

MULTICULTURALLY INFORMED MENTAL HEALTH SUPPORT FOR STUDENTS

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OVERVIEW

- Intros and Definitions
- University mental health related data
- Students of color and LGBTQ+ students specific info
- Prevention : Let's Talk and Mental Health First Aid
- Intervention : University Wellness Center
- Discussion questions : Small and large group time

DEFINITIONS

WHAT IS MENTAL HEALTH ?

- “Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices.” : Center for Disease Control (CDC, n.d.)
- Mental health is dynamic and can vary across a person's life

MENTAL HEALTH CONTINUUM

Mental health can be thought of as on a continuum ranging from someone having :

positive mental health

mental health problems

mental illness or disorder

POSITIVE MENTAL HEALTH



Having meaningful and enjoyable relationships (of any kind);



Coping adaptively with stressors such that thoughts and feelings are not persistently negatively affected



Consistently engaging in activities of daily life



Utilizing strengths to maintaining personal goals

MENTAL ILLNESS

- Condition affecting a person's patterns of mood, thinking and behavior episodically or chronically as well as a person's relationships, school/work , as well as activities of daily living including hobbies
- Signs and symptoms are on a spectrum ranging from mild to moderate to severe
- The functional impact can result in having a disability

SIGNS OF MENTAL HEALTH PROBLEMS

• <https://www.changedirection.org/>

• What are some signs to recognize ?

MENTAL HEALTH IN THE CLASSROOM

- Students may find it difficult to pay attention
- Physical Appearance
- Students may get distracted easily or get overly focused on one idea or concept
- Students may find it difficult to remember or recall information
- It may take the student longer to respond to questions
- Adapting to problems or unexpected situations is difficult when our judgement and decision-making processes are impacted.

MENTAL HEALTH PROBLEMS PREVALENCE

- In 2017, approximately 46.6 million adults or 18.9% of adults in the US had a mental illness
- Lifetime prevalence rates are even higher
- Survey did not include people who do not have a place to live and those individuals on active military duty
- About 66 % of those who overdose do so by opiates (2016 CDC data)

National Institute of Mental Health (Substance Abuse and Mental Health Services Administration, 2018)

MENTAL HEALTH PROBLEMS PREVALENCE

What are the 3 most common mental illnesses?



MENTAL HEALTH PROBLEMS PREVALENCE

Prevalence was highest among the adults identifying as being two or more races (28.6%)

Individuals ages 18-25 years had the highest prevalence compared to those older (25.8%)

Bio-psycho-social Perspective on Mental Health

Inclusive Perspective/Systemic Approach

- **Biological:** Medical or Genetic issues, Age, Developmental Milestones or Physical Characteristics
- **Psychological:** Mental status, thoughts, behaviors, feelings, emotions, history of trauma or abuse.
- **Social:** social and cultural factors that affect the student. Consider the students past and current family relationships, friendships and social support, workplace stress, the quality of marriage, community involvement, church, religion and spirituality, and finances

Mental Health Etiology

Small Group Discussion : How might these factors influence a students academic life?

- Biological
- Psychological
- Social

UNIVERSITY MENTAL HEALTH DATA

ACHA-NCHA IIC SURVEY

- Most recent data from Fall 2018.
- 26,181 respondents
- Diverse and representative regarding race, ethnicity, nationality, sexuality, relationship status, and gender identity
- Undergrad, grad and professional students
- 40 campuses participated

ACHA-NCHA IIC DATA

Anxiety (approx 26%) sleep challenges (approx. 20%) and depression (approx 17%) most frequent concerns affecting scholastic functioning

Almost 11% of students were concerned about another friend

About 10% of students experienced unwanted sexual contact

Nearly half of respondents described a negative effect from alcohol use

(ACHA, 2018)

ACHA- NCHA IIC DATA

In the last year..

- Over 85% of students felt very overwhelmed by tasks
- 7.4% of participants experienced self injury
- 41.4% of people had significant functioning impairments from feeling depressed
- 53.1% of respondents experienced hopelessness
- 63.2% of people experienced loneliness

(ACHA, 2018)

ACHA- NCHA IIC DATA

In the last year...

- 11.3% of students had seriously considered suicide
- 1.9% of individuals attempted suicide (ACHA, 2018)
- Suicide remains the second leading cause of death among individuals ages 15 to 24 (CDC, 2018)

STUDENTS OF
COLOR

OVERALL CONTEXT

- Not a monolithic category
- Minority stress (Meyer, 1995) paradigm AND
- Focus on strengths and resiliency

CAMPUS CONTEXT

UNDERGRADUATE ENROLLMENT BY ETHNICITY

- International 4.8%
- Black or African American 5.0%
- American Indian or Alaskan Native 1.0%
- Asian 10.5%
- Native Hawaiian/Other Pacific Islander <1.0%
- Hispanic or Latino. 4.2%

Office of Institutional Research , 2018b

CAMPUS CONTEXT

UNDERGRADUATE ENROLLMENT BY ETHNICITY

•White	70.0%	
•Two or More Races	4.4%	
•Race Unknown	1.1%	
•Total	19,330	100.0%

Stress and Support

Compared to white peers (40%), African American first year undergrads report more frequent (51%) distress in their first term

Students of color overall are less likely to seek support

(Jed Foundation & The Steve Fund, 2017)

Minority Stress and Stigma

Students of color also less likely to continue participating in treatment even when distress levels are similar to those of white peers (Miranda et al., 2015)

Concern about how friends and family will perceive mental health treatment twice more salient of a barrier for students of color (Miranda et al., 2015)

Microaggressions correlated with binge drinking and anxiety (Blume et al., 2012)



LGBTQ+ STUDENTS

LGBTQ+ Mental Health

Approximately 1 in 3 LGBTQ+ adults have a mental illness per a 2015 SAMHSA survey (Medley, 2011)

Among the same participants, 13% had severe mental illness compared to 4% of heterosexual people

LGBTQ+ Mental Health

A 2015 National Center for Transgender Equality survey of the US trans community indicated high (39%) levels of emotional distress, economic and unemployment, physical health including HIV, discrimination, and housing challenges

40% of respondents attempted suicide and 7% percent attempted in the year prior to the survey. (James et al., 2016)

LGBTQ+ Mental Health

Stigma has shown to be correlated with greater prevalence of mental health challenges and even earlier death rates (Hatzenbuehler, 2014)

PREVENTION : LET'S TALK

LET'S TALK HISTORY

- Innovated at Cornell University in 2008 as a way to increase accessibility to mental health services particularly to those students from underrepresented and/or marginalized social identities
- Informal, drop-in, typically brief consultations in a private space outside of the Counseling Center with a mental health clinician
- Implemented in over 60 campuses including internationally

(Meier et al., 2017)

- Started in Spring 2019 from Pitt University Counseling Center (UCC) and designed with a particular focus on students not accessing UCC services
- Available to Pitt students with a University ID
- Drop in at central campus location chosen per survey responses
- 15 minutes in duration and free
- Offered first-come, first-served (no appointment necessary)
- Confidential and informal (not intended to be a substitute for traditional counseling)

LET'S TALK AT PITT

- Students can access for any reason
- Given duration of sessions, consultation could provide :
- Info on UCC services and other resources
- Support regarding a specific concern
- Guidance regarding concern about someone who a student is concerned about
- Expanded services in Fall 2019!

LET'S
TALK AT
PITT

PREVENTION : MENTAL HEALTH FIRST AID (MHFA)

MHFA HISTORY

- Developed in 2001 in Australia
- Implemented in every continent except Antarctica
- Began in the U.S. in 2008
- Re implemented at Pitt in 2018
- Adult and Youth modules as well as population specific focus areas (i.e. higher ed, veterans, older adults)

MHFA PURPOSE

- Stigma reduction
- Greater awareness of signs and symptoms of mental health problems
- Increase access to resources and support
- Suicide Prevention : increase confidence and competence in talking about safety
- Recovery and resiliency focused

MHFA STRUCTURE

8 hours not including breaks

Manual provided

Didactic, experiential, and multimedia focused

Free of charge

ALGEE Model

MHFA ALGEE MODEL AND ACTION PLAN

- Assess for risk of suicide and harm
- Listen non judgmentally
- Give reassurance and information
- Encourage appropriate professional help
- Encourage self help and other support strategies

MHFA RESEARCH

- Content overall empirically supported
- Ample program evaluation
- Content update every several years
- Morgan, Ross & Reavley (2018) conducted a 2017 meta analysis on effects of MHFA utilizing published studies that included 18 trials and 5936 participants internationally and nationally though most in Australia and Europe

MHFA RESEARCH

Per the meta analysis, MHFA training resulted in post and 6 months after training in :

- Enhanced mental health first aid knowledge (ds 0.31–0.72)
- Awareness of mental disorders signs and symptoms (ds 0.22–0.52)
- Increased confidence in providing support to a person with a mental health problem (d's 0.21 to 0.58)
- Increase in help quantity provided subsequently (d's 0.23) but quality uncertain
- Follow up at 12 months less clear

(Morgan, Ross & Reavley, 2018)

WELLNESS CENTER

SERVICES AND PROGRAMS



STUDENT
HEALTH
SERVICE



PHARMACY
SERVICES



OFFICE OF
HEALTH
EDUCATION
AND
PROMOTION



STRESS FREE
ZONE



COLLEGIATE
RECOVERY
PROGRAM



UNIVERSITY
COUNSELING
CENTER
SERVICES

Crisis & Other Supportive Resources

Crisis Resources

UCC same day services (Mon through Friday) & 24/7 support via phone at 412 648 7930

Resolve crisis services (in person, via phone , residential, and mobile crisis unit) :

1 888 796 8226

National Suicide Prevention Lifeline : 1 800 273 TALK : access in many languages and for people with hearing impairments , veteran specific support , and chat feature

Crisis Resources

Trevor Line for LGBTQ+ focused support : 866 488 7386 including text and chat features

Trans Life Line : not 24/7 however : 877 565 8860

Crisis Resources

National crisis text line : text HOME to 741741

Mental health support to students of color : STEVE to 741741

Crisis Resources

Pittsburgh Action Against Rape (PAAR): 866 - 363-7273

Center for Victims. 866 644 2882

Peer Support

Allegheny County Warmline : 866. 661 9276

10 am until midnight with volunteers with lived mental health experience

DISCUSSION

SMALL GROUP QUESTIONS

1. How would you show a student that you are listening to their concerns?
2. How would you convey hope?
3. Do you anticipate any challenges recommending that a student consider mental health support ? If so, which ?
4. When might you consider recommending that a student consider Let's Talk? Counseling Center services? Other Wellness Center Services?
5. What additionally may you consider when providing resources and support to a student of color? To an LGBTQ+ identified student?