

Supporting Student Success: Mental Health at GWC

Part 1



Table of Contents

- Content warnings
- Statistics about mental health national to community
- Where does mental illness fit in to education?
- What kinds of mental health issues can emerge, and how can faculty respond

Some disclaimers and content warnings

- Discussion generally about traumatic events such being the victim of a crime or military combat
- Discussion about suicide, homicidal ideation, threats of violence, and other consequences of severe crisis

Healthy Minds Survey

- College students are experiencing all-time high rates of depression, anxiety and suicidality, according to the latest [Healthy Minds survey](#).
- In the annual survey, which received responses from 96,000 U.S. students across 133 campuses during the 2021–22 academic year, 44 percent reported symptoms of depression, 37 percent said they experienced anxiety and 15 percent said they have seriously considered suicide—the highest rates in the survey’s 15-year history.

The Healthy Minds Network

CALIFORNIA COMMUNITY COLLEGE COHORT

AGGREGATE REPORT OF DATA FROM THE
HEALTHY MINDS STUDY FOR THE 2021-2022
CALIFORNIA COMMUNITY COLLEGE COHORT

KEY FINDINGS

Field	Percentage of students
Major depression (PHQ-9 score ≥ 15)	24%
Overall depression (PHQ-9 score ≥ 10)	43%
Anxiety disorder (GAD-7 score ≥ 10)	35%
At risk for eating disorders (SCOFF score ≥ 3)	15%
Non-suicidal self-injury (past year)	23%
Suicidal ideation (past year)	13%
Psychiatric medication (past year)	20%
Mental health therapy/counseling (lifetime)	48%
Mental health therapy/counseling (past year, among students who reported receiving therapy in their lifetime)	50%
Personal stigma: agrees with "I would think less of someone who has received mental health treatment"	10%
Perceived public stigma: agrees with "Most people would think less of someone who has received mental health treatment"	55%



Summary

- Healthy Minds website: <https://healthymindsnetwork.org/>
- 73% of surveyed college students have mild-severe depression
- 66% of surveyed college students have mild-severe anxiety
- 40% of surveyed students have a diagnosed mental health disorder
- 13% of surveyed college students seriously considered suicide in the past year
 - 10% of students attempted suicide in the past year

Summary

- 83% of surveyed students felt academically impaired in the past 4 weeks due to emotional or mental difficulties
- 70% of surveyed students are not flourishing in their mental health



Mental Health Follows Patterns

- Fundamentally logical
- DSM-5 (diagnostic and statistics manual) has *300* diagnoses
- Dysfunction, distress, and unusual behavior define a part of disorder
- Diagnosis is not a useful predictor of danger
 - It is a predictor of a relatively narrow band of symptoms
- It IS a predictor of what might help

300 Diagnoses into 5 Patterns of Behavior

- The purpose of these categories is to help you develop a plan for being a supportive *faculty* for these students
- You are not a healer
 - And if you are, that's not why they're with you
- You are not a family member, partner, or friend
 - To usurp these roles is to deny a student the incentive to develop these connections
- There are ways you can be helpful while staying in your lane
 - Some of these will be obvious—that's because people with mental illness are people. Return to that principle first and always.

300 Diagnoses into 5 Patterns of Behavior



The Ghost

Students that disappear or have intermittent participation



The Expander

Students that overshare and take up disproportionate space in discussions



The Alternative Drummer

Students that miss or *seem* to ignore social cues and expectations



The Dysregulated

Students that respond with emotional outbursts or take your critical feedback deeply personally



The True Crisis

Students who are in danger

A final disclaimer:

In this training we attempt to create several categories for expressions of mental illness in the classroom. Every individual is unique including the way in which their mental illness manifests. We think these guidelines can be helpful but won't give you fool-proof insight into the interiority of these students. They're people, and you need to get to know them.

The Ghost



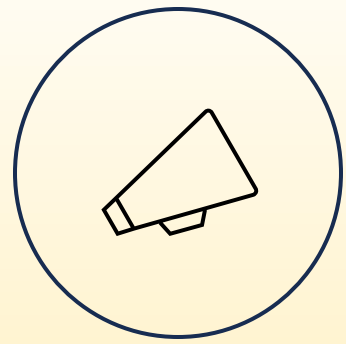
- How to notice:
 - Vanishes
 - Misses assignments
 - Intermittent communication
 - Large bursts followed by silence
 - “I have x going on,” then never return
- Strengths:
 - Usually receptive to reaching out
 - Not disruptive

The Ghost



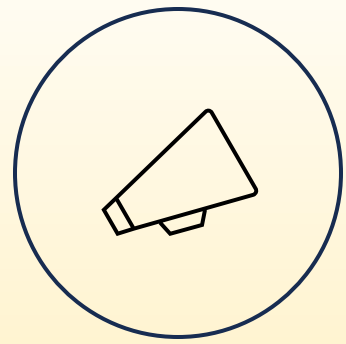
- How to be helpful?
 - Reach out, check in
 - Be objective and kind: “I haven’t seen you, I want you to succeed, here’s what needs to happen”
 - Follow-up
- Related Issues:
 - ADHD, Depression, anxiety
 - Significant life events

The Expander



- How to notice:
 - Raises hand... a lot
 - Side conversations, comments to self or class
 - Poor observance of social cues
 - Overshares, goes off-topic, or seems to lack filters
 - They will stand out early
- Strengths
 - Lively, curious students
 - Active participators
 - Eager to make personal connection with course content

The Expander



- How to be helpful
 - One-on-one conversation after class
 - Clear rules for discussion participation on day 1 and in syllabus
 - Take a more active role as facilitator
 - “I want to get a few more people involved in this discussion.”
 - Two interventions:
 - Wait till 2 others have shared before sharing again
 - Write down all your questions then email me or come by office hours
- Related issues
 - ADHD, Bipolar disorder, Autism Spectrum Disorder (ASD), early or stable schizophrenia

The Alternative Drummer



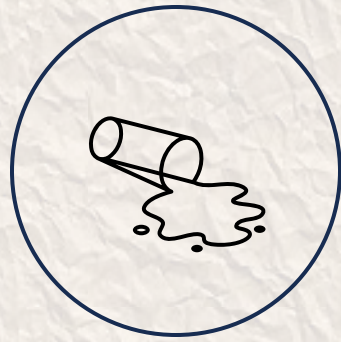
- How to notice:
 - Little observance of social expectations across domains
 - Slightly “off” behavior, clumsy initiation of conversation
 - Lacks filter on thoughts, expressions, or reactions
 - Mannerisms, dress, ways of speaking are indifferent to fashion or trends
 - Prioritizing comfort or displaying media interests
 - Fixation on specific thoughts, subjects, or people
- Strengths: Honest, earnest, and generally receptive to guidance



The Alternative Drummer

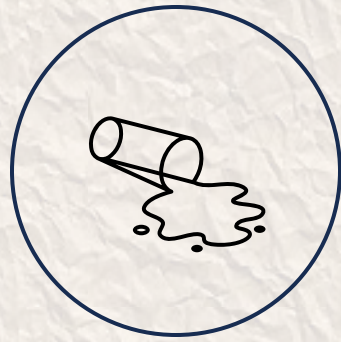
- How to be Helpful
 - Keep your cool: it is not personal
 - One-on-one conversations
 - Be explicit: ask for what you need
 - Set firm, clear boundaries
 - Set expectations, make good and bad consequences clear
 - Be consistent
- Related Issues
 - Autism Spectrum Disorder

The Dysregulated



- How to notice:
 - Big, fluid feelings in response to setbacks
 - Angry emails, expressions of terror at upcoming work
 - Disproportionate response
 - External Sense of Control
 - Tons of positive attention toward you
 - Favors, gifts, compliments
- Strengths: passionate, almost always survivors of tough stuff

The Dysregulated



- How to be Helpful
 - Keep your cool: you don't have to let it be personal
 - Coping strategies
 - What does your syllabus say about response time? You set the pace.
 - Reflect feelings broadly
 - “You sound overwhelmed.”
 - Focus on the Objective:
 - What's on paper? What was submitted? What was expected?
 - Maintain YOUR boundaries
 - “Here's what I can do for you”
 - “We can schedule a time to discuss that”

The True Crisis



- How to notice:
 - They will tell or show you:
 - A disconnection with reality that interferes with their safety
 - A statement that reflects a desire to hurt themselves or someone else
- Related issues
 - A genuine desire to do harm, or an expression of very significant hurt: *you* don't need to know the difference

The True Crisis



- How to be helpful:
 - Be empathetic
 - File an ACT Report
 - Let the student know
 - Call:
 - Public safety 714.895.8924
 - OC Links at (855) 625-4657
 - 911
 - Tell the student you're doing this
- Related issues
 - A genuine desire to do harm, or an expression of very significant hurt: *you* don't need to know the difference

Special Consideration for True Crisis

- Social norms and comfort kill
- "Do you ever think about killing yourself?"
- "Do you ever think about hurting someone else?"
 - No need to use euphemism
- It's worth learning:
 - Do they think about it?
 - Do they have a plan?
 - Do they have the means to carry it out?
 - Do they have a timeframe for when they'll carry it out?

How to be "Ready"

- Call in backup (The order depends on context)
 - A walk to the student health center
 - Student's family
 - File an ACT report
 - Give Minnie a call (8am-5pm)
 - Call emergency numbers

Supporting Student Success: Mental Health at GWC

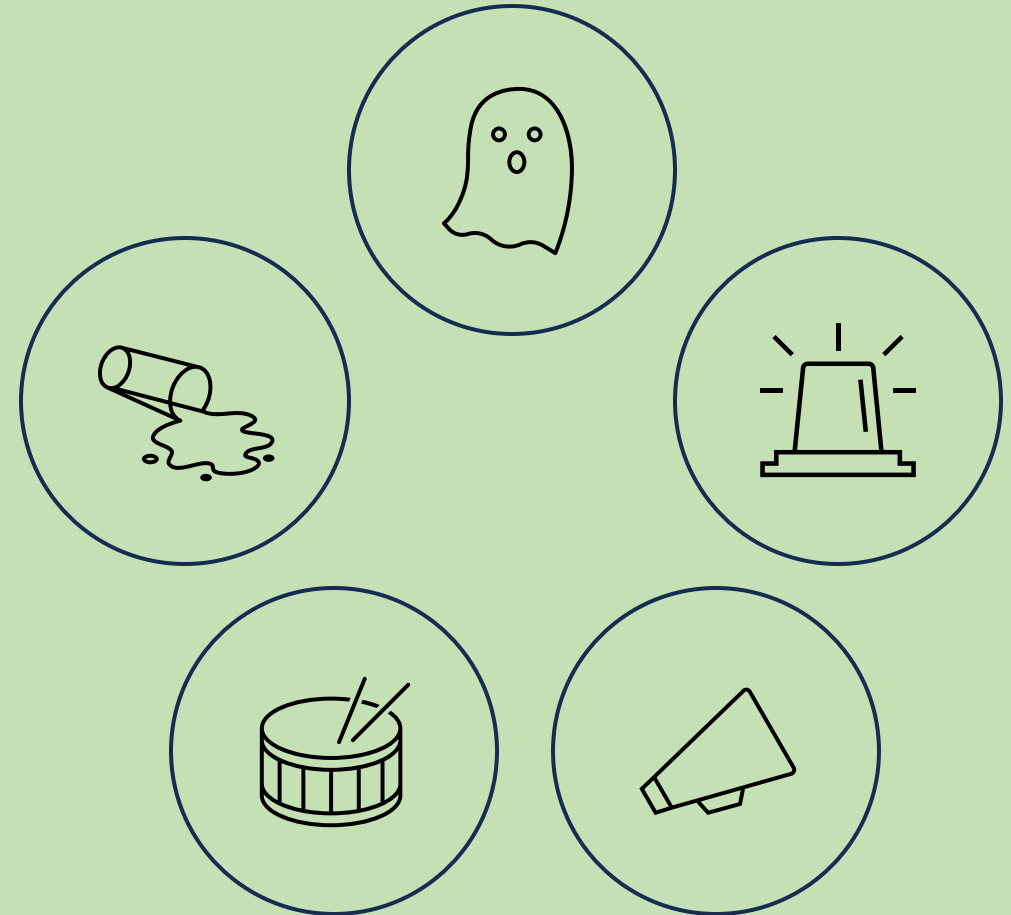
Part 2

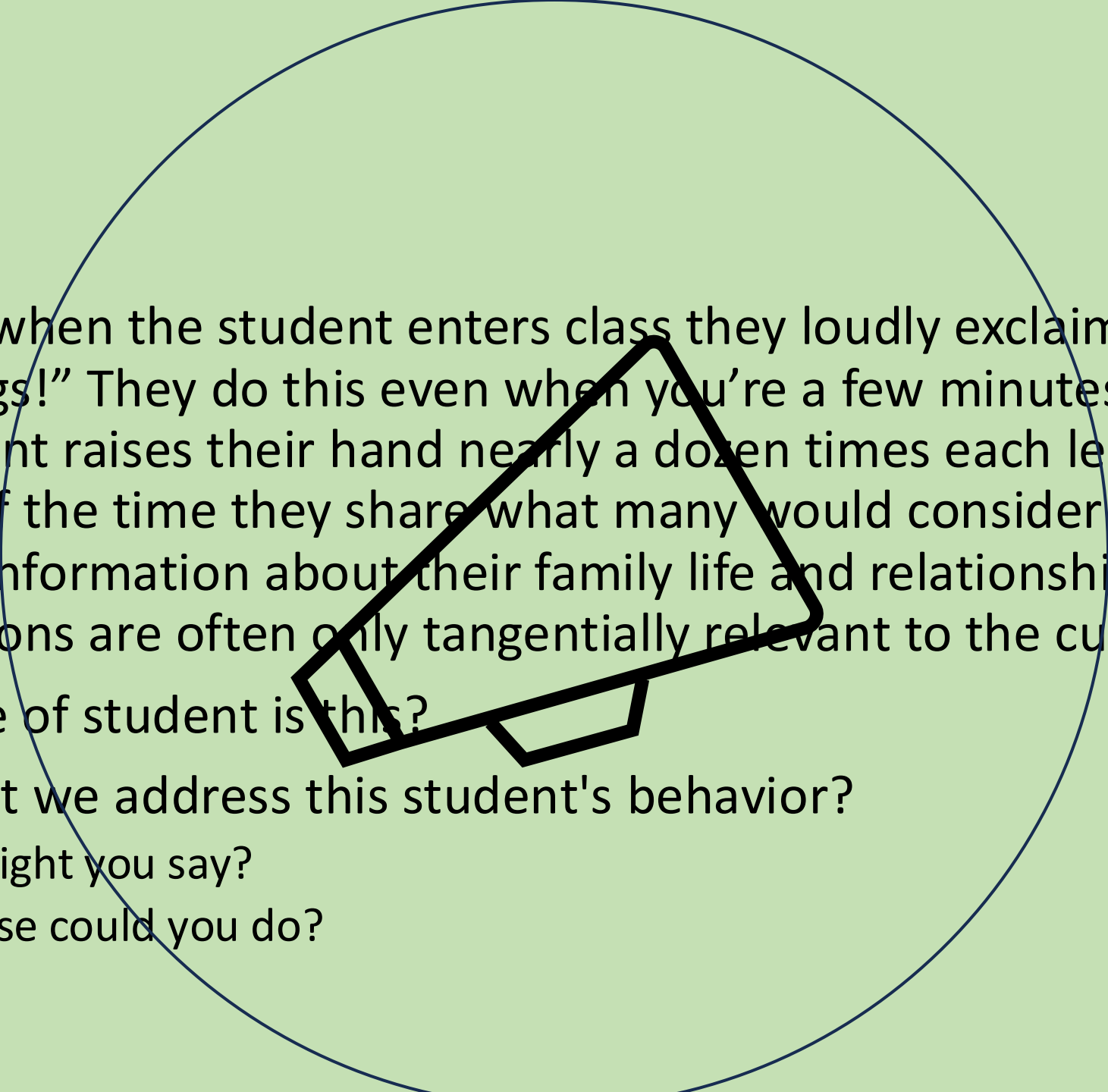


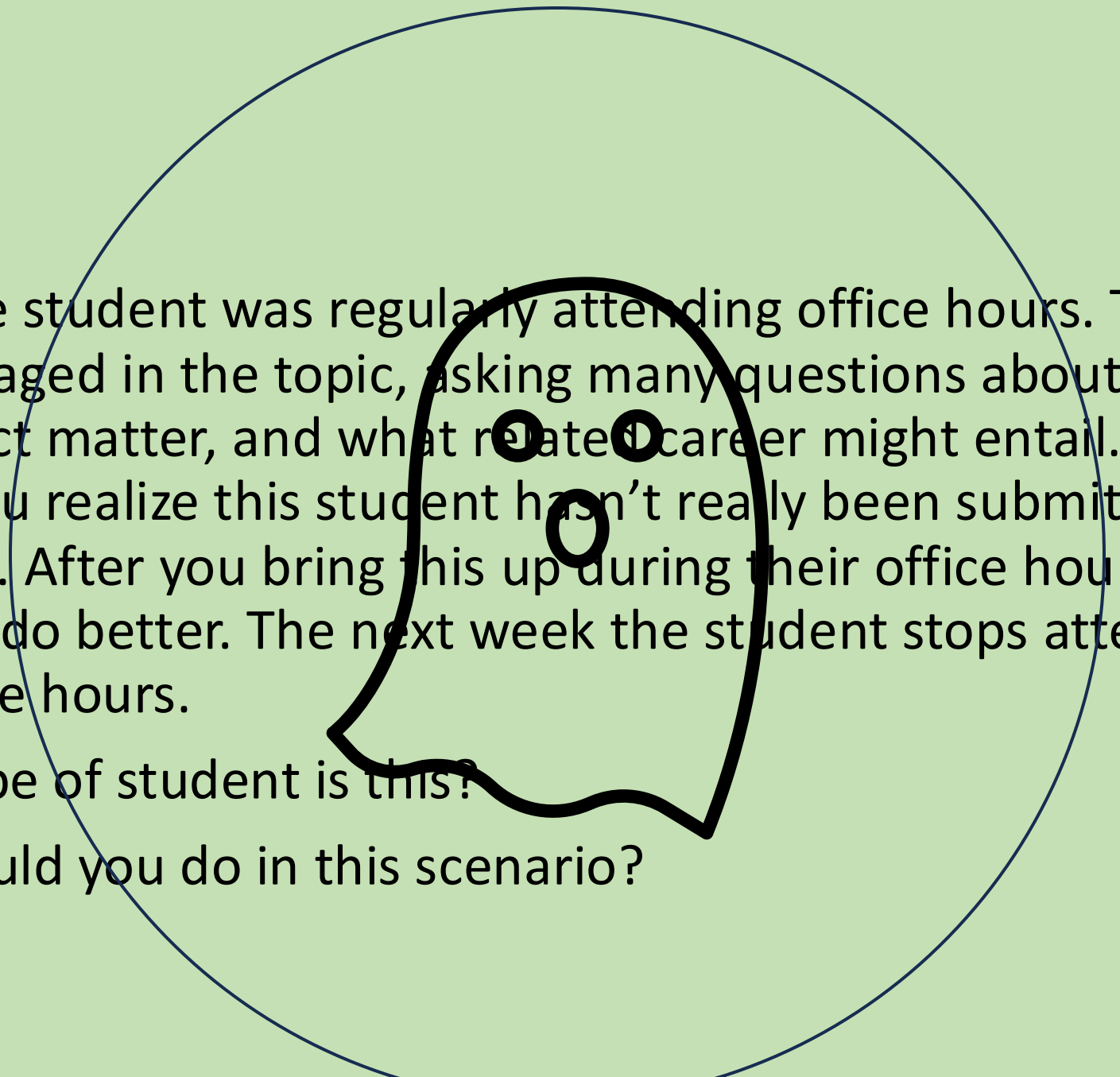
A moment to reflect...

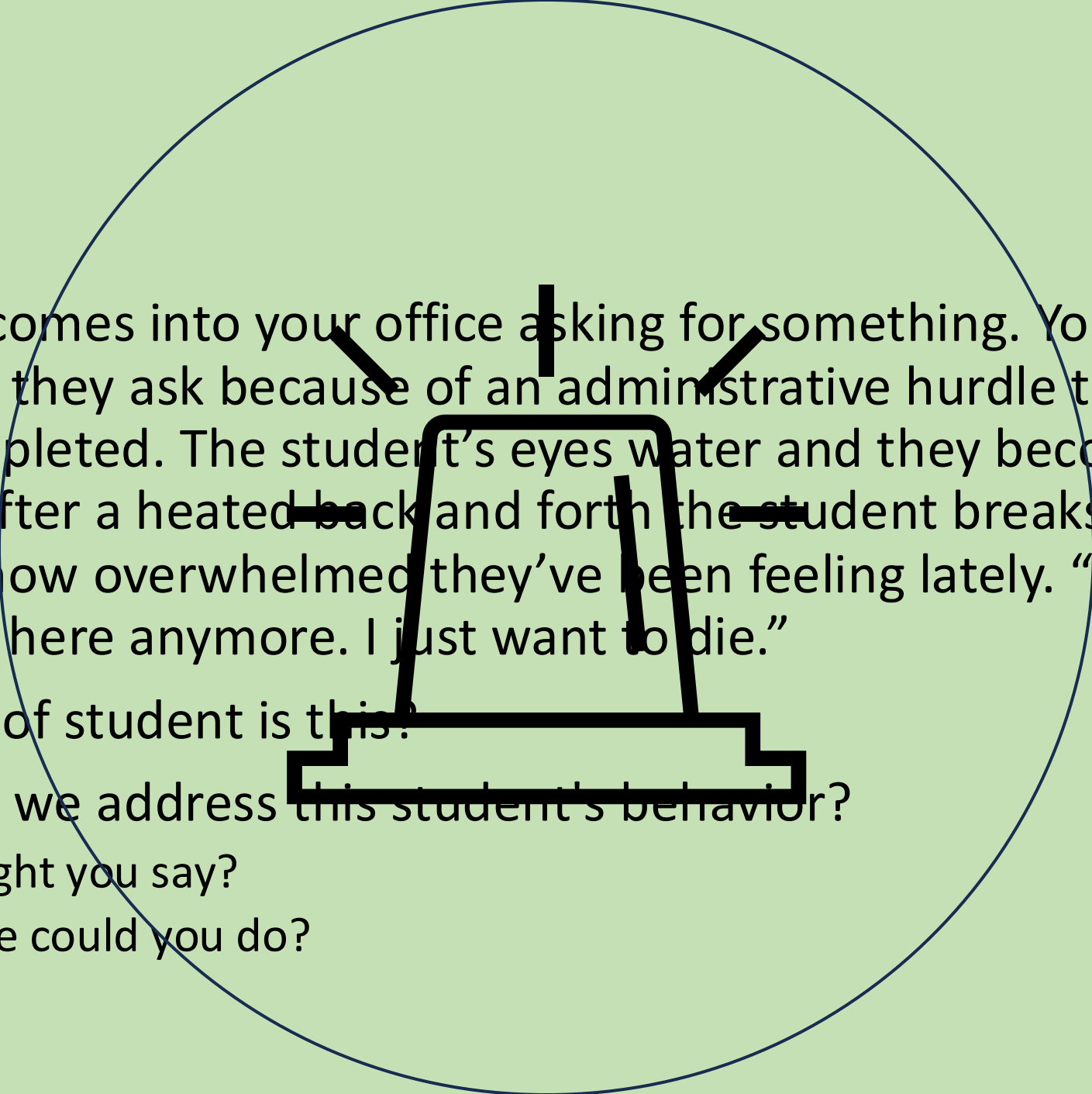
...And practice

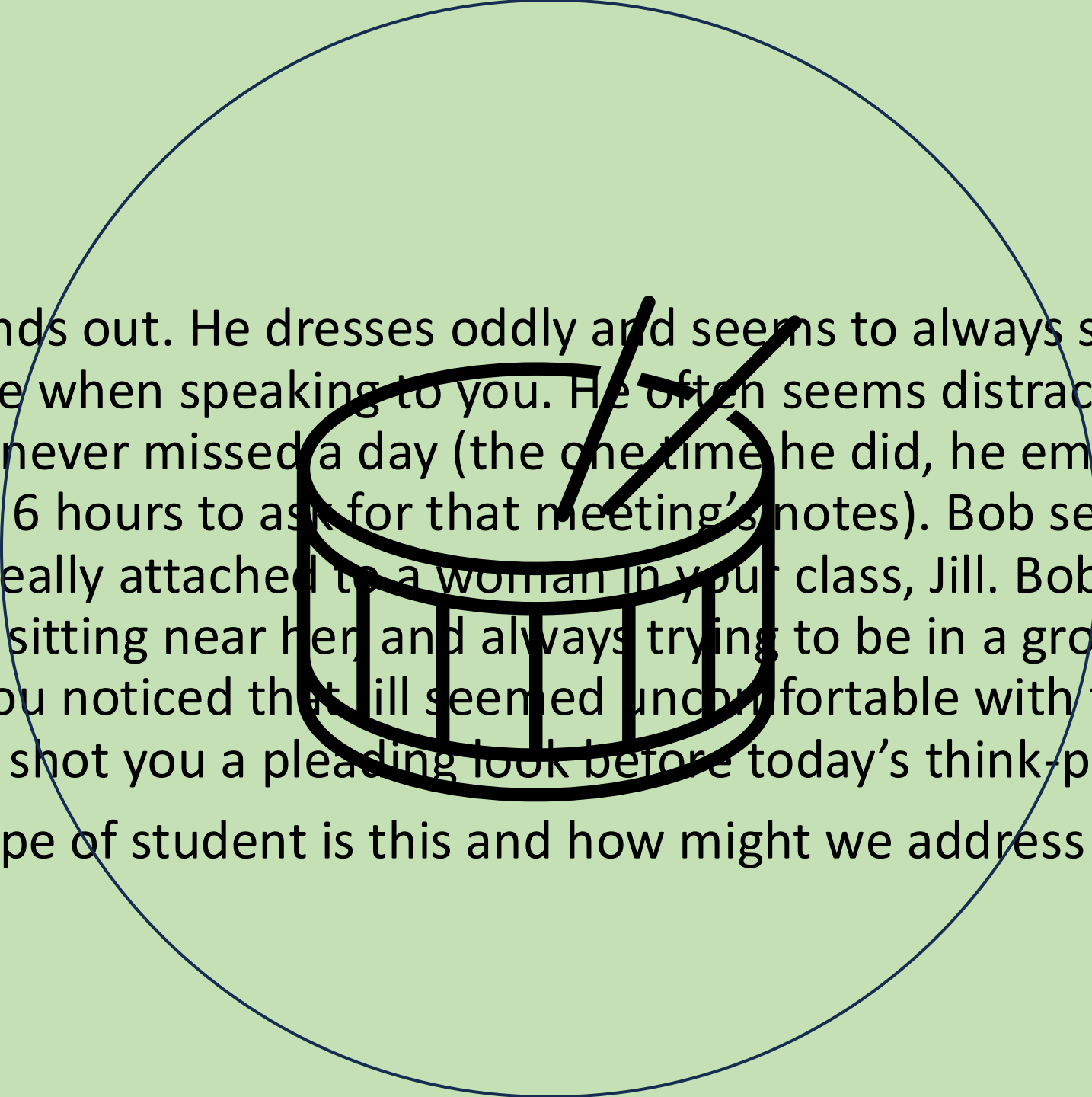
- Thoughts? Reactions?
 - Which of these would be toughest? The easiest?
 - Which of these have you seen the most?
 - What kinds of behaviors seem to be missing?
- Let's break into small groups
- On the next few slides you'll see a scenario that lines up with one of the 5 patterns
 - Identify the pattern
 - Decide as a group how you might tackle the issue!



- 
- Everyday when the student enters class they loudly exclaim, “hello, my darlings!” They do this even when you’re a few minutes into class. This student raises their hand nearly a dozen times each lecture. About half the time they share what many would consider deeply personal information about their family life and relationships. Their contributions are often only tangentially relevant to the current topic.
 - What type of student is this?
 - How might we address this student's behavior?
 - What might you say?
 - What else could you do?

- 
- An active student was regularly attending office hours. They seemed very engaged in the topic, asking many questions about the course, its subject matter, and what related career might entail. At some point, you realize this student hasn't really been submitting work for the class. After you bring this up during their office hours visit they agree to do better. The next week the student stops attending class and office hours.
 - What type of student is this?
 - What could you do in this scenario?

- 
- A student comes into your office asking for something. You're unable to do what they ask because of an administrative hurdle the student hasn't completed. The student's eyes water and they become agitated. After a heated back and forth the student breaks down and mentions how overwhelmed they've been feeling lately. "I just don't want to be here anymore. I just want to die."
 - What type of student is this?
 - How might we address this student's behavior?
 - What might you say?
 - What else could you do?

- 
- Bob stands out. He dresses oddly and seems to always stand a little too close when speaking to you. He often seems distracted in class, but has never missed a day (the one time he did, he emailed you 3 times in 6 hours to ask for that meeting's notes). Bob seems to have gotten really attached to a woman in your class, Jill. Bob makes a habit of sitting near her and always trying to be in a group with her. Today you noticed that Jill seemed uncomfortable with this attention, and she shot you a pleading look before today's think-pair-share.
 - What type of student is this and how might we address this behavior?

- A student earns a B- on an important project, dropping their grade from an 'A' to a 'B'. You receive an email from the student asking for a grade boost based on some very flimsy grounds. You refuse, citing the rubric, etc. The student's response is apoplectic:
 - *Dear [Your first name, for some reason]*
This shows me quite clearly that you have hate for me and want me to fail. I've been crying and shaking for hours looking at this grade that I DID NOT EARN. I went over my submission again and again and it was PERFECT. This is beyond incompetence. This is discriminatory and you should be ashamed of yourself for calling yourself a professor.
- *Let's draft an email response in small groups!*

What Next?

- You will not fix the underlying issue
 - Dealing with the issue will be a defining process of their lives
 - Show them kindness when they're weak
 - Highlight their strengths as you see them
 - *Show* that some corners of the world are predictable and not chaotic
 - Ease the pathways to help
- You can continue to strategize with these students
 - “What would be helpful?”
 - “Who can you talk to about this?”
 - “What have you tried already?”
 - “Ok. Go do this and then come to office hours Tuesday.”
- Oftentimes we can approach these students like any other that we're working with more closely

What You Can Do Now

- Be calm. These behaviors are not about you.
- Be human: good education isn't cold
- Try to deliver feedback one-on-one
- It's ok to guide students on non-academic stuff: you're a mentor by default
 - "Save that for discussions with your peers..."
- When a student shares a diagnosis:
 - "How do you want me to use that information to support you?"
 - They might know what they need, or they're just trying to make some space for themselves

What You Can Add Next Semester

- Try to keep your course schedule flexible: leave an extra day in the syllabus
- Make the correct choice easy:
 - Make your structure and expectations explicit
 - What are the incentives the structure of your class creates?
- Implement Universal Design for Learning
 - Take a training, make a few changes at a time

Resources

- Student Health Center
- TimelyCare is free to students @ timelycare.com/goldenwest
- ACT
 - File a report: goldenwestcollege.edu/act
- Orange County Mental Health
 - OC Links at (855) 625-4657
- Golden West Basic Needs
 - goldenwestcollege.edu/basic-needs