The California Community Colleges
Student Mental Health Program (CCC SMHP)

SUPPORTING YOUR STUDENTS:
MENTAL HEALTH SERVICES

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The California Community Colleges Student Mental Health Program (CCC SMHP)

In October 2011 the California Community Colleges Chancellor's Office (CCCCO) was awarded $6.9 million by the California Mental Health Service Authority (CalMHSA). This funding is being utilized through the CCC SMHP, and is intended to focus on prevention and early intervention strategies which address the mental health needs of students and advance the collaboration between educational settings, county services, and the community at large which should form the foundation of future CalMHSA programs. The CCC SMHP is a partnership between the CCCCO and the Foundation for California Community Colleges (FCCC).

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Training and Technical Assistance Project

The immediate goal of the CCC SMHP is to enable the CCCs to implement and sustain prevention and early intervention strategies that will allow campuses to better identify and address the mental health needs of students. The ultimate goal is to promote sustainable student mental health systems and policies, and to expand and enhance relationships between the colleges and county behavioral health as well as other community based resources that could provide resources and be a place for referrals.
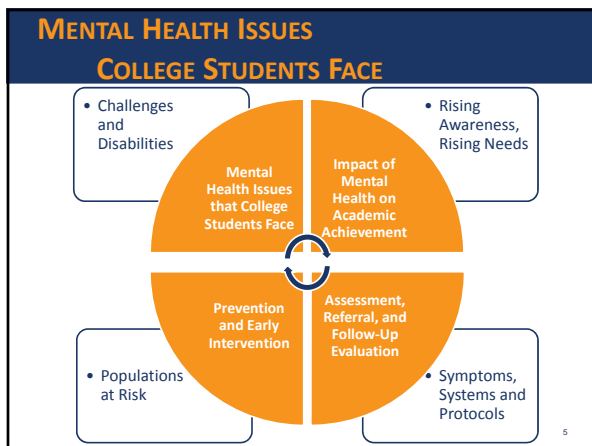
The purpose of the technical assistance and training (TTA) is to build CCC system capacity to achieve these goals.

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Learning Objectives

By the end of the training, participants will be able to:

Recognize common mental health issues that college students face

Describe the impact of mental health on academic achievement

Explain the relationship between minority stress and three disparities in mental health experienced by LGBTQ students

Employ universal, selective, and indicated prevention and early intervention strategies to decrease risk factors and increase protective factors for LGBTQ students in need

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MENTAL HEALTH ISSUES COLLEGE STUDENTS FACE

- Challenges and Disabilities
- Rising Awareness, Rising Needs
- Impact of Mental Health on Academic Achievement
- Mental Health Issues that College Students Face
- Prevention and Early Intervention
- Assessment, Referral, and Follow-Up Evaluation
- Populations at Risk
- Symptoms, Systems and Protocols

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Mental Health Challenges

- **Mental health challenges are common among adults**
  - 1 in 2 (46%) experience mental illness within their lifetime[1]
  - 1 in 4 (26%) experience at least one diagnosable disorder each year[2]
  - 1 in 17 (6%) experience a seriously debilitating disorder each year[3]

  … and older youth
  - 1 in 5 (22%) ages 13-18 experience at least one severe mental disorder each year[4]
    - Over 50% of special education students 14 and older with a mental health condition drop out – the highest rate of any disability group[5]
  - Suicide is the third leading cause of death for youth ages 15-24[6]
    - Over 90% of those who die by suicide had one or more mental disorders[7]

Sources: 1) Kessler et al, 2005a; 2) Kessler et al, 2005b; 3) Ibid; 4) Merikangas et al, 2010; 5) US Department of Education, 2006; 6) McIntosh & Drapeau, 2012; 7) American Association of Suicidology, 2012

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Mental Health Challenges

- **Treatment can be delayed, inadequate, and inequitable**
  - Average age of onset for chronic mental illness symptoms:
    - 50% begin by age 14
    - 75% begin by age 24
  - Long delays between first symptoms and getting help - sometimes decades
  - People with diagnosable illness who receive no treatment, each year:
    - Youth: About 50%
    - Adults: About 60%
  - Accessing treatment varies by race and ethnicity:
    - African Americans and Latinos access services at one-half the rate of whites
    - Asian Americans access services at one-third the rate of whites

Source: NAMI, 2013

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ACHA-National College Health Assessment California Community Colleges, 2013

Of **17,271 California community college students** surveyed in Spring 2013:

- 42% indicated finances were traumatic or difficult to handle
- 22% felt hopeless and overwhelmed
- 18.3% had periods when they felt overwhelming anxiety
- 9.1% seriously considered suicide
- 2.5% attempted suicide

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IMPACT OF MENTAL HEALTH ON ACADEMIC ACHIEVEMENT

"A depressive episode made it impossible for me to go to classes and I did not get help until it was too late and I was withdrawn, and I could never afford the cost to go back because I lost my scholarship for being withdrawn."

- NAMI Student Survey Respondent

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Top Factors Affecting Academic Performance

Stress	28.8%
Work	20.5%
Sleep Difficulties	19.5%
Anxiety	18.3%
Cold/Flu/Sore Throat	14.5%
Depression	13.5%
Finances	11.1%

ACHA-NCHA II CCC Consortium Summary Results, Spring 2013

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Impact of Mental Illness on Academics

- Poor emotional health impairs academic success
  - Students who report psychological distress also report
    - Receiving a lower grade on an exam or important project
    - Receiving a lower grade in the course
    - Receiving an incomplete or dropping the course
  - 86% of students with a diagnosis of mental illness fail to complete their degree, more than double the rate of the general population
  - Substance use disorders also strongly associated with lower GPA

Sources: ACHA, 2012; Kessler et al, 1995; Svanum & Zody, 2001.

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Impact of Treatment on Academics

- **Improving emotional health improves academic success**
  - Example: Students treated for depression report substantial gains in academic performance[1]
    - 31% were more satisfied with their ability to study/work
    - 34% were more satisfied with how much schoolwork they can do
- **Advances in medication and rehabilitation enabling more to pursue higher education without disruption**
  - More students receiving treatment for mental illness now in college[2]
    - 24.4% in 2012 up from 17% in 2000 and 9% in 1994

Sources: 1) Klein, 2010; 2) Gallagher, 2012

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UNIVERSAL STRATEGIES FOR PREVENTION

Universal prevention strategies address the entire population (e.g., all students) without prior screening for risk at the individual or group level. The entire population is considered at risk and capable of benefiting from the prevention approach.

"Publicizing services helps reduce stigma. Also, when you are having a crisis, calling all over the campus or searching the website for hours would be the last thing on your mind."

- NAMI Student Survey Respondent

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Know Your Campus Infrastructure

Familiarize yourself with campus codes of conduct, and policies and procedures for working with troubled or disruptive students

- Many CCCs have developed extensive policies and provide clear guidelines to instructors

Ensure you and your students are familiar with basic mental health services, supports, and accommodations available on your campus or through community referral

- This information can be included in course syllabi and in new student orientation materials under "Wellness Resources" or "Tips for Success"

Templates available online at
http://www.cccstudentmentalhealth.org/resources/search_resources.php

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Campus Infrastructure for Mental Health

Health Services Role

- Provides access to counselors, therapists, psychiatrists, and other sources of support, whether on campus or off. Services can include[1]

Crisis management	Eating disorders counseling	Sexual harassment/assault recovery counseling program
Short-term psychological counseling	Stress management	Mental health assessment
Alcohol/drug counseling	Suicide prevention	Health education and promotion

Disabled Student Programs and Services (DSPS) Role

- Arranges for reasonable accommodations for students with psychological disabilities of a more lasting or permanent nature; 20,900 students with psychological disabilities were supported by CCC DSPS programs in 2013-14

Source: California Administrative Code Title 5, § 54702

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Campus Infrastructure for Mental Health

Campus Webmaster Role

- Maintains a student-focused website containing not only information and links for getting help, but also basic information on the typical mental health issues students experience in college, and information on how to manage them

Behavioral Intervention Team (BIT) Role

- Sometimes called Threat Assessment Teams or Crisis Intervention Teams, these standing committees execute formalized protocols involving campus stakeholders such as crisis counselors, campus security and senior administrators in managing cases of students reported as posing potential or imminent danger to themselves or others

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SELECTIVE STRATEGIES FOR PREVENTION

Selective prevention strategies target subsets of the population deemed to be at higher risk for mental health disparities. Risk groups may be identified on the basis of biological, psychological, social, or environmental risk factors. Selective prevention approaches target the entire subgroup regardless of the degree of risk of any individual within the group.

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Minority Stress

- Minority stress refers to burdens from *social invalidation, rejection, harassment, and violence* often experienced by minority individuals, including:

  - feeling different and alienated as a child

  - being rejected by family and friends

  - experiencing violence, harassment, discrimination at work or school, and marginalization or rejection from social institutions

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Stress Can Make Symptoms Worse

Populations under added stress:

- **Historically marginalized racial, ethnic and cultural groups**
  - African Americans, Latinos, Native Americans, Asian Americans, etc.
- **LGBTQ** (Lesbian, Gay, Bisexual, Transgender, Queer and Questioning)
- **Former Foster Youth**
- **Student Veterans**
- **Low-Income**
- **First Generation** (parents did not attend college)
- **Student Athletes**
- **International**

Source: Tanielian and Jaycox, 2008.

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Stress Can Make Symptoms Worse

How many within CCC System?

- **Historically marginalized racial, ethnic and cultural groups** (1,297,200 California Community College students – 56.4% of 2013-14 ACHA-NCHA II sample)
  - African Americans, Latinos, Native Americans, Asian Americans, etc.
- **Low-Income** (966,000 – 42% of sample reported financial trauma/difficulties)
- **Lesbian, Gay, Bisexual and Queer/Questioning** (216,200 – 9.4% of sample)
- **International** (138,000 – 6% of sample)
- **Student Veterans and Active Duty** (87,400 – 3.8% of sample)
- **Homeless Students** (78,200 – 3.4% of sample)
- **Former Foster Youth** (13,000 in CCCs during Spring 2014, Chancellor's Office Data Mart)
- **Transgender** (6,900 – 0.3% of 2013-14 ACHA-NCHA II sample)
- **First Generation and Student Athletes** (number unavailable)

Sources: 1) ACHA-NCHA II, 2013-14; 2) CCC Chancellor's Office, 2014

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LGBTQ Youth Stigma and Trauma

- 90% hear anti-gay comments in school
- 84% report verbal harassment at school based on their gender identity and expression
  - Hear on average 26 anti-LGBTQ slurs each day
  - 1.3 slurs come from a school staff member
- 74% of Transgender youth report sexual harassment at school based on their gender identity and expression
- 55% of Transgender youth, and 25% of LGBTQ students experience physical attacks based on sexual orientation, gender identity and/or expression
- 28% of LGBTQ youth drop out of school due to this harassment

Source: GLSEN (Gay, Lesbian, Straight Education Network)

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Stigma: The Mark of Shame and Discredit

- Experiencing stigma has been linked to higher rates of:
  - Mental health disorders
    - Depression
    - Anxiety disorders
    - Suicidal ideation and attempts
  - Substance abuse, including smoking
  - Chronic physical conditions linked to the above mental and behavioral health disorders

Sources: Amadio, 2006; Cochran & Mays, 2007; Reilly & Rudd, 2007

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LGBTQ Youth Health Disparities

- Suicide was the third leading cause of death among Californians ages 10 to 24 in 2008-2010, after accidents and homicide[1]
- LGBTQ youth are 4 times as likely, and questioning youth 3 times as likely, to attempt suicide as their straight peers[2]
- Nearly half of transgender youth report having serious thoughts about committing suicide, and roughly 1 in 4 have attempted suicide[3]
- Suicide attempts by LGBTQ youth are 4-6 times more likely to result in injuries that require medical treatment than similar attempts by straight peers[4]
- Additional risk factors:
  - LGBTQ youth from highly rejecting families are 8.4 times as likely to attempt suicide as LGBTQ peers who report low levels of family rejection[5]
  - Black and Latino youth are nearly 2 times as likely to attempt suicide as their White peers[6]

Sources: 1) CDC, 2014; 2) CDC, 2011; 3) Grossman & D'Augelli, 4) CDC, 2011; 5) Ryan et al, 2009; 2007; 6) CDC, 2011

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http://cccstudentmentalhealth.org/docs/SupportingLGBTStudents.pdf

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Selective Resources for LGBTQ Students

- CCC SMHP website, www.cccstudentmentalhealth.org
- Gay Alliance Safe Zone training of trainers
- The Trevor Project
  - Ally training
  - Connect, Accept, Respond, Empower (CARE): How to Support LGBTQ Youth training
- Suicide Prevention Resource Center: Suicide Prevention among LGBT Youth: A Workshop for Professionals Who Serve Youth
- Campus Pride Lil' Purple Backpack Resource Guide

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INDICATED STRATEGIES FOR PREVENTION

Indicated prevention strategies target services to individuals exhibiting early warning signs of mental illness, or who exhibit risk factors at the individual level, such as a history of trauma or abuse. Individuals can be referred to indicated prevention programs by instructors, academic counselors, peers, parents, or self-referral.

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Stigma, Privacy, and Confidentiality

"I was concerned that the information would become part of a permanent record that could be viewed negatively. I still feel that there is a lot of stigma and the benefits of disclosing do not outweigh the risks."

- NAMI Student Survey Respondent

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New! Online Course Series
http://cccstudentmentalhealth.org/training/online_courses.php

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Suicide Prevention Resources

Suicide Prevention Gatekeeper Training Programs

- Gatekeeper trainings equip anyone in contact with students to recognize warning signs and make successful referrals to help
- Training of trainers equip participants to train gatekeepers, and are a cost-effective strategy to build suicide prevention capacity within a campus
- Programs: Kognito At-Risk, ASIST, QPR, Campus Connect, LifeSavers Trainings, Sources of Strength, Student Support Networks, safeTALK, Operation SAVE

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What is Gatekeeper Training?

Research-based approach

- Teaches techniques for identifying and approaching distressed students in order to take appropriate action, such as making a referral to the college mental health counselor

- A "gatekeeper" is someone who has significant contact with students and, therefore, is ideally situated to notice warning signs of emotional distress

- **Potential Gatekeepers**: Faculty, Adjuncts, Staff, Campus Safety, Peer Leaders

Benefits:

- Reduce stigma associated with emotional distress

- Increase academic performance and student retention

- Increase faculty comfort with approaching students about concerns

at-risk Gatekeeper Training Simulations

Learning Experience

1. Assume the role of a faculty member who is concerned about five of his students, three of whom need to be referred to mental health services.

2. Analyze profiles of the five virtual students.

3. Engage in simulated conversations with the students you suspect are most at-risk and, if necessary, refer them to mental health services.

4. Learn about school's mental health services.

   Course is completed once user refers the three students most at-risk.

Accessing the Courses

http://resources.kognito.com/ccc/trainings/
and click "Access Training"

at-risk
for Faculty & Staff

Online Interactive Training

Learn to recognize signs of psychological distress and connect students to appropriate support services

▶ Access Training

STEP UP / SPEAK UP

The biggest barriers for instructors responding to student mental health needs are uncertainty about when and how to intervene, and concern about offending the student by misreading their situation.

It is better to offend a student by "over-reacting" and apologize afterward, than to ignore early warning signs and fail to act. Sincere apologies about matters of safety are usually well received.

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Signs of Psychological Distress

Missed Classes or Assignments	Procrastination	Inability to Concentrate	Confusion
Persistent Worrying	Social Isolation	Increased Irritability	Bizarre Behavior
Dangerous Behavior	Restlessness	Disheveled Appearance	Mood Swings
Coming to Class Intoxicated	Depression	Anxiety	Suicidal References

Source: Content compiled from faculty/staff guides created by Ventura College, Long Beach City College, Shasta-Tehama-Trinity Community College District, and Santa Monica Community College Psychological Services   36

Helping Troubled Students: What to Do?

- Invite the student to meet one-on-one.
- In a non-threatening and non-judgmental way, identify the signs of trouble that you have witnessed.
- Express your concern for the student's well being.
- Ask the student to discuss their problems or concerns; listen respectfully and without judgment to what the student has to say.
- Always take threats of suicide seriously. If the students expresses suicidal thoughts, do not leave them alone, and get help immediately. **Call 911 or 1-800-273-TALK.**

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Helping Troubled Students: What to Do?

- If there is no immediate danger, encourage the student to access the campus health center and provide them with information to do so. If your relationship with the student permits, ask the student if you can contact campus mental health staff on their behalf.
- If no counseling services are available, or if after hours, provide student with telephone or internet counseling resources.
- Explain that counseling/hotline services are available with no charge and are confidential.
- Ask the student for permission to contact him/her at a later date to follow-up about the referral.
- Document the conversation and share it with the Department Chair or Dean, as appropriate.

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PROMISING PRACTICES

SAFE ZONE COLLABORATIVE

Participants included college staff from health centers, psychological and mental health services, training and development, faculty, administrative support services and student activity coordinators. About 25% had gone through a Safe Zone training of trainers.

All participant colleges were in various stages of creating safe zones for their LGBTQ students. Some had provided several staff trainings, collaborated with LGBTQ student clubs, and obtained college Board/Trustee approval and support for their activities, while others recognized the need and wanted to know how to start finding stakeholders to work with to get started.

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Safe Zone Collaborative Outcomes

Colleges walked away with knowledge and resources to

- Initiate Safe Zones on campus,
- Provide training,
- Increase visibility,
- Outline a process to find allies, and
- Research data that supports their efforts, training resources and ways to obtain buy-in.

CA Faculty Association Safe Zone Ally training manual
http://www.calfac.org/post/safe-zone-ally-training-manual

Support and Resources

Toll Free: **(855) 304-1647**
Email: **SMHP-info@cars-rp.org**
Website: **www.cccstudentmentalhealth.org**

Thank you for your time!

www.cccstudentmentalhealth.org

About the Facilitator

Ken Einhaus is a Project Manager at the Center for Applied Research Solutions (CARS) in Santa Rosa, California, where he helps manage Statewide technical assistance and training for two projects:

- California Community Colleges Student Mental Health Program (www.cccstudentmentalhealth.org)

- Community Prevention Initiative (www.ca-cpi.org)

He has created and facilitated numerous workshops across California on providing culturally responsive mental and behavioral health services proven effective with historically underserved Lesbian, Gay, Bisexual, Transgender, Queer and Questioning individuals and families. He has a BA in Psychology from the University of Michigan Ann Arbor, and a graduate certificate in Online Teaching and Learning from California State University East Bay.

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