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 = 2nd 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.)

*Summary by Monique Fecteau*