MENTAL HEALTH ISSUES

Presented by:
Rental Ramirez, LCSE, LMFT, Project Manager
Gavilan Discovery Collaborative Counseling Program
Discovery Counseling Center
Gilroy, CA 95020

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.

© 2017 Gavilan-Discovery Collaborative Counseling Program

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.

© 2017 Gavilan-Discovery Collaborative Counseling Program
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.

(Centers for Disease Control and Prevention, National Institute of Mental Health, and Mental Health Association of America, 2015)

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, 2016)

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).

*Gavilan College Counseling Program
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' 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.

DRUG & ALCOHOL USE ON CAMPUS

MENTAL HEALTH COMPARISONS OF FOSTER CARE YOUTH & THE GENERAL POPULATION

© 2017 Gavilan-Discovery Collaborative Counseling Program
GAVILAN COUNSELING REFERRAL DATA: 2016 - 2017

IDENTIFYING SIGNS & SYMPTOMS

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.
THE SOMATOSENSORY SYSTEM

Sensory information is processed by systems in the brain to create sensations such as smell, taste, and touch. The olfactory or smell pathway is the simplest, the only direct route of our sensory apparatus. The other sensory pathways all pass through the thalamus, the "grand gate" of sensory input.

SYMPTOMS OF TRAUMA & STRESS-RELATED CONDITIONS

Behavioral Signs:
- Avoids internal reminders (thoughts, feelings or physical sensations) that arouse recollections of the trauma.
- Avoids external reminders (people, places, conversations, activities, objects, situations) that arouse recollections of the trauma.
- Marked or diminished interest or participation in significant activities.
- Feelings of detachment or estrangement from others.
- Persistent inability to experience positive emotions (e.g., unable to have loving feelings; psychic numbing).

Cognitive Signs:
- Inability to remember an important aspect of the trauma.
- Persistent and exaggerated negative expectations about one's self, others, or the world.
- Persistent, distorted blame of self or others about the cause of the trauma.
- Pervasive negative emotional state (e.g., fear, horror, anger, guilt, or shame).

SYMPTOMS OF DEPRESSIVE DISORDERS

Mood Disturbance:
- Shows depressed mood, most of the day, nearly every day, more days than not as evidenced by their own subjective report ("I feel sad or empty") or by the observation of others (e.g., tearful, irritable, agitation).
- Is isolating from family and/or peers.

Vestibular Signs:
- Expresses diminished interest or pleasure in daily activities (anhedonia).
- Difficulty falling asleep, staying asleep, or over-sleeping.
- Has loss of energy, fatigue or noticeably slowed-down motor movements (psychomotor retardation).
- Documented weight loss (when not dieting) or weight gain (e.g., change of >5% of BM1 in a month), or decreased appetite.
- Has difficulty concentrating or conducting mental activity, indecisiveness.
- Self-neglect, loss of personal hygiene.
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, means, 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).

© 2017 Gavilan-Discovery Collaborative Counseling Program

FULL INCLUSION MODEL FOR THE COLLEGE COMMUNITY

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-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

© 2017 Gavilan-Discovery Collaborative Counseling Program
THE PROBLEM OF STIGMA

Stigma

Rejection, Avoidance, Fear, Discrimination

Suffer in Silence

Stigma is the biggest barrier to seeking treatment and, therefore, the biggest barrier to recovery

© 2017 Gavilan-Discovery Collaborative Counseling Program

STRATEGIES FOR WELLNESS

© 2017 Gavilan-Discovery Collaborative Counseling Program

Importance of Integrated Care

Overall Health

Social Connections

Mental Health & Wellbeing

Nutrition

Physical Activity

Mind-Body-Spirit

Stress Management

© 2017 Gavilan-Discovery Collaborative Counseling Program
SCREENING, BRIEF INTERVENTION, TREATMENT, AND REFERRAL OF STUDENTS IN HEALTH CENTERS

<table>
<thead>
<tr>
<th></th>
<th>Universal</th>
<th>Targeted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marijuana</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suicide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic Violence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homicide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic Risk</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

© 2017 Gavilan-Discovery Collaborative Counseling Program

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!

© 2017 Gavilan-Discovery Collaborative Counseling Program

EVOLUTION OF THREAT ASSESSMENT TEAMS

High Risk → Problem Prone → High Volume

© 2017 Gavilan-Discovery Collaborative Counseling Program
BEHAVIORAL INTERVENTION TEAMS

Behavioral Intervention Team Scope

- Revisiting in Behavioral Protocols
- Faculty-Student Caseload Reporting
- Provide Threat Assessments
- GoAl Development Training
- Case Management/Client Transition
- Faculty/Staff Educational Meetings
- Develop and Preventive Review
- Participate in Student Conduct Case Vandalism Meetings
- Team Development: PRAC CEPA

82% of colleges reporting have Behavioral Intervention Teams established

Scope of MH Services (41 Colleges Reporting)

- Individual Therapy
- Crisis Drop-in
- Community referrals
- Group therapy
- Threat assessment
- Family therapy
- Group Therapy
- Mandated therapy
- Psychological testing
- Drop-in Support

Average number of visits: 5
78% of MH Services 100% Funded by Health Fee

FACTORS AFFECTING INDIVIDUAL ACADEMIC PERFORMANCE

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

American College Health Association - National College Health Assessment II: California Community College Reference Group Executive Summary, Spring 2013

© 2017 Gavilan-Discovary Collaborative Counseling Program
GAVILAN COLLEGE COMMUNITY COLLEGE
STUDENT MENTAL HEALTH PROGRAM (CC CMHP)

Building Collaborative Relationships
Ambassador Program

Prevention
All-Risk Suicide Gatekeeper Training

Avoiding Initiating Outreach Veterans
All College Approach to Support Student Mental Health

Drop Zone

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

Q & A

© 2017 Gavilan-Discovery Collaborative Counseling Program
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
Or mail to:
Youth Alliance
310 Fourth Street Ste. 101
Hollister, CA. 95023
Questions? Call Randall Ramirez at (831)636-2853
**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 14th & 15th 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.