Goals for today’s presentation

• An understanding of mental health in university population
• Awareness of some of the common MH presentations
• How to respond to distress
• Awareness of referral and support options
• Awareness of your own coping capacity and self care strategies
Responding to Student Distress

Share: What experiences have we had and what has been their effect on us?
Global data
mental health and university students

• WHO initiated study – ongoing (2018) of universities and colleges in Australia, Belgium, Germany, Mexico, Northern Ireland, South Africa, Spain, and United States.

• 35% of the 13,984 students reported having suffered from at least one mental health disorder at some point during their life

• 31% of those reported having suffered from them over the previous 12-month period

• Major depression was the most common disorder, followed by anxiety

• Study hypothesised that university life – and because of age factors – would increase the incidence of mental health disorders
National data

• Student wellbeing survey (2016 National Union of Students and Headspace), reported **65 per cent reported high or very high psychological distress**

• National mental health prevalence data (Orygen Report 2017) indicate that **one in four young people experience mental ill-health each year**.

• Some research suggests students at university are **more likely to experience mental health distress** than non-university populations.

• More **prevalent for international students, rural/regional, law/medicine, low SES, Aboriginal and Torres Strait Islanders, students with physical disabilities**
Local experience

Flinders’ experience:

• Many students attend counselling for: anxiety, depression, eating disorders and suicide risk

• Over representation of international students

• Placement/practice anticipation or commencement a trigger
‘Overwhelmed’ Students

Flinders University

Hi Counselling team,

“I feel overwhelmed …”

“… Recently all of this has manifested into uncontrollable emotions, feeling of desolation, lack of motivation, and the constant feeling/state of relentless crying.”

Kind regards,

Student
Risk Factors for Mental Ill-Health
University Students (Orygen)

• Academic pressures
• Financial pressures
• Rural and regional students (relocation issues)
• International students (language barriers, displacement and disconnection from family, religion and culture)
• Transitional stress between levels of education
• Drug and alcohol use
• Lack of sleep
Local Notes on Risk Factors

Timing
- Start of semester
- Just before semester break/Just after semester break – regret!
- End of semester – assignments/exams
- Before placement/During placement.

Academic
- Workload of topics and placement/practice together

Connections (versus isolation)
- Pre-existing mental health problems
- International Students
Depression

- Sleep disturbance
- Change in appetite
- Suicidal ideation
- Decrease in usual performance
- Withdrawal

- Lowered mood
- Pessimistic
- Fatigued
- Forgetful
Acute Anxiety

Signs you may notice
• Rapid breathing
• Dry mouth
• Sweatiness
• Rapid pulse
• Tremor/shaky hands
• Pacing
• Shaky voice

Person experiences feeling:
• On edge/agitated
• Unsafe
• Unable to focus on one thing

What do you notice when you are anxious?
Accidental Counsellor...

- active listening, attending, reflecting back, focusing and questioning
- listen to verbal & non-verbal communication
- avoid giving advice or diagnosing any problems
Key actions...

Care, Contain, Connect
Key actions

Care

• Express **empathy and care.** Tell person you are worried about them and would like to be of help.

• Encourage them to talk but don’t pester. Be patient, stay a while even if they don’t feel like talking.

• Listen and use open questions

• Offer support
Contain

• Demonstrate **calmness and boundaries**.
• Expressing empathy or compassion does not mean showing that you are overwhelmed too.
• Not...“Oh my God that’s awful”
• Pacing - slow things down.
• “What can I do to help you right now?” **Focus on the now!**
• “lets just take a moment to make a plan”
• May require assertiveness
Connect

• If you do not know what to do you can always say, “lets get some help together”

• Offer practical assistance where appropriate: eg “I think it would be helpful if you spoke to ... Lets call them right now.”

• More assertiveness! “It’s my job now to make sure you are OK”

• Coping questions are good. “Are you going to cope OK this week?” “who can you call if you’re not coping?”
Myhill, K. and Tobin, M. 2001

*Potentially Suicidal student*

- **Risks** include: failure, isolation or trauma
- No longer making future plans
- May express that life is not worthwhile
- Seems to have given up. **No longer discussing or trying to sort out problems**
- Hinting/talking about what life will be like without them in the future ("**you won’t need to worry when I’m not around**” “Soon I wont be a burden any more”)
- May write goodbye notes, **posts on social media**
Don’t be afraid to ask taboo questions, you will not do any harm.
Generally, students find it validating and relieving to be asked
“You seem distressed, are you really OK?”

“Sometimes students here at uni get very overwhelmed and think about
hurting themselves, or wish they could disappear, or have suicidal
thoughts. Have you had any of those feeling?”

If yes, then it is not your job to assess safety or manage risk.

Rather, calmly and assertively indicate that we need to get help.
“I’m worried about you, and want to make sure that you are OK, so let’s
call a counsellor now, so we can make sure that you are safe.”
Anger - Verbal de-escalation tips

• **Don’t be defensive** even if comments, swearing, or insults are directed at you. They are not about you.

• **Be honest.** Lying to calm someone down may lead to future escalation if the dishonesty if discovered. If possible, wait to convey further upsetting news.

• **Explain limits and rules** in an authoritative, firm, but respectful tone. Give choices, where possible, in which both alternatives are safe ones.

  “Would you like to continue our meeting calmly, or would you prefer to stop now and continue tomorrow?”
Anger - Verbal de-escalation tips

• Be respectful when firmly setting limits or calling for help. The agitated individual is very sensitive to feeling shamed and disrespected. Utilize the core conditions at all times.

• Empathise with feelings but not with behavior.
  
  “I understand that you have every right to feel angry, but it is not okay for you to threaten me.”

• Suggest alternative behaviors where appropriate.
  
  “Would you like to take a break and have a cup of coffee or some water?”
Getting timely help

• For current/imminent self-harm, violence, suicidal threat, call Flinders Security 82012880 or 000 ... then ... Counselling Service.
Getting timely help on Campus

- During Business hours, for **high levels of distress**, concerns about coping today/tonight call Counselling Service **82012118 or walk** to counselling with student

- For less urgent situations, for **follow up within 24-48 hours**, during working week, email **counselling@flinders.edu.au** with as much detail as you have.
Getting Help – Out of Hours

• Out of hours call Flinders After Hours Crisis Line 1300 512 409

• Or Mental Health Triage on 131465 and get duty worker to speak directly to student, or if they have gone, give as much info to duty worker as you can.

• You may also need to call security.

• Emergency 000
Self-care and boundaries

Self-care...
...starts with self-awareness

How am I doing right now?
What are my self-care strategies?
Do I need to debrief - talk to someone?
Am I becoming jaded and resentful?
Boundaries, scope, context

Both mine and the students

Reminding ourselves of context can reduce the personalising of disappointment, blame, or frustration
It is perfectly OK to admit I am not doing OK

It is perfectly OK to recognise....

...I don’t have energy for this person
...I can’t cope with someone crying today
...I’m not sure if I have done the right thing
...I need to debrief with someone
...I need to go home
Health, Counselling & Disability Services

- Doctors
- Practice Nurses
- Disability Advisors
- Counsellors
- Student Equal Opportunity Advisors
- Receptionists

Level 3, Student Centre
Phone: 8201 2118
We are here to help!

• Level 3 Student Centre, in the building next to the Sports Centre
• Medical and Disability Service appointments can be booked online
• for counselling: email the counsellors and they will call you to arrange an appointment counselling@flinders.edu.au or 8201 2118
• Counselling and Disability services also at Sturt and Tonsley

studenteo@flinders.edu.au
disability@flinders.edu.au
oasis@flinders.edu.au
www.flinders.edu.au/current-students/healthandcounselling

Flinders After Hours Crisis Line 1300 512 409
Email student name, student ID and phone number to: counselling@flinders.edu.au

• Along with information that will assist counsellor decision making

A Counsellor will ring to provide support, information, and make an appointment

Counselling and disability services are offered on the Central campus, Sturt and Tonsley (limited)
Mental Fitness blog...

• Developed and written by our e-Mental Health Project Officer, Dr Gareth Furber

• blog is packed with tips, tricks and resources to help enhance your wellbeing at uni, beat procrastination, study better for exams and much more…

Summary ...

• You don’t need to have an answer for everything.
• Listen to their concerns and acknowledge their feelings.
• It’s OK to say: ‘this issue is a very sensitive one for me, I don’t feel able to talk to you about it today’.
  • ‘Perhaps one of the other staff could be more helpful’
  • ‘I could help you connect with the counselling support service.’
• Avoid offering advice based on your own experiences.
• Connect the person with help
• Not sure – call us on 8210 2118.
Questions?

There being no questions – thank you – enjoy the rest of your day!