

University Counseling Services Mental Health Toolkit





Fall 2020

Dear Colleagues,

As you know, the health and wellbeing of our campus community continues to be our primary focus.

While COVID-19 and our physical health has had a significant impact on the way that we have approached this academic school year, mental health is equally as vital to our success and is often more difficult to discuss and observe. We cannot test for mental health issues with a nasal swab, but it has a significant impact on our ability to thrive.

Our students are facing a difficult and challenging time in their lives that has been compounded by a global pandemic. This mental health toolkit is as important for us to understand and correctly implement as ever.

Familiarize yourself with the signs of distress, the channels that we have in place to help offer support, and best practices to help prevent mental health issues. Sometimes, it's the simple solutions that seem to help the most—establishing a healthy exercise regimen, getting enough sleep, spending time outdoors, and drinking enough water.

Sounds like simple advice, but the data shows that these guidelines help.

I urge you to take the mental health of our community seriously and to take the necessary steps to keep our community safe.

Sincerely,

A handwritten signature in blue ink that reads 'Dennis J. Shields'. The signature is written in a cursive style.

Chancellor Dennis J. Shields

OUR GOAL

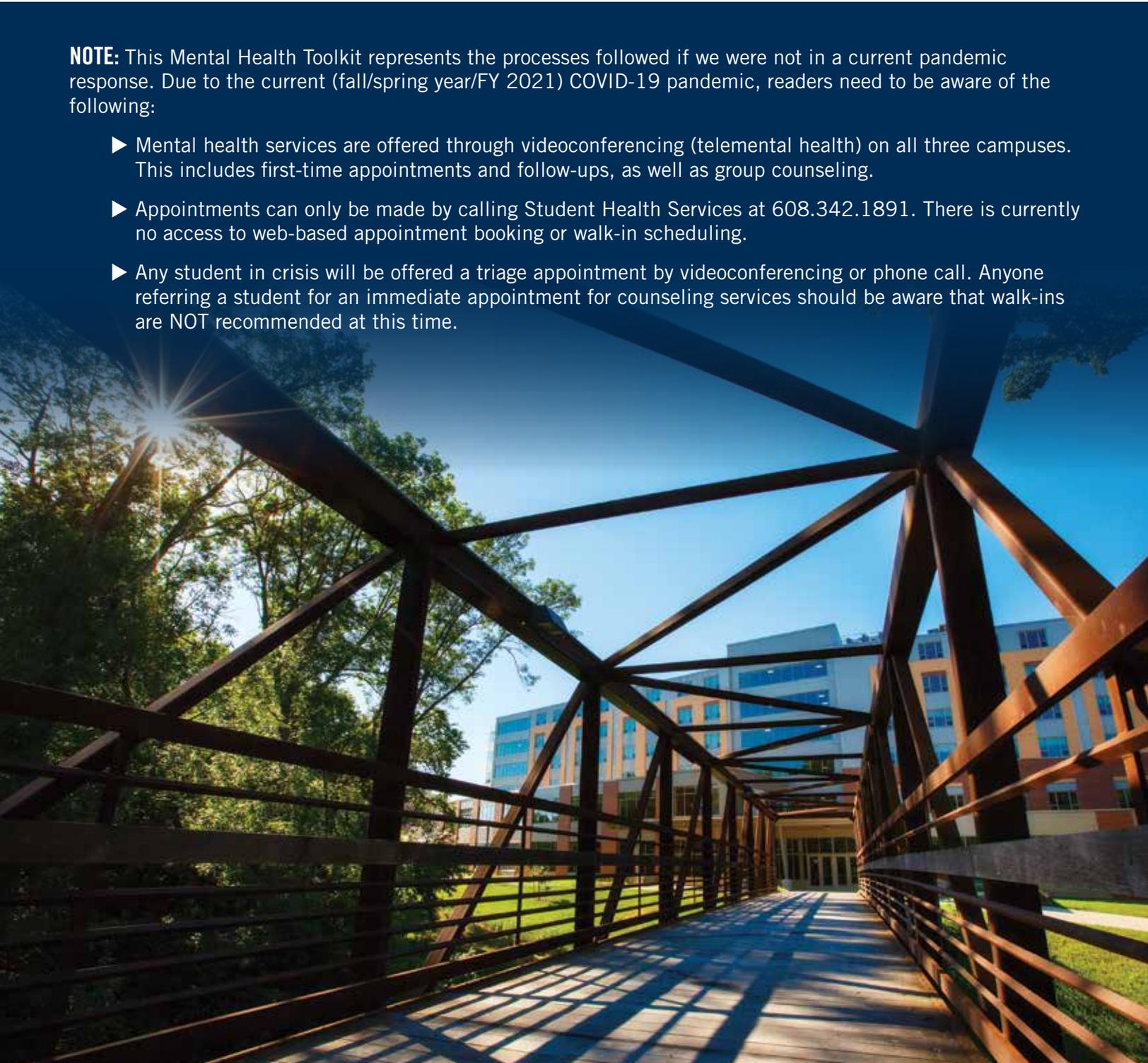
University Counseling Services has noted an increased demand from staff and faculty for consultation and information about mental health concerns that are common among our student population, how those concerns may present in class and on campus, and how to respond when concerns arise.

We see this as an opportunity for an educational professional development intervention that will enhance student support, and also a vehicle to advance our campus-wide goal of creating an inclusive learning environment that supports a mentally healthy campus.

Our response has been to develop a mental health toolkit that can provide information on the mental health concerns of college students. Information included explores mental health topics, how to recognize distress, examples of how best to respond, and reporting processes for assisting those in crisis or experiencing an emergency.

NOTE: This Mental Health Toolkit represents the processes followed if we were not in a current pandemic response. Due to the current (fall/spring year/FY 2021) COVID-19 pandemic, readers need to be aware of the following:

- ▶ Mental health services are offered through videoconferencing (telemental health) on all three campuses. This includes first-time appointments and follow-ups, as well as group counseling.
- ▶ Appointments can only be made by calling Student Health Services at 608.342.1891. There is currently no access to web-based appointment booking or walk-in scheduling.
- ▶ Any student in crisis will be offered a triage appointment by videoconferencing or phone call. Anyone referring a student for an immediate appointment for counseling services should be aware that walk-ins are NOT recommended at this time.



ACKNOWLEDGEMENTS

University Counseling Services offers this toolkit with resources for supporting the overall wellness of students at UW-Platteville. This project would be less than complete without the contributions of the many departments, staff, and others who have given their time to review, create, and revise. Our thanks goes to the following:

- ▶ Services for Students with Disabilities
- ▶ The Doyle Center for Gender and Sexuality
- ▶ The Wright Center for Non-Traditional and Veteran Students
- ▶ Academic Support Programs
- ▶ Office of Multicultural Student Affairs
- ▶ Campus governance
- ▶ College deans and university administration

And a special thanks goes to:

- ▶ Dr. Dong Isbister, Associate Professor and Coordinator
Women's and Gender Studies Program, Criminal Justice, and Social Sciences department
- ▶ Victoria Livingston, Executive Director, Division of Enrollment and Student Success
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- ▶ Katie Weigel, Graphic Designer
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I WANT TO LEARN ABOUT COLLEGE STUDENTS' MENTAL HEALTH

Training opportunities

Counseling offers a broad range of suicide prevention and mental health training programs. Our goals are to raise mental health awareness on campus, reduce mental health stigma, and support early intervention for those in need within our campus community.

- ▶ Our in-person suicide gatekeeper and mental health training programs are free and would benefit all university students, staff, and faculty.
 - Core programs such as QPR (1.5 hrs) and Safe Person (1–1.5 hrs) are our most widely available training programs.
 - Programs that may be of particular interest to student leaders and peer mentors, staff, and faculty leaders (e.g., advisors, associate deans), as well as other student services employees may be requested.
 - For more information, see our Program Request page on our website.
- ▶ Online professional development opportunities via the University Counseling Services website.

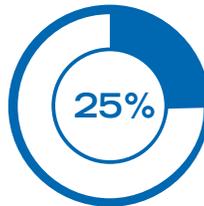


Mental health trends

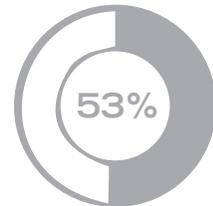
The mental health needs of college students can negatively impact their academic performance and affect the overall learning environment. According to the National College Health Assessment spring 2018 data, UW-Platteville students are reporting tremendous levels of stress, feeling overwhelmed by all they had to do, feeling exhausted, and experiencing overwhelming anxiety which they contribute to a decline in their academic performance. Students may miss class, fall behind in projects or homework, worry other students, fail exams, or worse, withdraw prematurely. Students of color may not seek mental health services due to stigma and a cultural mistrust of mental health professionals.



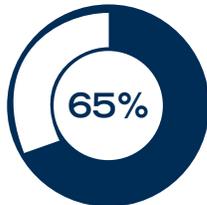
of students felt so depressed it was difficult to function



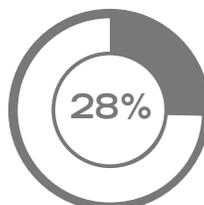
of students indicated their anxiety contributed to receiving lower grades on exams and in the course



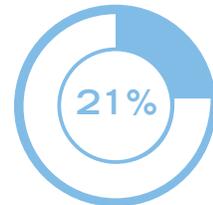
of students reported stress levels that were "more than average or tremendous"



of students reported feeling tired, dragged down, or sleep more than three days a week

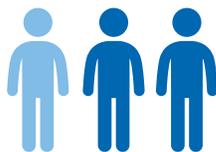


of students indicated stress contributed to receiving lower grades on exams and in the course



of students reported historical diagnoses of depression

Students are arriving on college campuses with pre-existing mental health issues, many of them already using medication or previous counseling to address their concerns.



1 out of 3 college students screen positive for a mental health concern*

**University of Michigan Healthy Minds Study*



increase in serious suicidal ideation in college students over the last year; depression, anxiety, and stress continue to rise in prevalence as well*

**Center for College Mental Health survey*

3
times

the risk of mental health conditions are three times as high for LGBTQ+ individuals*

**The National Alliance of Mental Illness*

Mental health concerns

ANXIETY

- ▶ Anxiety disorders are different than normal, everyday stress in that the person experiencing anxiety recognizes their worry is more intense, lasts longer, and can lead to avoidance behaviors that interfere with one's life.
- ▶ Anxiety not only affects the way one thinks and feels but can also manifest through one or more of the following physical symptoms:
 - Rapid heartbeat
 - Chest pain or discomfort
 - Dizziness
 - Sweating
 - Trembling or shaking
 - Cold clammy hands

The student may also complain of difficulty concentrating, feeling panicked, always being "on edge," having difficulty making decisions, or sleeping problems.

DEPRESSION

- ▶ While almost everyone has had periods in their lives when they have felt sad or down, clinical depression occurs when feelings of extreme sadness or despair last for at least two weeks or longer and interfere with the ability to function in different areas, such as school, work, and/or relationships.
- ▶ Depression can affect one's ability to do simple day-to-day activities. A depressed person often has difficulty making decisions or doing things they may usually do with ease.

For example, students may complain of the difficulties of day-to-day tasks of paying bills, attending classes, reading assignments, and returning messages, which may seem overwhelming.

NON SUICIDAL SELF-INJURIOUS BEHAVIOR

- ▶ Self-injury typically refers to behaviors in which an individual intentionally inflicts harm to their body for purposes not socially recognized or sanctioned and without suicidal intent. Self-injury can include a variety of behaviors but is most commonly associated with intentional cutting of the skin, scratching, burning, or pulling skin or hair.
- ▶ It is important to remain calm. It can be very anxiety provoking when you see marks indicative of self-injury or a student tells you they are engaging in this behavior.

Remember that engaging in self-harm does not necessarily mean someone is trying to kill themselves.

SUICIDE

- ▶ Suicide is the second leading cause of death among young people between the ages of 18 and 24. Suicide is often viewed as a way out of a problem or crisis that is causing intense emotional pain and suffering. People who contemplate suicide are often ambivalent about ending their lives and are often willing to get help through counseling when a caring person facilitates the process for them.
- ▶ Be very straightforward and know that your question is not going to cause them to act on their suicidal thoughts. Students who are feeling suicidal are often relieved when someone finally asks them, as they no longer have to struggle with their feelings alone.
- ▶ Possible ways to phrase the question include

“I am concerned for you. Have you been thinking of ending your life?”

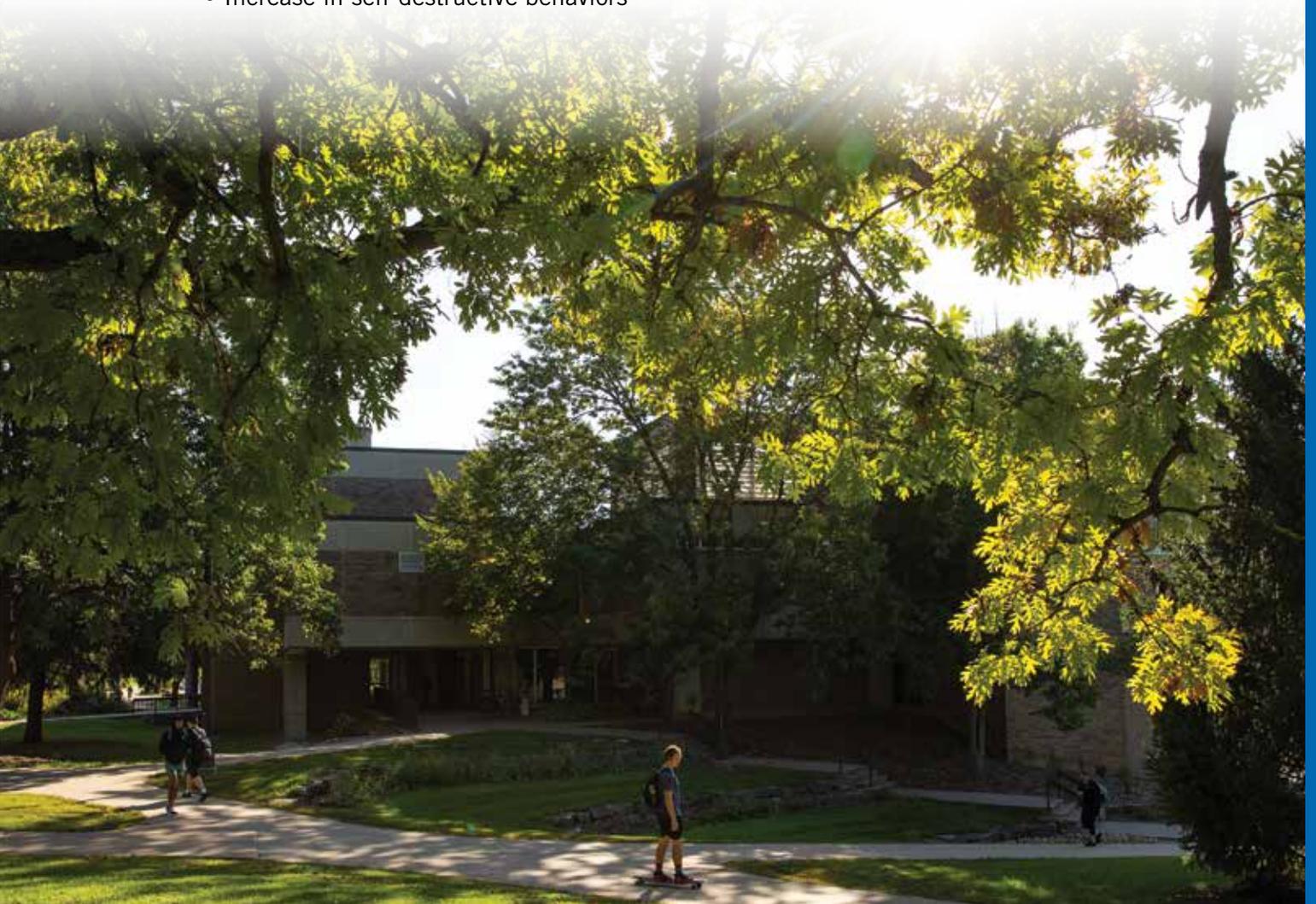
I can see that this is a difficult time for you and you are feeling very distressed right now. Are you having thoughts of hurting yourself?

Are you considering suicide?

Indicators of distress

Students often experience significant changes in their lives during the course of their education. Your role as faculty and staff gives you the opportunity to observe student behavior and identify problems. Recognizing and responding to student behaviors may be a critical factor in helping students address problems that are interfering with academic success.

- ▶ Possible signs of depression (A pervasive experience of sadness and hopelessness)
 - Persistent sad, anxious, or empty mood
 - Loss of interest in friends and/or activities
 - Decreased energy
 - Change in mood, affect, sleep and/or diet
- ▶ Possible signs of anxiety (A persistent, excessive, and unrealistic worry about everyday things)
 - Difficulty controlling worry and negative thoughts
 - Feeling restless or irritable
 - Difficulty concentrating
 - Increased self-doubt or lack of trust in others
- ▶ Possible signs of suicide
 - Talking about suicide or death
 - Expressing helplessness or hopelessness
 - Withdrawing from others
 - Increase in self-destructive behaviors



Consideration of cultural impacts

As a faculty or staff member, you will undoubtedly have frequent interactions with students that are different from you. These differences may be in the form of race, ethnicity, cultural background, physical abilities, gender, sexual orientation, religion/spirituality, social class, etc. These are all important components to be mindful of when dealing with students in distress

Traditionally, counseling has been viewed with some hesitation and mistrust by certain ethnic or cultural groups. Therefore, for some students, there may be hesitation and/or reluctance to seek out counseling or any form of mental health treatment on their own. As faculty and staff, you are in an influential position of being able to suggest counseling as an option for students who may not otherwise seek this out on their own. College is difficult for all students, but it is often more so for marginalized students.

- ▶ Even if you believe you are familiar with a student's cultural background, it is important to listen for their cultural perspective, and inquire about this if necessary. It is important not to make assumptions and rely on stereotypes based on a student's membership in a certain group. The following suggestions can make you more aware and sensitive to this issue:
 - Learn students' backgrounds, values, and motivations
 - Be aware of the potential barriers to students seeking help
 - Recognize your own biases
 - Consider varying communication styles in your interactions with students
 - Read information, attend programs, and participate in discussions that focus on issues faced by people from backgrounds different from your own
 - Understand the intersection of multiple identities
 - Refine syllabi, assignments, and reading material with an eye toward inclusion



I WANT TO TALK TO A STUDENT ABOUT THEIR MENTAL HEALTH

Often faculty or staff members are the first to notice a student might be struggling or in distress. You may feel uncomfortable approaching the student or concerned about their response. When done with care and concern, most students will appreciate your effort. In your role you can provide useful information to assist the student in getting help, but be careful to not take on the role of parent or counselor or try to diagnose a student. Faculty and staff are encouraged to consult with their immediate supervisors if they need assistance in approaching a student.



Academic indicators of distress

- Extreme disorganization or erratic performance
- Continual seeking of special provisions
- Overblown or disproportionate response to grades

Behavioral and emotional indicators of distress

- More withdrawn or more animated than usual
- Direct statements of distress
- Lack of response to outreach from faculty or staff



Physical indicators of distress

- Deterioration in physical appearance or personal hygiene
- Excessive fatigue or exhaustion
- Frequent or chronic illness
- Frequently bleary-eyed or smelling of alcohol



Students from underrepresented populations may also experience additional culture-based stressors, such as family pressures and microaggressions. These students may experience short-term sadness or anxiety that comes with these stressors and respond well to the support of those around them.

What TO DO when talking with a student

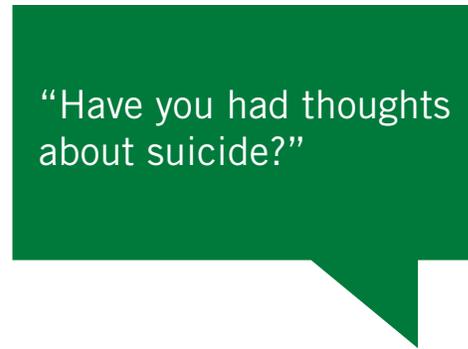
If you choose to approach a student you are concerned about or if the student reaches out to you for help with personal problems, here are some suggestions which might make the opportunity more comfortable for you and more helpful for the student.

- ▶ Stop what you are doing and genuinely listen to what the person is saying.
 - ▶ Be sure the person is aware that you cannot keep expressions of harm to self or others confidential.
 - ▶ Express concern and interest and let the person know you are listening.
"I know it's embarrassing to ask for help; I'm glad you're talking to me."
 - ▶ Ask open-ended questions to help you better understand and clarify the problem such as
"What can I help you with?"
"Can you tell me a little bit more about what has been going on?"
"Is there something bothering you?"
"I want to understand. Tell me more."
 - ▶ Use "I" messages such as
"When I see you crying in class, I feel worried and I want to make sure you are ok."
-

What to AVOID when talking with a student

- ▶ Communicating your concern in a critical or judgmental manner
- ▶ Remember, although it may not seem like a crisis to you, it still feels like one to the other person
- ▶ Agreeing to keep statements about suicide or harm to others a secret
- ▶ Challenging or becoming argumentative with person
- ▶ Assuming the student understands the impact of their behaviors and is aware of the source of stress
- ▶ Discounting or overlooking factors that put the student at risk for more serious problems
- ▶ Overreacting; try to remain calm
- ▶ Attributing common signs of alcohol/substance use or abuse to "experimentation"
- ▶ Comments that are judgmental of their self-injury or telling the person to stop self-harming behavior; this may more likely exacerbate the behavior
- ▶ Minimizing a student's concerns with statements such as,
"But you normally seem so happy."
"Your grades are so good."
"Are you sure you are really depressed?"

If a person is making statements about ending their life, consider questions like



- ▶ Talking about suicide will not encourage people to complete suicide or put the thought in their head.
- ▶ Validate the person without offering a fix. Say, *"That sounds difficult. Thank you for telling me."*
- ▶ Explore options with the person, but don't expect to have all the answers.
- ▶ Clarify the limits of your ability to help. *"I care about you and want to help, but I'm not sure how to best help you. A counselor has the training and experience to help students struggling with this."*
- ▶ Offer to accompany the person to the appropriate support office.
- ▶ Follow up with the student. *"Is it ok if I check in with you on Monday to see how your meeting went?"*

WHY YOU SHOULD BE GENTLE WITH PEOPLE

SOMEONE'S LIFE

WHAT YOU KNOW
ABOUT IT

Promoting mental wellness in the classroom

Faculty and staff can normalize the experiencing of distress and value of seeking help by considering adding the following items to each class syllabus:

- ▶ College students often experience issues that may interfere with academic success such as academic stress, sleep problems, juggling responsibilities, life events, relationship concerns, or feelings of anxiety, hopelessness, or depression. If you or a friend is struggling, we strongly encourage you to seek support. Helpful, effective resources are available on campus at no additional charge. These services are provided by staff who welcome all students and embrace a philosophy respectful of clients' cultural and religious backgrounds, differences in race, ability, gender identity, and sexual orientation.
 - Student surveys continue to indicate that sleep can significantly impact academic progress.
 - Faculty and staff are encouraged to consider when they require documents to be submitted.
 - Midnight submission timelines do not encourage students to prioritize sleep and may need to be reconsidered in an effort to address an issue currently showing such impact on their emotional well-being.



I WANT TO REFER A STUDENT TO COUNSELING

Making the referral

Note: COVID-19 changes; please see page 3

Appointments can be made:

- ▶ On the UW-Platteville main campus
 - By phone at 608.342.1891
 - Online via the MyHealth button
 - Or by presenting at Student Health Services (second floor, Royce Hall)
- ▶ On the UW-Platteville Baraboo Sauk County campus
 - By phone at 608.355.5272
 - Or by presenting to Room B141, Fine Arts Building
- ▶ On the UW-Platteville Richland campus
 - By phone at 608.387.3762.
 - Or by presenting to Room 4674, Mellville Building



You can assist this process by offering students the use of your office phone or encouraging them to utilize the online scheduling app. If the situation is an emergency, triage appointments are available daily and allow the student to be seen immediately. Non-crisis appointments are also available daily. Please note that as the semester progresses, wait times for non-crisis situations increase.

Benefits of counseling

College is a time of change and stress, and sometimes the usual way of handling a problem doesn't seem to work. Counseling can help students identify psychological, behavioral, interpersonal and situational causes of stress. Students going through a transition may benefit from counseling to enhance their coping efforts and prevent the onset of serious problems. University Counseling Services is a safe place where students can explore their feelings, gain a new perspective, identify their strengths, and focus on developing solutions to their concerns.

Improved mental health benefits campus by increasing student retention and improving student satisfaction and engagement, alumni relations, and the bottom line.

Outcomes

Annual user surveys show that students found counseling helped them focus better on academics and improve their overall academic performance. For those struggling with remaining in school or not, the majority have identified that counseling has helped them remain in school. Return rates show positive response to services and most importantly students have made improvement on the specific issues which brought them to counseling.

Referring the reluctant student

Sometimes students are hesitant about going to counseling. They may be intimidated by the formality of the process or they hold a negative stigma sometimes associated with counseling. Some students may consider attending counseling as a personal weakness and an indication that they cannot solve their own problems. Other hesitations about attending counseling may have to do with a student's family members not supporting treatment, as they may not believe in depression, anxiety, etc., and feel that the student should be able to overcome challenges on their own. In addition, some students may come from certain backgrounds in which it is considered a betrayal to the family to share information about family problems and struggles with a stranger. If the student is reluctant to seek counseling, you might reassure the student by encouraging the referral.

- ▶ **Confidentiality**

 - "Counseling is completely confidential. No one, not even me, will you know what you say."*

- ▶ **Present it as a consultation**

 - "It is a professional resource to help support, give some tools, and review options."*

 - "There is no commitment or limit; going once can still be a great experience."*

- ▶ **Things you can say to encourage a student**

 - "A lot of students go to UCS for all kind of things. No issue is too big or too small."*

 - "A lot of students go to UCS for (stress management/anxiety/depression)."*

 - "You're paying student fees for counseling; use what you pay for."*

 - "Counseling is open until 8 p.m., so they can work with your schedule."*

 - "I've met Teresa from UCS. She is very easy to talk to."*

 - "It's ok to not be sure. A counselor can help guide you through the process."*

 - "Why not just try a Wellness Tuesday activity or one of their other programs and see what you think?"*

- ▶ **If student absolutely refuses to attend counseling**

 - "Can we think of other ways for you to feel supported?"*

 - "Who else should know so we can get help?"*

 - "Will you let me help you find another way to feel better?"*

- ▶ **If the situation meets the threshold of an emergency and you are still concerned about a student's safety, call 911 and follow-up with a Behavioral Review and Recommendation Team report.**

After referral

It can be reassuring to know if the student you referred to counseling actually made and kept an appointment. The counselor will accept all information you provide but will not be able to share information without a signed release of information. While this can feel unsettling at times, it is necessary to protect the student's privacy.

The best way to achieve reassurance is to follow up with the student after making the referral. If the student was not receptive to the referral initially, they may be more open to help upon further reflection and/or follow-up.

JUST THE FACTS

- ▶ UCS provides confidential, short-term counseling to enrolled students
- ▶ Counselors can assist with concerns related to **mental health** in addition to students' **educational progress, personal growth, and general well-being**
- ▶ Hours: Monday and Friday 8 a.m.–4:30 p.m.; Tuesday–Thursday 8 a.m.–8 p.m.
- ▶ Faculty, staff, and students can consult with a counselor about their concerns regarding a distressed student
- ▶ Crisis walk-in services are available for students in distress
- ▶ Top five presenting concerns include
 1. **Depression**
 2. **Anxiety**
 3. **Stress**
 4. **Sleep**
 5. **Academic challenges**
- ▶ Schedule online through MyHealth, in person at Student Health Services front desk, or by calling 608.342.1891.

THE DIFFERENCE BETWEEN CRISIS AND EMERGENCY

Crisis

- Expressing hopelessness
- Written or verbal reference to suicide
- Recent death of a family member or friend
- Student has experienced sexual or physical violence



Consult supervisor

Potential next steps:

- Contact BRRT
- Contact UCS

Emergency

- Displaying aggressive behavior or there is immediate physical danger to self or others
- Has created a suicide plan which may have specific details, including availability, and lethality of means
- Is unresponsive to the external environment; they are incoherent or passed out



**Call 911/University
Police AND make
BRRT report**

► To complete a BRRT report or contact 911, please have the following information:

- Your name
- Name of the student
- Concise description of current situation
- Kind of assistance needed

If student appears dangerous or leaves your office abruptly, be prepared to give University Police an accurate description of the student and the direction they are headed.

I am concerned about a student

Student's safety is not of concern, but distress is present

Academics

Repeated absences; missed assignments, appointments, or meetings; deterioration in quality of work; continued requests for special provisions; disproportionate responses to evaluation

Consult supervisor

Submit Navigate concern

Personal

Direct statements indicating distress, family problems, or loss; more withdrawn or more animated than usual; crying; expression of severe anxiety, irritability, or depression; isolating; deterioration in appearance; trouble staying engaged or awake

Refer to counseling

Consult with counseling

Interaction left me feeling uneasy; I'm not sure of severity

A mental health crisis is a non-life threatening situation in which an individual is exhibiting extreme distress; expressions of hopelessness or worthlessness; or is otherwise agitated and unable to be calmed

Contact supervisor

Consultation/referral to counseling

Submit BRRT

Emergency

An emergency is when a student is displaying aggressive or dangerous behavior; created a suicide plan with specific details; or unresponsive to the environment

Contact 911 and submit BRRT

Have the following information: your name; name of the student; concise description of current situation; kind of assistance needed

If student appears dangerous or leaves your office abruptly, be prepared to give police an accurate description of the student and the direction they are headed

Contact:
counseling@uwplatt.edu
go.uwplatt.edu/counseling-services
608.342.1865
Second floor, Royce Hall

I HAVE CONCERNS ABOUT MY OWN MENTAL HEALTH

Campus and community resources

- ▶ If you are a UW-Platteville faculty or staff member who is seeking personal health care or mental health support, please see the Employee Assistance Program (EAP). Employees can also contact the UW-Platteville Human Resources Department or call 608.342.1176.
- ▶ Dealing with a student in distress may be physically, mentally, and/or emotionally draining. EAP is available to “debrief” with campus community members to restore a sense of equilibrium. EAP counselors provide assessment, referral, and brief counseling services that are free and confidential.
- ▶ Faculty and staff should contact their supervisor after assisting a student in distress for purposes of debriefing and professional support.

Wellness activities

- ▶ Some tips that can help you take care of yourself and help you to reduce burnout:
 - Validate yourself since stress is understandable
 - Seek support from colleagues and supervisors
 - Assume responsibility for observing your personal limits and being honest and clear with yourself and others about your limits
 - Take time out for yourself to engage in healthy activities that help you relieve stress and engage in self-care (e.g., go for a walk, meet with friends, get a massage, take prescription medication, seek counseling, etc.)



University Counseling Services is committed to a constant process of internal review and improvement.
One of the most productive ways to do this is to listen to you.

We ask you to please complete this short evaluation of this toolkit at go.uwplatt.edu/qqig1trh.



Contact:

counseling@uwplatt.edu
go.uwplatt.edu/counseling-services
608.342.1865
Second floor, Royce Hall