Student Mental Health Today:
Where We’re At and How You Can Help

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Purpose

• Understanding where we’re at today
• Suicidality
• Indicators and how you can help
• Key student mental health services
• Opportunity for dialogue
What are you seeing?

• Think-pair-share: What needs or concerns are you noticing among the students you work/interact with?
• Report out
Living With A Mental Disorder
National Suicide Data (2012)

- 40,600 people died by suicide
- Males: 20.6/100,000
- Females: 5.5/100,000
- Females are 3 times more likely to attempt suicide; males are 3.7 times more likely to die by suicide.
- 4,872 suicides were young people (age 15-24)
- 311 were younger than 15
- Young people have a suicide rate of 11.1/100,000
- Estimated that there are 25 attempts for every 1 completion, or over 1 million suicide attempts per year.
Iowa Suicide Data (2012)

- 383 suicides
- 12.5/100,000
- Iowa ranks 37th in suicide rate
College Student Suicide

- Estimated there are 1,100 college students who die by suicide each year.
- It is estimated that there are as many as 200 suicide attempts per completed suicide among college students.
- The suicide rate for college students is estimated to be 7.5/100,000.
- If that national college suicide rate is applied to UNI, we would expect 0.9 suicides/year. (7.5/100,000 X 12,000)
- Compared to older adults, the 18-24 year old age group shows the lowest rate of help-seeking.
- 80-90% of college students who die by suicide were not seeking help from their college counseling centers.
What is our data telling us?

• National College Health Assessment (NCHA)
NCHA Academic Impacts

• Within the last 12 months, students reported the following factors affecting their individual academic performance, defined as: received a lower grade on an exam, or an important project; received a lower grade in the course; received an incomplete or dropped the course; or experienced a significant disruption in thesis, dissertation, research, or practicum work.
Students reported experiencing the following anytime within the last 12 months:

- Intentionally cut, burned, bruised, or otherwise injured yourself: 5.7% (2015), 5.4% (2013), 3.4% (2011)
- Attempted suicide: 9.6% (2015), 7.1% (2013), 1.4% (2011)
- Seriously considered suicide: 5.3% (2015), 5.3% (2013), 5.3% (2011)
- Felt overwhelming anger: 34.1% (2015), 33.9% (2013), 35.5% (2011)
- Felt overwhelming anxiety: 49.8% (2015), 48.0% (2013), 57.6% (2011)
- Felt so depressed that it was difficult to function: 65.4% (2015), 63.6% (2013), 65.5% (2011)
- Felt very sad: 60.6% (2015), 63.6% (2013), 65.5% (2011)
- Felt very lonely: 80.6% (2015), 83.0% (2013), 81.3% (2011)
- Felt Exhausted (not from Physical activity): 88.5% (2015), 93.0% (2013), 90.9% (2011)
- Felt overwhelmed by all you had to do: 46.2% (2015), 45.5% (2013), 45.5% (2011)
- Felt things were hopeless: 45.5% (2015), 45.5% (2013), 45.5% (2011)
Suicidality

• The concept of suicidality addresses the idea that attitudes and behaviors that support the act of suicide often exist on a continuum of severity and risk. This concept emphasizes the idea that an individual is not either “suicidal” or “not suicidal”.

# The Suicidality Continuum

## The Suicidality Continuum¹

<table>
<thead>
<tr>
<th>Ideation</th>
<th>Contemplation</th>
<th>Planning</th>
<th>Attempt</th>
<th>Multiple Attempts</th>
<th>Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passive Ideation during discrete periods of suicidal thoughts.</td>
<td>Suicidal thoughts become more common and/or intense.</td>
<td>Gathering materials, writing a note, “practice run,” begin an attempt then reconsidered, self-reported intent.</td>
<td>Approx. 20 to 28 percent will require medical attention.</td>
<td>According to, Drum, et al, “suicide is a highly relapsing condition akin to substance abuse...” Approx. 25 percent of students who attempted within 12 months were considering another attempt.</td>
<td></td>
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</tbody>
</table>

Not every student having a bad day is on the suicide continuum. These are common stressors that many college students experience that may cause them short-term or long-term stress, but not necessarily mean they are suicidal:

- Change in financial status
- Poor roommate dynamics
- Increased academic workload
- Declaring a major/change of major
- Health issues
- Technology frustrations
- Change in eating/sleeping habits
- Homesickness
- Social acceptance issues
- Relationship problems
The following signs may indicate a need to refer a student to the Counseling Center:

- Inappropriate crying
- Outbursts of anger
- Low self-esteem
- Debilitating anxiety
- Feeling very sad or withdrawn for more than two weeks
- Seriously trying to harm or kill oneself or making plans to do so
- Severe out-of-control, risk-taking behaviors
- Sudden overwhelming fear for no reason
- Not eating, throwing up or using laxatives to lose weight; significant weight loss or weight gain
- Seeing, hearing or believing things that are not real
- Repeatedly using drugs or alcohol
- Drastic changes in mood, behavior, personality or sleeping habits
- Extreme difficulty in concentrating or staying still
- Intense worries or fears that get in the way of daily activities

-National Alliance on Mental Illness (NAMI)
67% of college students tell a friend they are feeling suicidal before telling anyone else.

If you recognize that a peer is in distress or at risk for suicide, offer guidance, support, and resources.
Start The Conversation

• I’m worried about you because... you have been missing class/work; seem sad/withdrawn; eating less or sleeping more. Is everything ok?
• How are things going for you?
• I've noticed that you haven't been acting like yourself lately. Is something going on?
• It worries me to hear you talking like this. Let’s talk to someone about it.
• I want you to know that I’m always here if you need someone to talk to.

-National Alliance on Mental Illness (NAMI)
A Well-Crafted "I" Statement

Why "I" Statements?
An "I" statement is a formula for starting a conversation without judging or blaming your friend and talking about your feelings. "I" statements invite a conversation and encourage problem-solving.

<table>
<thead>
<tr>
<th>Start with</th>
<th>Continue with</th>
<th>For example</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel...</td>
<td>Emotion</td>
<td>I feel concerned</td>
</tr>
<tr>
<td>When...</td>
<td>Situation</td>
<td>when you disappear at meals</td>
</tr>
<tr>
<td>Because...</td>
<td>Why</td>
<td>because I care about you.</td>
</tr>
<tr>
<td>So...</td>
<td>Suggestion</td>
<td>So, I hope we can...</td>
</tr>
</tbody>
</table>

Content outline provided by Leah Siskin
Offer Support & Resources

• “I really want to help, what can I do to help you right now?”
• “Let’s sit down together and look for places to get help. I can go with you too.”
• “Would you like me to walk with you to the Counseling Center to make an appointment?”
• “Do you need a ride to any of your appointments?”

-National Alliance on Mental Illness (NAMI)
Provide Information About Counseling

You Can Say...

- “Counseling is a confidential conversation about your thoughts and feelings with a trained counselor who is objective and a good listener.”
- “You may become aware of strengths and potentials you can use to your benefit.”
- “Counseling may help by giving you certain types of information, or by teaching you new skills.”
- “Counseling may help you to see yourself and others in a different light.”
Show You Care

• Your peer may feel alone; check in regularly.
• Avoid saying things like “you’ll get over it,” “toughen up” or you’re fine.”
• Tell your peer that having a mental health condition does not change the way you feel about them.
• Remember to be patient, understanding and provide hope.

-National Alliance on Mental Illness (NAMI)
Key Mental Health Services

- What services are available for students at UNI?

https://uni.edu/mentalhealth/
Counseling Center

• Phone: (319) 273-2676

• IMPORTANT: Counseling is **free** for UNI students who are enrolled and have paid the Mandatory Health Fee. Counseling is **confidential** according to state and federal laws. Information about clients cannot be released to anyone without their permission (with specific, rare, legally defined exceptions).

• **Counseling Center After Hours**

  For urgent situations outside of office hours, call the Counseling Center at (319) 273-2676 and press 2 to speak to a crisis counselor.
Counseling Center

• Staff are available to respond to your inquiries and/or questions about mental health matters. You can call Counseling Services (273-2676) for guidance. Please recognize that, in non-emergency situations, there may not be a staff person available to speak with you at the moment you call (because they are seeing students), but your call will be returned promptly.
Urgent or Emergency Situations

• Students in an emergency situation are generally being seen the same day by staff at our Counseling Center. Time slots are held for this purpose each day. The demand for psychiatric appointments (related to the writing of prescriptions for medication) is being accommodated in the same fashion.

• Urgent or emergency situations may include, but are not limited to:
  – A risk of suicide;
  – A threat of harm to others;
  – Severely disorganized, psychotic, or out of control behavior;
  – Trauma, such as sexual assault or the death or injury of someone close to the student.

• In this type of situation, you can send or bring the student to the Counseling Center to meet with an on-duty crisis counselor.
Student Health Clinic

- Provides services related to psychiatric medication evaluation and management of medications including comprehensive evaluations.
- Psychiatrist
- Psychiatric Nurse Practitioner
- Before a student schedules an appointment they will speak with the Student Health Clinic Mental Health Case Manager, Debby Ferguson, RN. (319-273-5108)
Dean of Students office

• Available to provide consultation on students of concern. Student Assistance and Outreach Coordinator, Allyson Rafanello or Dean Leslie Williams can be reached at 319-273-2332.

• Student Intervention Team
Student Disability Services

• Offers a wide variety of accommodations & services to students with disabilities.
• Disabilities include, but are not limited to: Learning Disabilities, ADHD, PTSD, Bipolar Disorder
• Accommodations could include single room assignments, notetaking assistance, extended time on exams, an ability to live with an emotional support animal.
• Phone: 319-273-2677
Student Wellness Services

• Staff can provide one-on-one consultation, advice, and support to change a habit, make a lifestyle change, or address an issue of concern such as stress, time management, substance abuse, disordered eating, etc. (319-273-6119)
• Violence Intervention Services (319-273-6119)
• All of our services are confidential and free (with the exception of student conduct/court related substance abuse referral programs).
Ted Talk

Why We Need to Talk About Depression
Dialogue

• Discussion, questions, etc.?
• Together, we can all work to support one another by listening, observing, knowing services and resources, and by cultivating a culture of care, connectedness and belonging in each interaction we have with one another.
• Let’s strive to reduce the stigma about mental health issues by breaking the silence and continuing to talk.
Mental Health Resources

• Mental Health Resources at UNI Pocket Book
• uni.edu/mentalhealth
• MyUNI App – Be Well icon on second page
• Online Mental Health Screening Tool: ULifeline offers students a mental health screening tool, information about mental health issues geared towards you, and resources for learning more and getting help. Go to Ulifeline.org and click on Self Evaluator to get started!
Resources

NATIONAL DATA:
• Centers for Disease Control: http://www.cdc.gov/nchs/data/databriefs/db168.htm

IOWA DATA:

COLLEGE STUDENT DATA:
• American College Health Association. American College Health Association-National College Health Assessment II: University of Northern Iowa Executive Summary Spring 2013. Hanover, MD: American College Health Association; 2013
• Framework for Campus Mental Health Promotion and Suicide Prevention. Presented as part of an invited symposium at the SAMHSA Campus Suicide Prevention Grantee Technical Assistance Meeting, Gaithersburg, MD, January 2007.
• SAMHSA, Dec 2006.