

MENTAL HEALTH IN UNIVERSITY STUDENTS

1. Importance of mental illness among university students:
 - Mental illnesses cause suffering in students and families.
 - Mental illness is a major cause of disability and leads to high failure rate in universities.
 - Many mental illnesses are associated with higher rates of mortality from natural and external causes.
 - 90% of completed suicides had a diagnosable mental illness at the time of their death.

2. Improving mental health and well-being:
 - Key areas:
 - Raising awareness and promoting good mental health and well-being.
 - Eliminating stigma and discrimination.
 - Preventing suicides.
 - Promoting and supporting recovery.

3. Mental health statistics and information overview:
 - Depression is a health issues
 - 10-25% Malaysian per year suffers from an illness – major depression.
 - Cases of depression exceed all major health issues combined.
 - Estimated that 70% do not seek treatment.
 - Some die from suicide.
 - Denial and inaction has been common approach – not a solution, only a problem.
 - Social stigma – move from blame to treatment and awareness.

4. Student depression on the rise:

- There is clear evidence of increased incidence of depression among college-age students.
- Researchers at Kansas State University conduct a 13-year study (1989-2001) of 13,257 students who sought help at a larger Midwestern University counseling center.
- They found that students experience more stress, more anxiety, and more depression than a decade ago. Some of these increases were dramatic.
- The number of students seen each year with depression doubled, while the number of suicidal students tripled, and the number of students seen after a sexual assault quadrupled.

(Benton, Roberston, Tseng, Newton, & Benton, 2003, p. 69). (from SPRC, Promoting mental health and preventing suicide in college and university setting, 2004, p. 7)

5. National survey of counseling center directors (America's finding):

- In 2003, counseling center directors reported the following:
 - 160 reported suicides among 333 campuses
 - Approx. 9.6% of students that committed suicide were current or former patients.
 - 40.5% participated in depression screening days
 - Of 12,999 students screened, 40% were referred for counseling.
 - 81% report seeing more students with serious psychological problems than 5 years ago.

6. Transition age youth (ages 15 – 24):

- Greater pressures than in the past: concerns about future, hopelessness and alienation.
- Advent of significant mental health issues, including unipolar, bipolar disorder, schizophrenia and others.

- Possibility of suicide – the 2nd leading cause of transition age deaths.
- Research shows prevalent characteristics, including age, grade level, racial/ethnic background, college major, and gender (4 male suicides for every female suicide).
- Focus on high school, not college students.
- Malaysia ???

7. Depression of university students – seriousness of the problem:

- Increasing depression among students is taxing campus health services.
- A number of surveys conducted during the past decade suggest that the prevalence of depression among college students is growing and eclipses the rate in general public.
- In addition to the emotional pressures that come with leaving home and developing new relationships, the pressure on the students to succeed academically has perhaps never been so high. Moreover, as college costs continue to climb, students approaching graduation with substantial loans to be repaid face the gloomiest job market in the past decade.
- Although campus services can offer a crucial point of entry to diagnosis and treatment, student health services and campus counseling centers frequently have not kept pace with the increased demand for treatment that such pressure bring. Thus thousand of students with depression go undiagnosed and untreated just as they are facing some of life's most important junctures.

(Mounting students depression taxing campus mental health services, Voelker, Rebecca, JAMA (H.W. Wilson), Vol.289, Iss. 16; p. 2055)

8. What can be done?

- Awareness:
 - Have an awareness program that educates on symptoms and available services:
 - Communicate available campus services
 - Physician evaluation critical.
 - Provide information on behavioral characteristics of depression and suicide.
 - See crisis counseling is available
 - Direct to local crisis phone line or services.
 - Provide information on available local mental health services.
 - Sponsor or partner on a mental health expo or similar events.
 - Do an incoming student survey that includes mental health questions.
 - Inform students of local mental health events.
- Communications:
 - Provide web-base information.
 - Brochure.
 - Hand-out.
 - Student counselor.
 - Motivator.
 - Religious teacher/lecturer.
 - Peer support group.
- Other actions:
 - Explore linkages with local mental health organization to leverage the services.
 - Contact and share ideas with adjacent community college districts.
 - Evaluate involvement in voluntary organizations, NGOs.
 - Having a post intervention and crisis team and procedures.

- Ensure any chemicals on campus are securely stored and careful checkout procedures exist.

9. Student mental health:

- Developing a mental health policy:
 - Content of policy:
 - Confidentiality
 - Duty of care
 - Roles and responsibilities of staff
 - Roles and responsibilities of students
 - Disciplinary issues
 - Statement of institution's commitment to mental health

10. Supporting students experiencing mental health difficulties:

- Assessment of needs
 - Declaration of needs prior of entry
 - The first step is the identification that there are difficulties
 - Some students may approach the institution on their own or someone may have done so on the student behalf.
 - Declaration can be encouraged by the use of pre-entry literature etc which makes positives statements around the institution's commitment to student mental health in general and towards a non-stigmatizing community.
- Identification of needs post entry:
 - Many students will not have declared any mental health needs at application or prior to entry.
 - Counselors have to respect student's right not to discuss their experience but do give the opportunity for them to do so.

- Sometimes a simple question, such as “how are things going?” may be all that is needed to give a student the confidence to identify needs.
- Assessment of needs within the institution:
 - Assessment on whether the student has any needs which the institution should meet.
 - A detailed assessment of such needs would normally be carried out by a member of specialist support staff with appropriate training and experience.
 - Specific areas include learning support, examination/assessment arrangements, fieldwork arrangement, accommodation, financial support and contact with student support services e.g. counseling, health service.
- Co-ordination with external support agencies such as JPA and PTPTN.
- Confidentiality
- Specific support arrangements for students with mental health difficulties
 - Learning support
 - Examination and assessment
 - Fieldwork
 - Careers advice
 - Accommodation
 - Financial support
 - Student support services
- Role of students' unions
- Liaison with external agencies
- Local services
- Voluntary organizations

10. General guidelines for staff supporting students with mental health difficulties. Determining whether there may be a mental health difficulty:

- Has the student told you they have a problem?
- Have there been any significant changes in the student's appearance? (e.g. weight loss/gain, decline in personal hygiene)
- Does the student smell any different? (e.g. can you smell alcohol or cannabis)
- How does the student sound? (e.g. flat, agitated, very quiet, very loud)
- Has the mood of the student recently changed a lot from your previous experiences with them? (e.g. moods very up and down, miserable, tired)
- Have others (house mates, friends, other colleagues) expressed concern about the student?
- Have there been recent changes in the student's behaviour, college work and/or sociability? (e.g. doing too much work, not socializing as much as usual, withdrawn, not attending lectures or meeting deadlines)
- How long has the student been feeling or behaving like this? (everyone can have bad days, but it is when days turn into weeks and months that there may be a problem)

11. Approaching the student:

- Do not avoid the situation or pretend nothing is wrong, as this could make the problem worse and persist for longer.
- Approach the student in a sympathetic and understanding way.
- Be prepared to listen and give some time if you can.
- Being open and honest with the student in your initial contact will help to develop trust.

- If you feel you can support the student, do consider whether you have enough time or/and the skills.
- The student may not always identify that they have a problem or may not want to acknowledge it. Try not to agree with the student by pretending to agree that there isn't a problem if it is clear there is one.
- Handling crisis situation:
 - Try to be calm and adopt a non-threatening approach
 - If there are other students about, calmly ask them to leave the area.
 - Some situations can be very frightening and distressing. If you do not feel confident to approach the student, then go and get help.
 - If you stay with the student, give the student room to breathe, and do not touch them unless you are sure that they do not feel threatened by you.
 - Explain your action before you act and continue to reassure the student, without being patronizing, about what is happening.
 - Take threats of suicide seriously – do not ignore them.
 - Ensure appropriate people are contacted.

12. Supporting the supporter:

- Staff supporting students
 - The role of staff as supporters
 - Staffs who become involved in the support of students with mental health difficulties may need their own support systems to ensure that they feel confident in their actions and that they have the opportunity for debriefing if appropriate.
 - Training and staff development

- A programme of mental health awareness training, integrated with general staff development, should give staff sufficient basic awareness to be reasonably confident when encountering issues around mental health
- Mentoring schemes
- Staff consultation with student support services
- Debriefing
- Information sources
- Support outside of normal working hours
 - Residential and security staff are therefore often the first to be involved
- Student supporting other students
 - The role of students as supporters

13. Training and awareness rising:

- The purpose of mental health awareness rising training:
 - There tends to be great variation in the level of awareness of mental health issues within institutions. By providing at least basic training for everyone, essential good practice, especially in terms of creating a non-stigmatizing community, are understood by all.
 - Through training the institution can ensure that specific protocols are followed uniformly to ensure a fair and consistent approach to individual cases.
 - Training can be very effective in building confidence and dispelling fears, thus enabling people to accept their responsibilities and roles at whatever level they are working.
 - As part of the ethos of an institution with an educational mission, there is an argument for an informed and enlightened community in terms of mental health issues.

- A visible and regular mental health awareness training programme acts as a constant reminder of the issues and related policy and confirms a commitment to these issues by the institution.

14. Training of staff

- Who should receive training?
 - Everyone in the institution, staff and students, should have some basic awareness of mental health issues to enable them to recognize when and where to refer and to work towards a non-discriminatory community.
 - Actual training is also needed to determine whether the essential messages of mental health awareness are understood.
 - Following on from basic training, certain groups of staff or students may benefit from more specific, customized training e.g. students' unions welfare staff, staff in residences, security staff, academic tutors, specific student support services, secretarial and reception staff.
- Who should do training?
 - It may be possible to identify some of staff who are likely already to have some experience in this area (e.g. from health or counseling services) or who could attend training themselves in order then facilitate training in their own institution (i.e. attending a "training the trainers" course)
 - This approach can be cost effective and some staff may be more receptive to training from colleagues who appreciate the specific context within which they have to operate.
 - For more advance training on specific topics, it would usually be appropriate to use external expertise.

- Many voluntary organizations have local offices which can provide training as well as training materials.

15. Promoting student mental health: a proactive approach:

- Introduction
- Pre-entry
 - Prospectus, promotional literature and event at application.
- Enrollment and induction
 - Completion of forms
 - Mentoring or buddy schemes
 - Welcome week/introductory week activities
 - Induction literature
 - Identification of vulnerable groups
- Mentoring and peer support
 - Mentoring schemes for first year students
 - Extension of mentoring schemes
 - Mentoring training
 - Peer support
- Study advice
 - Initial study
 - Ongoing study advice
 - Further resources
- Teaching and assessment methods
 - Assessment
 - Peer support
 - Tutoring
 - Course information
 - Suspending study
- Accommodation
 - Institutionally managed residences

- Community living
- Private sector housing
- Special needs
- Financial support
 - Advisory services
 - Hardship funds
 - Information and resources