


GAVILAN COLLEGE  
PROFESSIONAL DEVELOPMENT  
SYMPOSIUM  
FRIDAY, JUNE 9, 2017

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## MENTAL HEALTH ISSUES

**Presented by:**  
Randall Ramirez, LCSW, LMFT, Project Manager  
Gavilan-Discovery Collaborative Counseling Program  
Discovery Counseling Center  
Gilroy, CA 95020



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### REQUIRED DISCLOSURE

*Neither presenter nor his/her respective affiliation has a financial, professional, or personal relationship that would potentially pose a bias nor is there promotion of any product, goods or services which would bias the educational content of this presentation.*

*Some of the material in this presentation has been drawn from the Student Mental Health in the California Community Colleges training, January 2016, by the California Community Colleges Mental Health & Wellness Association.*

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### OBJECTIVES

- × Participants will be able to identify the most common behavioral health conditions facing college communities nationally and state-wide, and examine local psychosocial stressors.
- × Participants will learn the signs, symptoms, and associated risk factors of behavioral health conditions.
- × Participants will be able to discuss *Best Practices* models designed to meet student social-emotional needs at all levels.

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**MENTAL ILLNESS IN THE U.S.A.**

- × 1 in 17 adults suffer from a serious mental illness.
- × Half of all mental disorders begin by age 14; three quarters by age 24.
- × Early identification and early intervention greatly improves recovery.
- × The median delay in obtaining treatment is 10 years.
- × Only 41% of people with diagnosed mental illness use mental health services in any given year.

(Mental Health Association of Maryland, Missouri Department of Mental Health, and National Council for Behavioral Health 2013)

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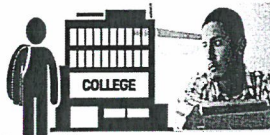
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**CALIFORNIA COMMUNITY COLLEGE STUDENTS**

- × 2.3 million students
- × 30,339 veterans
- × 6,835 military active duty (Spring 2015)
- × 14,191+ foster youth (Spring 2015)
- × 71,124 students with psychological disability supported by DSPS (2014-15)



California Community College Chancellor's Office — Data Mart, Retrieved January 25, 2016 from [http://datamart.cccoco.edu/Services/DSPS\\_Status.aspx](http://datamart.cccoco.edu/Services/DSPS_Status.aspx)

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**CALIFORNIA COMMUNITY COLLEGE REALITIES\***

- × Students, faculty, health practitioners, and college administrators are reporting increased rates of mental health needs by students attending public colleges in California.
- × One in four students have a diagnosable mental illness and 40% of students do not seek mental health when they need it.
- × Eight out of 10 people who experience psychosis have their first episode between 15 and 30 years of age.
- × One in 10 college students has considered suicide and suicide is the second leading cause of death among college students, claiming more than 1,100 lives every year nationally.
- × The suicide rate for 10 to 24 year olds in Santa Clara County was 5.4 per 100,000, comparable to the California suicide rate of 5.3 per 100,000. Within Santa Clara County, the City of Palo Alto had the highest suicide rate for 10 to 24 year olds (14.1 per 100,000), followed by the City of Morgan Hill (12.7 per 100,000).

© 2016 California Legislative Counsel's Digest, College Mental Health Services Program / AB2017  
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**CALIFORNIA COMMUNITY COLLEGE REALITIES (CONT'D)**

- ✦ The demand for mental health services by public college students far outpaces the ability of colleges to provide them. California public college campuses and higher education systems do not meet national staffing standards for psychiatric services and other mental health professionals.
- ✦ The lack of services directly impacts college students' success and academic performance as well as their ability to develop socially as productive members of society.
- ✦ The effects of untreated mental health needs are long lasting and can include college students dropping out of school, experiencing homelessness, and dying of suicide.
- ✦ Research shows that for each dollar invested in student prevention and early intervention mental health services, California will see a return of at least six dollars (\$6) and up to eleven dollars (\$11) as a result of more students graduating.

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**DRUG & ALCOHOL USE ON CAMPUS**

National Institute on Drug Abuse, 2016

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**MENTAL HEALTH COMPARISONS OF FOSTER CARE YOUTH & THE GENERAL POPULATION**

12-month Mental Health Diagnosis among Casey National Alumni and the General Population

Diagnosis	Alumni (%)	General Population (%)
Post-Traumatic Stress Disorder (3)	21.5	4.8
Major Depressive Episode	15.3	10.6
Modified Social Phobia	11.9	8.9
Panic Disorder	11.4	3.6
Generalized Anxiety Disorder	9.4	5.1
Alcohol Dependence	3.7	2.0
Drug Dependence	3.6	2.5
Bulimia	2.9	0.4

Adapted from Powell, P. J., Wilkins, J., Pappas, P. C., Dennis, A. C., O'Brien, E., Kibel, E., & Pincus, G. (2003). Assessing the effects of foster care, early reunification, and family reunification on mental health outcomes. Journal of Child Psychology and Psychiatry, 44(1), 1-12.

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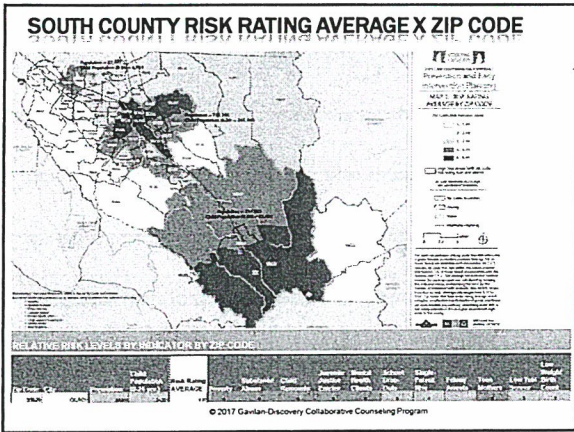
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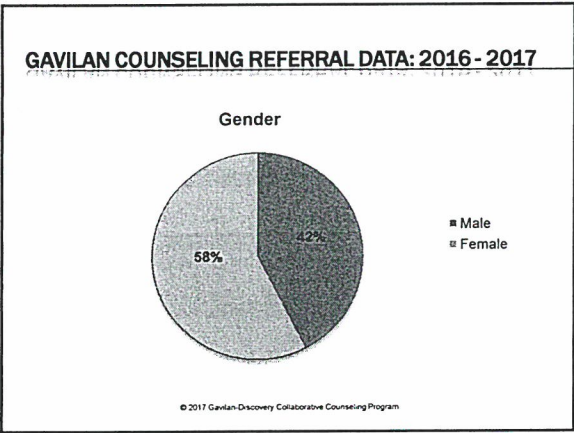
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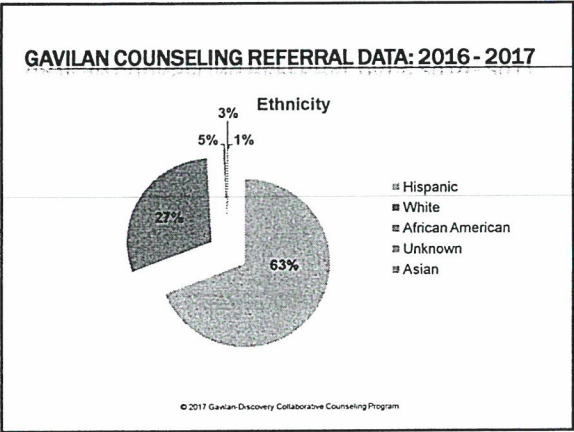
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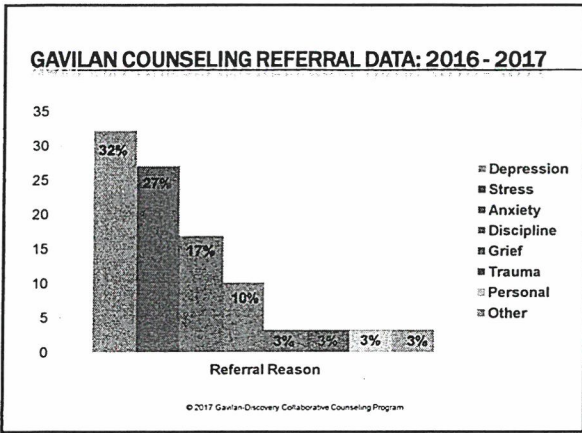
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**IDENTIFYING SIGNS & SYMPTOMS**

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- SYMPTOMS OF TRAUMA & STRESS-RELATED CONDITIONS**
- Neuro-Physiologic Disturbance:*
- ✓ Difficulty falling or staying asleep, or restless sleep.
  - ✓ Irritability, angry or aggressive behaviors, including temper tantrums or explosive episodes.
  - ✓ Hypervigilance (persistent scanning of the surroundings).
  - ✓ Exaggerated startle response.
  - ✓ Difficulty concentrating or conducting mental activity
  - ✓ Spontaneous or cued recurrent, involuntary, and intrusive distressing memories of traumatic events.
  - ✓ Recurrent distressing dreams in which the content and/or affect of the dream is related to the event(s).
  - ✓ Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the trauma.
  - ✓ Dissociative reactions in which the individual feels or acts as if the trauma were recurring.
  - ✓ Marked physiological reactions to reminders of the trauma.
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**SYMPTOMS OF DEPRESSIVE DISORDERS (CONT'D)**

**Cognitive Signs:**

- ✓ Expresses feelings of worthlessness or low self-esteem.
- ✓ Expressions of inappropriate or excessive guilt, shame, or responsibility for negative events in life.
- ✓ Recurrent thoughts of death or suicidal ideation (with or without a specific plan, mean, or attempt).
- ✓ Expresses hopelessness / helplessness or resignation to fate.

**Dysregulation\*:**

- ✓ Has temper outbursts which manifest verbally and/or behaviorally, such as in the form of verbal rages, or physical aggression towards people or property, and occurs three or more times per week.
- ✓ Nearly every day, the mood between temper outbursts is persistently negative (irritable, angry, and/or sad).
- ✓ The temper outbursts and/or negative mood are present in at least two settings (at home, at school, or with peers).

\*These symptoms will be categorized under Disruptive Mood Dysregulation Disorder in the DSM-5 but will still fall under the Depressive Disorders. They may present as Mood Disorder, MDD under DSM-4.

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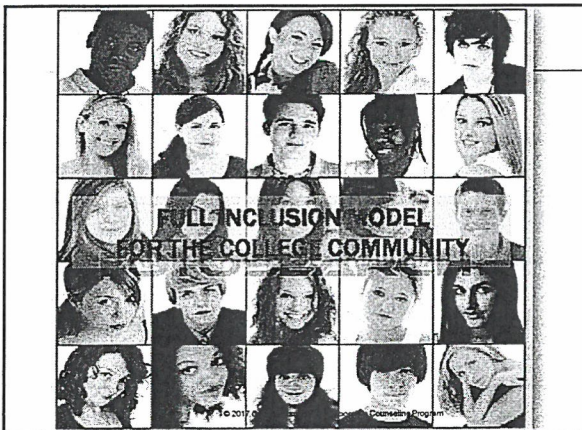
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**COMPREHENSIVE, MULTI-FACETED & INTEGRATED APPROACHES**

The college district reconceptualizes its historically fragmented approaches to address real barriers that interfere with students having an equal opportunity to succeed at school. The intent is to develop a full continuum of programs and services that encompass efforts to promote positive development, prevent problems, respond as early-after-onset as is feasible, and offer treatment regimen.

Three formats emerge:

- 1) Mechanisms to coordinate & integrate school and community services
- 2) Initiatives to restructure student support programs & services and integrate them into school reform agenda
- 3) School-based counseling services.



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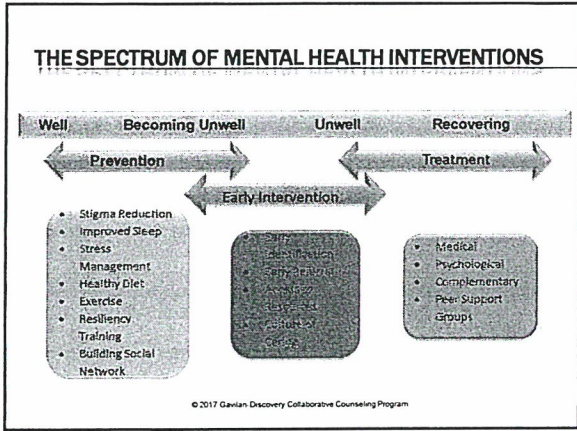
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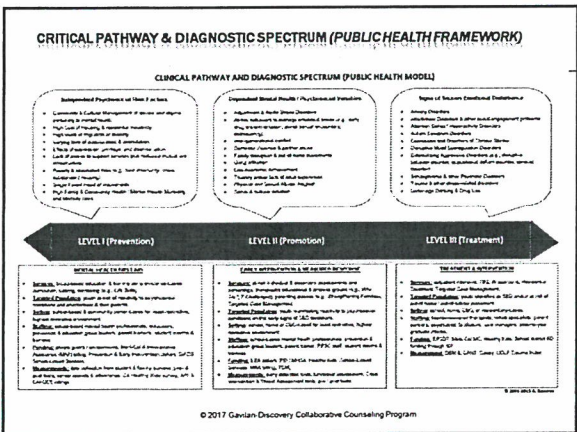
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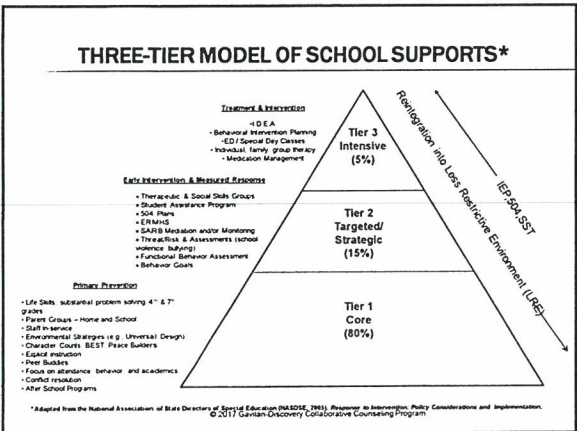
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**THE PROBLEM OF STIGMA**

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graph LR; A[Stigma] --> B[Rejection, Avoidance, Fear, Discrimination]; B --> C[Suffer in Silence]
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Stigma is the biggest barrier to seeking treatment and, therefore, the biggest barrier to recovery

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**STRATEGIES FOR WELLNESS**

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**Importance of Integrated Care**

**Overall Health**

Social Connections

Nutrition

Mental Health & Wellbeing

Sleep

Exercise

Stress Management

Mind-Body Spirit

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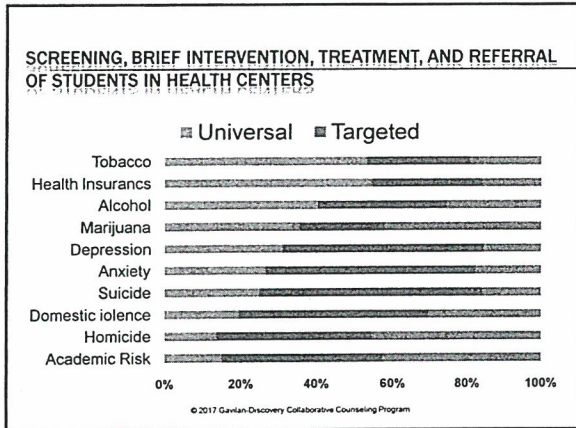
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### MENTAL HEALTH FIRST AID

**USA**  
MENTAL HEALTH FIRST AID

You are more likely to encounter someone in an emotional or mental health crisis than someone suffering from a heart attack.

*Sometimes, first aid isn't a bandage, CPR, the Heimlich, or calling 911...*

*sometimes, first aid is YOU!*

**NREPP**  
Included in SAMHSA's National Registry of Evidence-Based Programs and Practices

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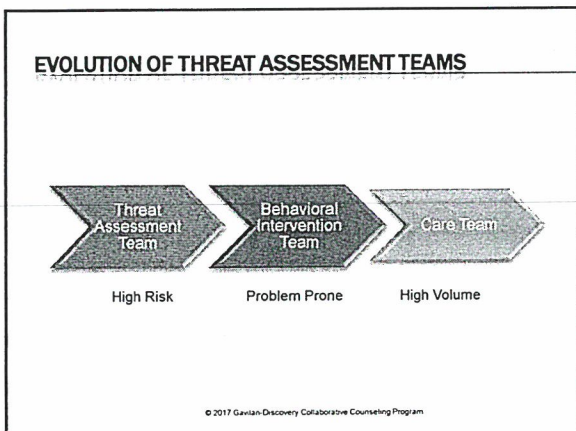
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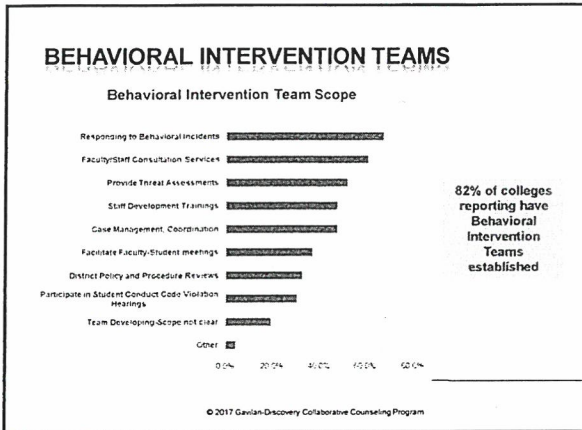
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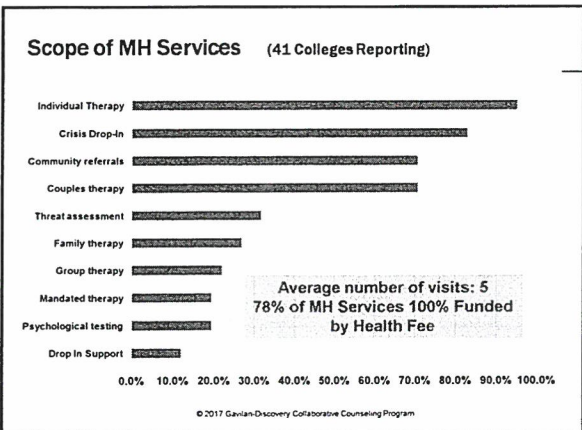
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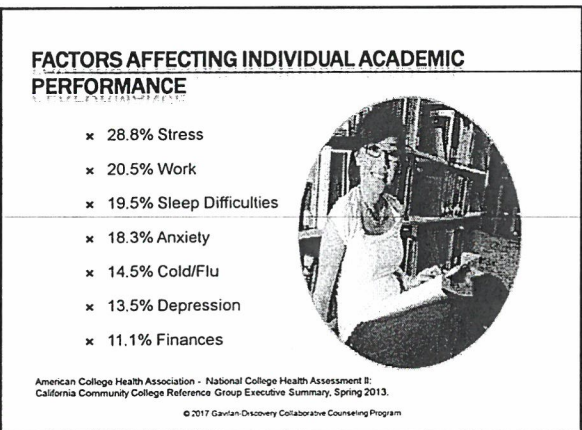
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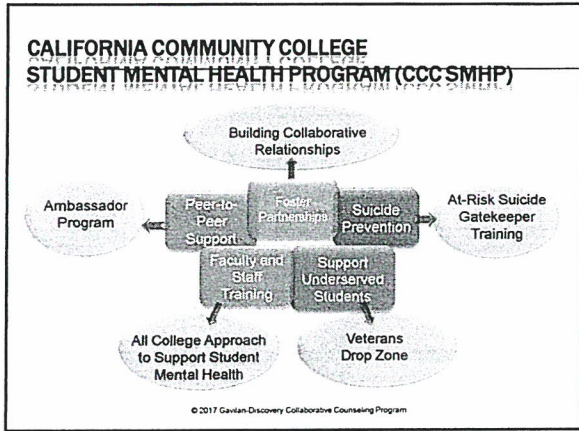
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- GAPS TO ADDRESS**
- × Stigma reduction
  - × Staff and faculty training
  - × Student training/peer support
  - × Improved partnerships with County Mental Health and other community resources
  - × Improved student access to community resources
  - × Campus-wide awareness and prevention efforts
  - × Early recognition
  - × Integrated care
  - × Mental health screening
  - × Consistent funding for Health Services
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**Q & A**

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**BROUGHT TO YOU BY SAN BENITO COUNTY BEHAVIORAL HEALTH  
WITH MHSA/ PROP 63 FUNDING**

**\*\*\*Eligible for Continuing Education Credits\*\*\***

**If interested in participating, complete registration form.  
SEATING IS LIMITED, Confirmation is required**

**MENTAL HEALTH FIRST AID  
CERTIFICATION TRAINING**

**Thursday, September 14, 2017 & Friday, September 15, 2017  
9:00am-1:00pm each day**

**REGISTRATION FORM**

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail address, if any: \_\_\_\_\_

Occupation and employer name, if applicable: \_\_\_\_\_

Briefly share your interest in enrolling in the course: (examples: help family member or loved one, better serve clients/public with mental health issues, seeking general mental health information):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that my registration means I agree to participate in the total 8 hours of certification training.  Yes

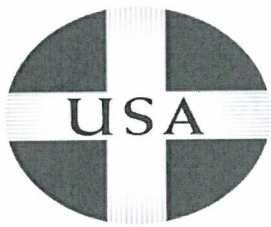
**Fax completed registration form to (831)636-2850 Attn: Randall  
Or email to [randall@youthall.org](mailto:randall@youthall.org)**

**Or mail to:  
Youth Alliance**

**310 Fourth Street Ste. 101  
Hollister, CA. 95023**

**Questions? Call Randall Ramirez at (831)636-2853**

**BROUGHT TO YOU BY SAN BENITO COUNTY BEHAVIORAL HEALTH  
WITH MHSA/ PROP 63 FUNDING**



**MENTAL  
HEALTH  
FIRST AID**

**Mental Health First Aid** is an **8-hour** training course designed to give members of the public key skills to help someone who is developing a mental health problem or experiencing a mental health crisis. Just as CPR training helps a layperson without medical training assist an individual following a heart attack, Mental Health First Aid training helps a layperson assist someone experiencing a mental health crisis.

The evidence behind Mental Health First Aid demonstrates that it makes people feel more comfortable managing a crisis situation and builds mental health literacy — helping the public identify, understand and respond to signs of mental illness.

Specifically, studies found that those who trained in Mental Health First Aid have greater confidence in providing help to others, greater likelihood of advising people to seek professional help, improved concordance with health professionals about treatments, and decreased stigmatizing attitudes.

**Participants must attend both days (8 hours total):**

**9:00am-1:00pm**

**Thursday and Friday, September 14<sup>th</sup> & 15<sup>th</sup> 2017**

**Location: SBC Sheriff's Office (Upstairs)**

**2301 Technology Pkwy. Hollister, CA 95023**

**Facilitators: Eliana Delgadillo, LCSW**

**Youth Alliance**

Mental Health First Aid certification, which must be renewed every three years, provides trainees with:

- **Knowledge of the potential risk factors and warning signs for a range of mental health problems, including: depression, anxiety/trauma, psychosis and psychotic disorders, substance use disorders, and self-injury**
- **A 5-step action plan encompassing the skills, resources and knowledge to assess the situation, to select and implement appropriate interventions, and to help the individual in crisis connect with appropriate professional care**
- **An understanding of the prevalence of various mental health disorders in the U.S. and the need for reduced stigma in their communities**
- **Working knowledge of the appropriate professional, peer, social, and self-help resources available to help someone with a mental health problem treat and manage the problem and achieve recovery.**

