

**Forum on Education Abroad - Mental Health Workshop – April 4, 2018 – Stockholm**  
**Led by Natalie Mello (FEA) & Charlie Morse, Director of Counseling, Worcester Polytechnic Institute**

**I. DATA & STATISTICS**

**Trends in College Mental Health**

- Increase in help seeking – 10-15% yearly increase
- N° 1 concern today = anxiety (vs. Depression in past)
- Suicide = 2<sup>nd</sup> cause of death among college students (n° 1 = accidental death)
- Sexual misconduct getting more attention (e.g., assault, harassment)
- Alcohol & substance use also concerns
- Campus m.h. professionals often unaware of students' issues (especially SA participants)

**ACHA-NCHA Survey Findings** (app 60,000 students per year)

- 7 per 100,000 students (annual suicide rate) – Schwartz 2011. Not that high.
- In 2016, 65% of students reported feeling « very sad » in last 12 mos
- 58.4% reported overwhelming anxiety.
- More subjective study based on self-reports.

**Healthy Minds Study** – annual study (122,000 participants from 2007-2015)

- More clinically based & rigorous than ACHA survey
- 34% of participants had positive screen for either : anxiety, depression or eating disorder
- <https://healthymindsnetwork.org>

**Where Do Students Go for Help ?** (Spring 2009 study)

- 77% turn to friends first
- 67% to parents
- Students less inclined to seek professional help
- Only 20% would turn to school counseling, less than 10% to RA or crisis hotline.

**II. CONFIDENTIALITY, PRIVACY, LAWS IN U.S.**

Clinical confidentiality

- Therapist can *only* share info in life or death situation (imminent harm or risk to self or others)
- ROI (release of info) signed by student allows communication of info with 3rd party

Privacy

- Only licensed professionals (and clergy) can offer confidentiality.

FERPA does not prevent us from contacting parents. This is a « misinterpretation » of the law.

**ADA** (American Disabilities Act)

If student discloses disability, obligation to offer « reasonable accommodations » per law.

Not always possible, e.g., wheelchair-bound student in Venice. Must be transparent & honest with students about on-site conditions.

SUGG : disclose Essential Eligibility Criteria BEFORE students apply to program.

Disability \*must be documented\*. Onus is on student to provide proof & need for accommodations.

**III. PRE-DEPARTURE INFO GATHERING & SELF-DISCLOSURE**

**Philosophical concerns**

How to maximize student self-disclosure ? How to get students to trust us ?

How is process explained to students ? What message is being sent ?

WPI uses broad categories (general health questionnaire) vs. laundry list of conditions & boxes to check.

Use of language : focus on support services (assistance) vs. “screening” (more threatening term). Allay student fears of non-acceptance in order to encourage disclosure.

### **Promoting Student Self-Disclosure**

Transparency is important.

SUGG : Indicate awareness of m.h. issues to students who have disclosed & explicitly address their need for support or assistance with them.

See students as owners of their health needs. Empower students in developing their own support plans.

SUGG : Have students research local laws as they pertain to use of prescription medication.

## **IV. RESOURCES FOR MENTAL HEALTH CONSULTATIONS**

- Connect with home campus (if possible).
- Identify local resources for consultation & referral.
- Limitations in terms of remote counseling (therapy vs. consultation). Licensing issue = therapist & client supposed to be in same state.
- Possible to request a *consultation* (vs. therapy session) by phone or skype w/ someone from counseling center. Request for advice (vs. diagnosis or treatment plan).

**Circle of Trust** group exercise – inside circle = desired goals ; outside circle = undesirables

- Can be done at beginning of program and redone at certain points.

What do we all want to get out of this experience? (e.g., friendship, academic credit, travel, fun)

What *don't* we want ? (e.g., accidents, failure, attacks)

- ✓ Who Are You ? – video on sexual assault
- ✓ Intervene – developed at Cornell (racism, alcohol, abuse, m.h. issues)
- ✓ Resilient Traveling Project – U of Michigan <https://resilient-traveling.umich.edu>
- ✓ Chart /support plan completed by students (making students proactive)  
Table with three columns: Challenge – My Plan – Strategy/skill

## **V. RECOGNIZING & RESPONDING TO MENTAL HEALTH ISSUES**

**Observations** (Verbally shared with students by Charlie Morse in pre-departure training/sessions )

- « We all struggle. We're all a mess. Nobody is perfect. » = Human condition
- Individual reactions to stress differ.
- We tend to keep our struggles to ourselves.
- Attempts to cope w/ struggles on our own often make situation worse.
- Attempts to help others & « fix the issues » often not helpful. No quick & easy solutions.

### **When to be Concerned**

- How are students functioning ?
- Are you concerned about safety ?
- How are others being impacted ?

### **Responding « in the moment » to student distress**

- Ask *What do you want ?* (advice ? venting ? attention ?)
- Sit there & listen. (Take time to assess situation & listen *without* offering advice or solution)
- Importance & challenge of empathy (*That sounds difficult. Tell me more. , etc.*)