408-924-2181.

Community Resources

In addition to the campus resources listed above, the following is a list of local resources that may assist students experiencing a mental health issue get connected to external community support.

National Alliance on Mental Illness (NAMI) Santa Clara County: The mission of NAMI Santa Clara County is to help people with mental illness, families and the community by providing support, education and advocacy for those suffering from mental illness; to promote research, to reduce stigma and guilt; and to improve services by working with health professionals and families. For more information visit <http://www.namisantaclara.org/index.htm> or call 408-453-0400.

Mental Health Department County of Santa Clara: The Mental Health Call Center (1.800.704.0900) is the centralized entry point for individuals who are seeking County mental health services. The primary function is to provide a 24 hour telephone service which screens for mental health needs, directs callers to programs and services that are suitable for meeting their needs, and authorizes Fee-for-Services Medi-Cal visits. For more information visit <http://www.sccgov.org/sites/mhd/Services/CallCenter/Pages/default.aspx> and/or call 1-800-704-0900.

Santa Clara County Suicide/Crisis Hot Lines: is a toll free 24 hour emergency/crisis intervention hotline where individuals can speak with trained volunteers able to provide support and resources to individuals who are struggling, have struggled, or are caring for someone who is struggling with thoughts of suicide. For more information visit <http://www.sccgov.org/sites/mhd/Resources/SP/Pages/default.aspx> or call 1-855-278-4204.

Contact Us

Accessible Education Center
Administration Building 110
Phone: 408-924-6000
Fax: 408-924-5999
www.sjsu.edu/aec
aec-info@sjsu.edu

Counseling Services
Administration Building 201
Phone: 408-924-5910
Fax: 408-924-5933
counseling.services@sjsu.edu

Resources

- Learn more about mental health issues and strategies to assist those experiencing a mental health crisis at The National Alliance on Mental Illness's website at www.nami.org.
- Looking for more information on how to respond to a student who may be experiencing a mental health crisis? Find out about upcoming Mental Health First Aid training opportunities at www.sjsu.edu/counseling/MHFA.

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