Overview of Mental Health Issues

There are a wide range of mental health disorders that keep college students from performing at their optimal potential. Understanding the common mental health disorders experienced by college students may allow staff to better understand and intervene during crisis events.

This section is dedicated to sharing some basic information with staff to better understand some common mental health behavioral difficulties they may encounter while working at a front office, in the residence halls or department.

Examples include suicidal behavior, off-topic or poor attention related to a personality or autism disorder, manic behavior, delusions and hallucinations, eating disorders and substance abuse. The section focuses on practical advice on how to approach student behavior.

The section is not meant to provide a comprehensive summary of all mental health concerns, just the most common issues experienced by staff. Likewise, the section does not set out to offer a complete review of these six mental health concerns. Other texts offer this kind of substantive review of mental health symptomology, pathology, and treatment. The goal is to provide staff an abbreviated field guide to addressing common mental health difficulties that may arise on campus.

Depression and Suicide

Students who experience suicidal thoughts often experience depressive symptoms. These symptoms can include difficulty sleeping or eating (either more or less than normal), a lack of interest in activities that they used to enjoy (going to the movies, hanging out with friends) and general feelings of unhappiness and hopelessness for a better future. While students can be depressed without feelings of suicide (often described as a more lethargic unhappiness or dysthymia), it is rare for a student to experience suicidal thoughts without depression.

The degree to which a student experiences suicide is important to understand for staff. For those with low suicide experiences, students experience fleeting thoughts of wanting their pain and the frustrations of everyday life to end. These feelings and thoughts may not contain any plan for the student to kill themselves or, if there is a plan, the plan is vague (“someday I may just start walking at night and never come back”), non-lethal (“I’m going to take five or six aspirin and go to sleep”) or far in the future (“sometimes I think about just ending my life when I finish college”). Students who experience low suicide experiences need to talk with a professional counselor before these thoughts increase. Staff are often able to refer these students for help at the on-campus counseling center or other community resources.

Other students may have moderate suicidal experiences. These students spend time thinking, dreaming and planning about how they will kill themselves. There is a more serious content and tone to their suicidal talk. There are often feelings of hopelessness and sadness about their current life and the direction it is heading. While there is not a current date and method expressed for when they will take their life, they are putting together plans to narrow down this information. A student may say, “I am sad all the time and I don’t see things changing. I’ve been thinking more about stepping in front of a train when I am out walking at night. I don’t know what to do.” Staff should report this kind of talk or ideation immediately, ideally with the student available for a follow-up meeting with a counselor or other mental health professional.

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Students with severe suicidal experiences have a plan, date and time for when they are going to kill themselves. They are not safe to leave alone and have often become so hopeless and full of pain they believe the only relief from their predicament is through suicide. They have struggled with their pain for quite some time and now have a sense of inevitability about their decision to kill themselves. Many times, they write goodbye notes to their friends, give away their personal belongings and reduce any obstacles that might get in the way of their choice to die (hoarding pills, obtaining a firearm, collecting a rope and finding a place to hang themselves). Instructors may be able to witness these exchanges. A student may say, "I'm done. I won't be here tomorrow. I just wanted to let you know."

Staff are required to take immediate action with these students to refer them to help. This may involve calling the police or emergency services. The only way to know the level of depression or suicide with a student is to engage them in conversation about what they are feeling. Staff need to ask questions to learn how students view their current situation. This requires staff to engage students in a conversation about their thoughts of depression, suicide, and self-harm.

Depression is more than just a having a bad day. We all can relate to having a bad day, even a series of bad days. Depression is more serious than this. It's as if a weight bears down on the student and leads them to become lethargic, apathetic and struggle to see any hope that things will improve. Depression is beyond a bad day or series of bad days. It is an overwhelming burden and all-encompassing sense of dread and hopelessness that surrounds the student. Depression can have both an environmental component and a biological component. Treatment often involves talk-therapy as well as having a medication evaluation. Any student who struggles with depression is at a higher risk for suicide. Staff need to ask direct questions about suicide to any depressed student.

Staff should be in the position to offer help regardless of their department or position. Helping suicidal students is not a function limited to psychologists, counselors and social workers. Depression can feel like a difficult topic to discuss, so staff avoid talking to students about it because they don't feel qualified or don't have any easy answers for the depressed student. If you notice a student who is depressed, reach out to them and try to help. Work with your counseling center, department head or campus BIT to keep them informed and seek out ways you can be most helpful to the student.

Students who are depressed often experience sleep and appetite disturbances. Others experience lethargy or an upset stomach. Sometimes the only outward signs of depression we see are those physical disturbances. Many times, students in college have sleep and appetite problems as well as homesickness, stomach problems adjusting to the food and feelings of tiredness. The only sure way to know what depression is and what are normal adjustment issues is to talk to the student in question.

Getting someone help for depression can be a daunting task. Students with depression often lack the energy needed to follow through with the healthy steps laid out in front of them (e.g., getting to therapy, attending class, seeking support from friends, exercising, and staying on medication). One way staff can help is to offer extra support during the early stages of treatment. Once a student begins to recover, it is likely he or she will need less and less support. Staff should also seek support from their supervisor, counseling center or campus BIT to remain positive and effective with the student they are trying to assist.

Remember, some students are very clear about their suicidal statements: "I am going to kill myself" and "I can't

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live any more. I am going to do something to end my life." More frequently, students make vague statements that provide only a hint of their true intentions, "I don't want to be here anymore" or "I can't live this way; I'm too exhausted to go on." Staff need to have keen detective ears when it comes to listening to students who are depressed and potentially sharing suicidal thoughts.

Sometimes, students express suicidal thoughts frequently. Staff may be tempted to see the situation like the boy who cried wolf. It can be frustrating when a student continually voices a desire to die. However, each suicidal statement must be taken seriously. No staff wants to be in a position of ignoring the one serious suicidal statement in a sea of false statements. Take every conversation about suicide with a student seriously. Ask yourself, "If the student kills himself tonight, have I done all I need to do in order help?"

Bipolar Disorder

Bipolar disorder can be a devastating illness for a young person to struggle with while in college. Bipolar disorder involves periods of manic moods that lead to poorly planned activities, a lack of impulse control and increased risk-taking behaviors. These manic moods may include overspending on credit cards, starting various business ventures, collecting multiple speeding tickets and a lack of overall stability.

These manic episodes are often alternated with severe depression that can include a lack of energy, hopelessness for a better future, isolation from friends and family, and suicidal thoughts. These manic and depressive periods can occur over relatively short periods of time (days) or can extend over long periods of time (months or years).

Bipolar disorder symptoms increase with stress; often the stress of academic programs combined with the freedom of exploring and learning at a new college or university may be the "tipping point" for a student to have their first crisis. Other times, students with bipolar disorder have been successfully treated for years in high school and hope that a fresh start at college will help them break free from their past behaviors.

Medication often helps those who struggle with bipolar disorder. Medications include mood stabilizers to reduce the rapid cycling between the manic and depressive states as well as anti-depressants to prevent the student from becoming so depressed they commit suicide. Bipolar disorder typically manifests in late teenage years through the early twenties. Stress often exacerbates the disorder and the stress of adjusting to college life could make the disorder worse.

Many who experience bipolar symptoms are misdiagnosed as only having major depression since the main concern with their behavior centers on their depression and potential suicide. In contrast, some students use the energy during their manic phase to work ahead on their assignments and may seem to be very productive in their academics. Accurate diagnosis and treatment of bipolar disorder depends on clear and objective information from the student.

Family and friends who offer support to those students with bipolar disorder are a crucial element in their treatment. While professional therapists, psychologists and psychiatrists are important in diagnosis and providing treatment, it is the friends, peers and family that help ensure the bipolar student remains well and in treatment. One central role for staff is to serve to connect the student to these supports and to help the student avoid isolation from those who care about them.

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Autism Spectrum Disorder

Autism Spectrum Disorder (ASD, formally known as Asperger's Disorder) is a developmental spectrum disorder that impacts an individual's ability to read subtle social cues (such as flirting, sarcasm or teasing) and function in social situations. They may also experience distractions in the academic or residential life setting. This may include sensitivity to stimuli such as florescent lights or loud noises, hyper-sensitivity to living close to other students or being overreactive to small slights or frustrations. Students with an ASD may have very intense, very idiosyncratic interests such as collecting items or obsessive interests in particular subject areas. They may also display odd movements, ways of interacting or unusual speech tones as they talk.

Students with an ASD and those with social behavior problems are increasingly finding success in colleges and universities. Students are having better success with the additional support they are receiving in college through the Americans with Disabilities Act (ADA) and counseling support. It's important to understand that all students with ASD are not the same. ASD is a spectrum disorder, which means that some have very few disruptions and others have extreme difficulty functioning.

While a general understanding of the traits and characteristics of ASD can be helpful to better work with the student, these should not be used to "box in" the student and limit their potential. Staff are not expected to be mental health professionals who determine the exact nature and type of problems a student experiences. Some students may meet the diagnosis of ASD, while others may have social problems, attention problems or a personality disorder. The purpose of this section is to help staff work more effectively with students who may exhibit behavior that disrupts an office, department, or residential life environment.

Students with these social difficulties, whatever their diagnosis, often have trouble and teasing from other students. They may find themselves manipulated in social relationships or being teased because of their interests, questions, or social difficulties. Again, as a spectrum disorder, some ASD students may do very well in college either because their level of symptoms is not particularly severe, or they have invested in therapy and social skills training to overcome these differences.

Staff interacting with a student who has ASD should make their communications calm, clear, concise, and consistent. The student with ASD struggles with subtle communications or inconsistent rules or instructions. They may be sad or depressed about how others are treating them and need some added explanation or support to avoid teasing. They may also not notice others teasing them and have difficulty weighing the social costs of their odd or unusual questions or interests.

What to expect from Autism Spectrum Disorder/Asperger's Students

- Mental health problems have some commonalities, but also have a degree of uniqueness to everyone. Be careful about applying broad strokes. Each student, regardless of whether they have ASD or not, needs individual attention and adaptation.
- Students with ASD may ask odd or repetitive questions that derail the meeting and distract others. They do not do this to annoy. It is their natural way of communicating.
- They are often teased or laughed at by other students who pick on them or talk quietly behind their back.

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- They may have poor hygiene or manners. This is related to their inability to empathize and connect to the feelings and perceptions of others (again, be careful not to generalize; other ASD students may take obsessive care of their hygiene).
- They may engage in odd dress or write on their clothes or arms. This may include black or medieval looking clothes. They may speak with strange inflections or use languages based on their reading or computer gaming.
- They may have odd interests (e.g., car motors, Victorian door hinges or vintage toys) that interfere with them connecting with their peers and engaging in more socially acceptable activities.
- They have difficulty reading social cues (standing to leave, subtle messages to stop talking, non-verbal signals). This becomes even more difficult when dealing with issues that are built upon subtle social cues such as flirting or on social networking sites such as Facebook.
- Their attempts to connect with peers will often seem flat or slightly off. Caring students help these types of students connect and overcome these "quirks." Students who are frustrated or stressed will often ignore or tease the student with ASD.

Thought disorders

Schizophrenia is one of the most upsetting and difficult mental health problems to address with a student. The media portrays those with schizophrenia as knife wielding, crazy people looking to stab mothers walking their young children in baby carriages. Schizophrenics are seen as talking to themselves, responding to voices from another place, and presenting a danger to the community.

Individuals with schizophrenia are very rare (less than 1 percent of the population) and are often so lost in their own internal logic and paranoia that they struggle to relate to those around them. They are often scared of the world and overcome with worry that they will be hurt. Students may be concerned and worried about the odd behavior they notice in other students who have schizophrenia and will need help to understand what the student is experiencing. They may worry about what the student may do and that they might act unpredictably or put others at risk.

Those with schizophrenia (which means "split mind") often have difficulty regulating their cognitions (thinking) and emotions. They may become upset by strange or unseen threats and need an instructor or other students to reassure them and to assist them when they are becoming overwhelmed. For schizophrenic students to be successful, it is essential they have a strong group of supports that have access to their treatment team in the case of difficulty. This often involves case managers and flexible communication among team members. Students with schizophrenia need connection to mental health services such as therapy and psychiatry. This connection to services can help them monitor their illness and obtain medication to help with the symptoms they experience. Helping a schizophrenic student to access care for their disorder can be difficult.

Staff might also have to take on the role of educator and support for the student as they interact with other students. It may be that other students have not experienced an individual with schizophrenia before and are

at a loss on how to communicate. Staff can provide a much-needed buffer and assistance during crisis times when a schizophrenic student may struggle more with their communication, thoughts, or emotions. Individuals with schizophrenia may have difficulty in the classroom with dulled emotions or problems concentrating on the assignments and discussion at hand.

Individuals with schizophrenia may wander off in their thinking or respond to odd or strange tangential issues. Students with schizophrenia who are following their medication regimen will be more likely to stay focused and will avoid drawing attention to themselves. Those students experiencing schizophrenic symptoms in will often derail the discussion and engage in off-topic lines of thought.

Anxiety

What is anxiety? Well, for starters, anxiety is a very useful part of who we are as people. Without anxiety, college students wouldn't study for their tests, talk to their parents, drink in moderation or even be able to safely cross the street. Anxiety, at its core, helps us set limits on our behavior. Without this limit-setting anxiety, people would say and do whatever they want. That would lead to chaos.

Anxiety provides some important safety limits to our behavior. It keeps us wearing coats in the winter to prevent freezing to death, washing our hands to protect from germs, not yelling at the mixed-martial arts fighter who cut in front of our line. Anxiety is a safety mechanism hard-wired into our brains.

Anxiety becomes problematic when it expands beyond the normal range. Students who experience anxiety disorders may become anxious about filling out a Free Application for Federal Student Aid (FAFSA) form or residential life checklist the same way others normally would become anxious if a tiger ran across campus. Imagine the panic, sweating, tunnel vision, difficulty breathing and feeling of impending dread. Fight, Flight or Freeze!

This level of reaction over a form is out of step with the perceived threat. It is exactly appropriate given a tiger on campus. The problem then becomes one of understanding why some students become so anxious and experience panic attacks at the thought of filling out a form, presenting in front of other students, at the prospect of asking someone out or worrying about getting a perfect 4.0 Grade Point Average (GPA) when a 3.3 GPA would suffice.

Anxiety can occur because of early trauma or early expectations about behavior. The anxious reaction (panic attack, continuous worry, paranoia) becomes linked to an idea or event that doesn't need that kind of reaction. Perhaps there was a physical beating that came with talking out of turn when a student was growing up as a young child. This then becomes a connection they bring to college with them.

Another school of thought regarding anxiety is some people are just wired differently. Anxiety is also understood as having a hereditary basis. Regardless of how someone was raised, some people are just more prone to worry about things around them, out of step with everyone else. In extreme circumstances, this hardwired neurological problem can form a mental illness such as schizophrenia or bipolar disorder. Here the anxiety shows up as paranoia that keeps the student worried and overwhelmed, frightened at every possibility of life-threatening attack.

Overview of Mental Health Issues

There is some good news regarding anxiety, whether it is related to a mental illness, learned environmental behavior or a subtler worry about tests, performance anxiety or talking to people. Anxiety and panic attacks are very treatable with talk-therapy and/or medications.

Getting help for an anxiety diagnosis often requires a visit to a psychologist or counselor. As you can imagine, this is difficult since the student who needs therapy is already very anxious. The added stress of coming into a therapy office, filling out paperwork and telling their story to a stranger often prevents students from seeking help for their problems. This is sad, since many who come into therapy for anxiety feel better almost immediately after their first session. The process of connecting a student to a therapist can be a challenging one.

It can be helpful to:

- Make the intake/start process easier by helping research where the office is located, what the cost is and other obstacles.
- Help the student understand that therapy and counseling are not just for weak students who can't "make it on their own," but a place to receive help and training. Counseling is like going to the gym, but in therapy you work to strengthen your mind instead of your body.