



## MENTAL HEALTH IN THE STUDENT POPULATION

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## Objectives

- Describe various campus resources that preceptors can utilize when a problem occurs
- State the prevalence of mental health conditions in the student population
- Identify common treatments for various mental health conditions
- Summarize best practices in helping students with mental health conditions via case discussion

## Resources


- Honor Code
- Behavioral Intervention Team (BIT)
- Behavioral Support and Intervention Team (BSIT)
- Community Consultation & Intervention (CCI)
- Student Policy/Activities Committee

## Honor Code Violation




- [www.housing.sc.edu/academicintegrity/report.html](http://www.housing.sc.edu/academicintegrity/report.html)
- Go to incident report
- Director of Academic Integrity
  - Reads initial report
  - Decides if charges are warranted
  - Consults with Dean of COP
- Policies and procedures are online
- Use for GHS students

## Honor Code Violation



- <http://academicdepartments.musc.edu/honorcode/honorcouncil.html>
- Contact faculty advisor for COP
  - Shannon Drayton
- Initial investigation
- Notification conference
- Formal hearing
- Policies and procedures are online

## Behavioral Intervention Team



- <http://www.housing.sc.edu/bit/>
- Complete incident report
- Assess via the honor code report
- Policies and procedures are online
- BIT includes up to 10 members
  - Members listed online
- Use for GHS students

### Behavioral Support and Intervention Team

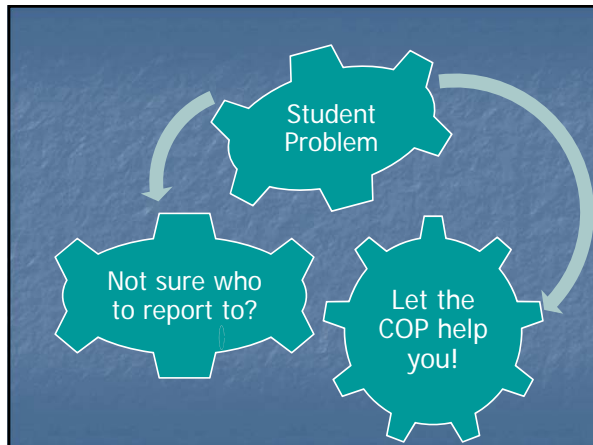
**MUSC**

- <http://www.musc.edu/bsit>
- Submit a referral through one of the following mechanisms:
  - The BSIT website on-line reporting form
  - Contact the BSIT chairperson (Dr. Alyssa Rheingold) as identified on the BSIT website
  - Contact the BSIT representative in the student's college as identified on the BSIT website
- Includes 14 members
- Policies and Procedures are online

### SCCP Student Policy/Activities Committee

**Professionalism Violations**

- Report to
  - Alissa Smith
  - Cathy Worrall
  - Jennifer Baker
- Committee meets with student about the violation
- Committee decides sanctions and makes recommendations to the Dean



### Case

Mark is a 25 year old student who is currently in the clinical years of his training. He "cruised" through the first two years of the curriculum. During that time, some people thought he was extremely talkative and he sent verbose emails to professors at 2 a.m. Recently on a rotation, his preceptors have noted several concerning behaviors. Mark has been interrupting people on rounds and his paperwork and verbal comments are seen as "rambling." He appears tired but hasn't been sleeping. On rotations, he was trying to provide care for patients that were not assigned to him and without supervision.

**What might be going on? What should you do?**

### Background

- Some mental health problems are first evident in the early 20's
  - Students may be enrolled and first begin to experience problems
  - Peak age of onset for depression is 20's
  - Stress of school causes MH issues to manifest
- Improved and evolving mental health treatments make it possible for individuals with significant mental health problems to attend college and professional schools
- More students with mental health problems

### Stressors Related to Normal Development

- Developmental tasks of young adulthood
  - Establishing independence from parents
  - Beginning significant relationships
  - Making career choices
  - Gaining financial independence (or debt)
  - Changing living arrangements

## Life Changes May Create Stress

- Family or relationship problems
- Health problems (student or family member)
- Change in circumstances (marriage, birth of a child, employment, divorce, death)
- Financial problems
  
- Students may or may not confide in another student or in a faculty member about problems or concerns

## Common Problems

- Mood disorders
  - Depression, Bipolar disorder, substance induced mood disorders, etc.
- Personality Disorders
- Developmental issues
  - Relationships, intimacy, identity, family issues
- Anxiety Disorders
  - Social phobia, OCD, GAD, PTSD
- Eating Disorders
- Substance abuse disorders
- Sleep difficulties
- Learning problems

## National Data - USA College Population

- 30,093 students – 39 public colleges and universities
- 9.2 % diagnosed with Anxiety and 4.6 % with Panic attacks
- 8.3 % of students diagnosed with Depression
- 4.2 % diagnosed with Attention Deficit Hyperactivity Disorder
- 1.5 % diagnosed with substance abuse or other addiction
- Rates of suicide declining for 20-24 yr olds over the last 10 years

■ National College Health Assessment Fall, 2010  
 ■ American College Health Association

## National Data - USA cont'd

- 60 % used alcohol in the last 30 days
  - 16 % had 7 or more drinks the last time they socialized
- 14.2 % used marijuana in the last 30 days
- 14.9 % smoked cigarettes
- 12 % used prescription medications not prescribed for them in the last 12 months

## Primary Reasons Students Seek Help at MUSC CAPS

- |                                     |     |
|-------------------------------------|-----|
| ■ Anxiety                           | 30% |
| ■ Depression and problems with mood | 23% |
| ■ Learning or Academic Problems     | 16% |
| ■ Adjustment Problems               | 10% |
| ■ Relationship Problems             | 7%  |
| ■ Alcohol or Substance Abuse        | 6%  |
| ■ Eating Disorders                  | 2%  |
| ■ Other                             | 6%  |

## Complexities

- Co-existing primary mental health problems
- Personality disorders as primary problem
- Developmental issues
  - Age, maturity, life experiences
- Cultural issues
  
- It is no wonder that preceptors and other educators sometimes feel overwhelmed

## Personality Disorders

- About 10 % of the population
- Traits vs disorders
- Traits accentuated under stress
- Common: Cluster B (Histrionic, Borderline, Narcissistic), Cluster C (OCPD, Dependent)
- Often take up a lot of time and cause chaos

## Signs and Symptoms of Mental Health Problems

- Depend on the problem and the individual
- Must be viewed in the context of the individual's culture
- Symptoms may affect behaviors, thoughts, and emotions
- Mental health problems may also appear as physical problems
- Mild mental health problems are common and may not warrant a diagnosis of a particular mental disorder

## Key Issues

- Degree to which the symptoms cause distress
- Impact on ability to function
- Impact on daily life – self-care, relationships, work, responsibilities, etc.

## Symptoms of Concern

- Problems related to thoughts, emotions, and behaviors
  - Feelings of sadness or being overwhelmed
  - Trouble coping with everyday demands
  - Irritability, anger, thoughts of violence
  - Sleep problems
  - Change in appetite and eating habits
  - Poor grooming and hygiene
  - Withdrawal from social contacts or typical activities
  - Alcohol and/or drug abuse
  - Dramatic changes in mood
  - Confusion and/or indecisiveness
  - Hallucinations or delusions
  - Thoughts of suicide or actual self-harm
  - Excessive anxiety, worry, or fear
  - Unexplained medical/physical complaints
  - Unexplained absences

\*CHANGE of BEHAVIOR is always a concern

## Symptoms of Concern, cont'd

- Physical symptoms
- Important to consider severity, frequency, duration
  - Chest or back pain
  - Extreme or frequent fatigue
  - Gastrointestinal distress
  - Headaches
  - Weight gain or loss
  - Increased heart rate/ palpitations
  - Numbness/tingling in extremities

## How Symptoms of Concern Manifest...

- Multiple absences
- Unprofessional behavior
- Tardiness
- Email correspondence
- Change in behavior
- Concern brought forth by peers/faculty

## How to Help

- Sincere statement of concern
- Focus on observed behaviors
- Ask if student agrees with observations
- Inquire what thoughts student may have about the problem and possible solutions
- Ask how to be of help
- Offer ideas and suggestions

## How to Help cont'd...

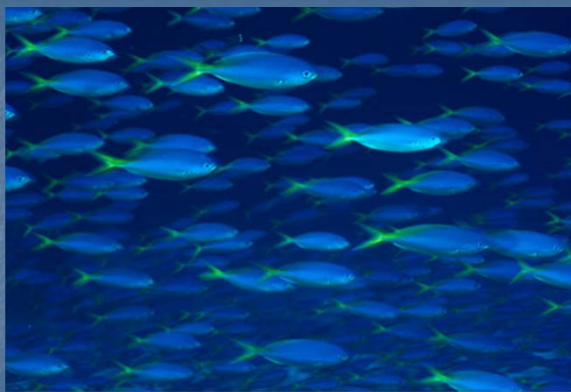
- Support student's dignity and freedom to make choices
- Provide list of resources for help
- Maintain student's privacy
- CALM, CONSISTENT, EMPATHIC (but can be firm) APPROACH
- Short "check in" visits or emails may be helpful

## Barriers to Obtaining Help

- Students scared of implications for school
- Students may say they are receiving mental health care when they are not
- May not be forthcoming about actual problems
- Perceived stigma associated with mental health problems
- Students may have very poor insight into problem behaviors
- May be resistant to making changes
- Cost of treatment
- Concern about privacy/confidentiality

## Difficult Students (swimming with flounders, blowfish, sharks and other denizens)

- Avoidance – Attention seeking continuum
- Competence continuum
- Effort / Motivation continuum
- Competition – Cooperation continuum



## Majority of Students

- Little fishes, big ocean
  - Will swim along fine in the "school"
  - Receive direction and protection

## Stating the Obvious

- Maintain appropriate roles
  - Clinical Supervisor, Mentor
    - NOT Parent, Friend, Colleague, Ally, Therapist
  - Student, supervisee
    - NOT Child, Pal, Peer, Patient
- Model appropriate professional behavior

## How to Help

- Think developmentally
- Use differential reinforcement
- Control reinforcers over which we have control
  - Clinical and Classroom Setting
- Recognize other reinforcers are also operating
  - Internal
  - Peer reactions

## How to Help

- Structure setting
- Communicate clear expectancies
- Give frequent feedback
- Trust your instincts



## Flounders

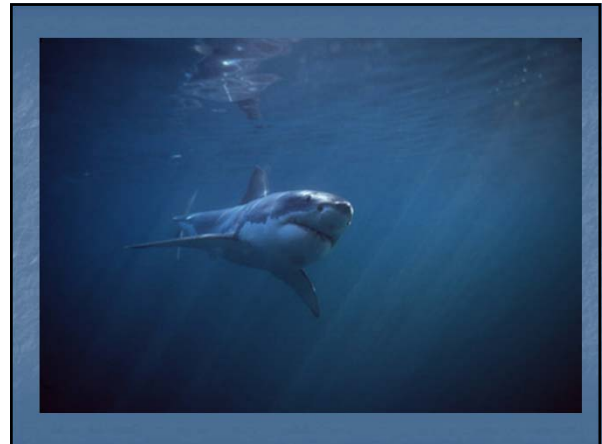
- Poor participation
- May reflect lack of knowledge
- Poor confidence
- Social anxiety - avoidance
- Depression

## How to Help Flounders

- Evaluate knowledge by use of individual, written tasks instead of group tasks or presentations
- Reward any attempt at participation
  - Great, thanks for getting us started
- Consider "extra points" for participation
- Acknowledge challenging aspects of tasks
- Give examples of how you or other good students had problems with the situation or task and what you did to improve

## How to Help Founders

- Pair with compatible partners
- Explain the learning objective(s) and importance of the task(s)
- Do not permit flounders to remain quietly camouflaged on the sandy bottom
- Identify mistakes as learning opportunities
- Discuss benefits of being observed by clinical supervisor
- Student = one who is learning
- Ask in private if there is a problem



## Sharks

- Harder to help because they are not so likeable
- Frequent behaviors
  - Arguing
  - Hostility
  - Resistance, complaining
  - Personal attacks
- Problem behaviors may be directed towards instructors or classmates
- May reflect over-confidence, insecurity, fear or need for attention

## Helping Sharks

- Remain calm, courteous
- Model respectful behavior
- Maintain eye contact
- Move closer
- If you can find a point of agreement, expand on that point
- Ask the shark for solutions

## Helping Sharks

- Limit opportunity for bad behaviors
  - We can talk about that point later if we have time
  - We have several other important points to cover, so we need to move on
  - Did you want to ask a specific question?
- Give the shark an opportunity to swim away gracefully
- Do not permit confrontation in front of others
  - Set up a time to meet individually





## Blowfish

- Initially appear innocuous
- High drama rapidly ensues
- Issues are personalized
- Blowfish may feel victimized
- Difficulty getting along with others
- Group discussions/tasks deteriorate

## How to Help the Blowfish

- Recognize that patterns of behavior may be well-established and resistant to change
  - If not corrected will de-rail career
- Acknowledge and address legitimate concerns which are appropriately presented
- Help the student see the issue as separate from the person
- Stay out of the vortex
  - Avoid participation in the student-created drama
  - Ask student to write concerns
  - Ask student to write possible solutions

## How to Help the Blowfish

- Emphasize requirement for professionals to work well with others
- Lower your tolerance for drama
- Do not reinforce unacceptable behavior with your attention
- Communicate clear expectancies about professional behavior
- Identify and enforce consequences
- Protect other students



## "LOOK AT ME" Fish Type 1

- May have more information or experience than school mates
- Acknowledge and value experience
- Ask for examples, thoughts
- Ask him/her to mentor less experienced students
- Keep all students involved



## Type 2

- Incorrectly believes he/she knows more
  - Rely on ground rules for all to participate
- Emphasize new findings and best practices
  - Ask "expert" to review an article you choose and report info to you or to a group
- Encourage students to keep an open mind and critically evaluate information
- Private discussion with student about source or scope of information

## Reminder

Things may not always be as they appear



## Problems with Professional Performance

- May be related to
  - Health problems
  - Alcohol / substance use or abuse
  - Adjustment issues
  - Relationship problems and break ups
  - Sleep problems
  - Eating Disorders
  - Inadequate preparation
  - Performance anxiety

## Ideas to Consider

- Suggest student seek help
  - Written list of providers, treatment resources
- Ask student to formulate a written plan to address problem areas
- Consider a behavioral contract
- Natural consequences are helpful
  - It is important NOT to protect students from the consequences of their behaviors

## Mental Health Emergencies

- Thoughts or threats of suicide
- Inability to provide adequate self-care
- Thoughts or threats of harm to others
- Require urgent evaluation
  - Hospital Emergency Room
  - Mental Health Clinic
  - Mental Health Professional
  - Law Enforcement

## Case?

- Mark had behaviors accentuated in the clinical years
- Hints of suspicion in first two years
- ? Bipolar disorder
- Might first assess ability to safely care for patients
- Assess for LOA (voluntary or involuntary)
- Focus on the behaviors in student affairs not the diagnoses

## Tips and Reminders

- Even at admission phase, there are hints of problems (past arrests, unusual interviews or personal statements)
- Consider behavioral interviews
- Watch for change in behavior
- Professionalism problems can be a clue to underlying mental health issues
- Can be firm, empathic and consistent
- Focus on behaviors

## Tips and Reminders

- Be careful what you put in emails
- Can't make requirements only for students with disabilities (consistent return policies for all students)
- Involve risk management and legal in high profile cases
- Discuss issues with other professionals (confidentially)
- Trust your instincts. If you feel something is wrong, you are probably correct

## Resources for Students

- CAPS website: [www.musc.edu/caps](http://www.musc.edu/caps)
  - Anonymous on-line assessments for depression, anxiety, eating disorders, and alcohol abuse
  - Educational materials on coping skills, avoiding procrastination, sleep hygiene, anxiety reduction, etc.

- Wishing you and your students every success
- Please let us know how we can help

