



Mental Health Issues in Health Professions Students

CUW Annual Inter-professional Conference
1/21/19

Learning Objectives:

- Recognize signs/symptoms of mental health issues in health professions students
- Identify the factors that impact student mental health
- Describe resources available to clinical faculty when mental health concerns are identified, suspected or disclosed by students

Speakers: (Concordia University Wisconsin)

- Lois Harrison – Associate Professor and Inter-professional Clinic Coordinator/School of Health Professions
- Renee Gosselin – Nurse Manager of the Student Health Center
- Pamela F. Elgin – Counselor in the university's Counseling Services
- Elizabeth Polzin – Assistant Vice President of Academics for Student Success
- Steve Smith – Campus pastor and theology professor

Overview

Lois Harrison, PT, DPT, MS

Congratulations!




“There is a certain heightened optimism that accompanies the initiation into graduate school. It is an unprecedented event in the lives of many students and is regarded as the advent of a singular peak experience that characterizes them in special ways and serves as a portal to an exceptional career...”

“The dreams of a magnificent future lie before them, and they can almost touch the majesty, but the reality of what it means to be in graduate school stands in sharp contrast to their more serene moments prior to beginning this chapter of their lives...”

“Tranquility is effaced by the cold, hard world of the scholarly, academic enterprise, resplendent with stress, sleepless nights, uncertainty, anxiety, tension, depression, and even suicidal ideation – all, too frequently unanticipated elements of the graduate student experience.” ~ Marianne Di Pierro

The reality for some... (Brian’s story)



What is happening here?!?!





Definitions

Mental Health:
"State of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his own community" (WHO)

Definitions

Stress:

“A transaction between the person and the environment, whereby individuals appraise environmental demands as outweighing their abilities to meet those demands”

(Lazarus/Folkman)



School Spillover

- A form of stress carryover whereby experiences in one domain or context bleed into another through shared emotions or behaviors (Mennino et al)



Definitions

Anxiety (medical definition):

“An abnormal and overwhelming sense of apprehension and fear often marked by physical signs (such as tension, sweating, and increased pulse rate), by doubt concerning the reality and nature of the threat, and by self-doubt about one’s capacity to cope with it”

(Merriam-Webster)



Definitions

Depression:

“Common but serious mood disorder that causes severe symptoms which affect how you feel, think, and handle daily activities, such as sleeping, eating, or working; symptoms present for at least two weeks.”

(National Institute of Mental Health)



Definitions

Trauma:

“An emotional response to a terrible event like an accident, rape or natural disaster”

(American Psychological Association)

- Can be single incident; something that happened several times or chronic, ongoing experiences



Definitions

Post Traumatic Stress Disorder:

“A disorder that develops in some people who have experienced a shocking, scary, or dangerous event”

(National Institute of Mental Health)



Definitions

- Eating Disorders:
- Anorexia nervosa
 - Bulimia nervosa
 - Binge-eating disorder



Definitions

Hope:
 "The perceived capability to derive pathways to desired goals and motivate oneself via agency thinking to use those pathways"
 (Snyder)



Five themes of hope: (Griggs)

- Hope is associated with improved coping
- Hope is associated with improved well-being
- Hope is a moderator between depression and negative life events
- Hope is a protective factor in suicide
- Hope is a protective factor in healthy behavior engagement

Prevalence

American College Health Association: National College Health Assessment (ACHA/NCHA) - 2017

- Voluntary participation of post-secondary institutions
- Variety of institutions:
 - Public/private
 - 2-year/4-year
 - Geographic location
 - Size
 - Setting (population of city)
 - Carnegie classification (associate, baccalaureate, masters, doctoral)
 - Religious affiliation
- 52 institutions participated
- 26,139 undergraduate students
- 300 questions related to a variety of health related topics, health habits, biometrics, and mental health topics
- Survey has been found to be reliable, valid and representative of U.S. college students

American College Health Association: National College Health Assessment (2017)

In the past 12 months, have you...?

- Felt hopeless: 20%
- Felt overwhelmed: 14%
- Felt lonely: 20.2%
- Felt so depressed it was difficult to function: 21.9%
- Felt depressed: 16.4%
- Felt overwhelming anxiety: 18.6%
- Considered suicide: 7.8%
- Attempted suicide: 1.5%

American College Health Association: National College Health Assessment (2017)

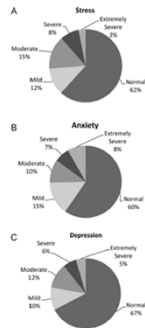
	Diagnosed but not treated	Diagnosed and treated with medications	Diagnosed and treated with psychotherapy	Diagnosed and treated with meds and psychotherapy	Total prevalence: Diagnosed and treated	Total prevalence: Diagnosed and treated/untreated
Anxiety	5.5	7.2	3.4	4.6	16	21.5
Depression	3.9	6.1	2.7	4.7	14	17.9
Panic Attacks	3.9	3.1	1.9	1.9	7.2	11.1

Wyatt, et al

- Performed a secondary data analysis of the 2011 ACHA/NCHA
- First year students had lower reported rates of diagnosed anxiety, depression and self-injury than students in other years of school
- These students experienced less negative impact from anxiety, stress and depression
 - May be able to overcome the negative effects of such conditions during the first year which may be less rigorous

Beiter, et al

- Surveyed undergraduate students at a midwestern university
n = 374
- Used the Depression, Anxiety and Stress Scale (DASS)
- Findings:
 - 11% reported symptoms of severe or extremely severe levels of stress
 - 15% indicated severe or extremely severe anxiety
 - 11% indicated severe or extremely severe depression



Beiter, et al

Top 10 sources of concern for these students:

- | | |
|--------------------------|---------------------------|
| Academic performance | Pressure to succeed |
| Post-graduation plans | Financial concerns |
| Quality of sleep | Relationship with friends |
| Relationship with family | Overall health |
| Body image | Self-esteem |

Beiter, et al

- Students that lived off campus were the most stressed, anxious and depressed
 - Added stress of paying rent, planning/preparing meals, addressing problems with apartment/house
- Transfer students scored highest in depression, anxiety and stress
- Upperclassmen scored the highest on the depression, anxiety and stress scales compared to lower classmen

Prevalence – Graduate Students (Melnyk)

- Sampled first year graduate students enrolled in health-related programs
- 93 participants
- 41% reported elevated levels of depressive symptoms
- 4% reported suicidal ideation
- 28% had elevations in anxiety

WHO World Mental Health Surveys (Auerbach et al)

- Data came from 23 surveys carried out in households in 21 countries
- Consisted of face-to-face interviews; identified which were students
- Compared students to non-students related to prevalence of DSM-IV mental disorders
 - Mood disorders (major depressive disorder; bipolar disorder)
 - Anxiety disorders (separation anxiety, panic disorder; generalized anxiety; phobia; PTSD)
 - Disruptive behavior disorders (ADHD; oppositional-defiant disorder; conduct disorder; intermittent explosive disorder)
 - Substance disorders (alcohol abuse; alcohol dependence; drug abuse; drug dependence)
- Assessed age of onset

WHO World Mental Health Surveys (Auerbach et al)

12 month prevalence of DSM-IV disorders:

- 20.3% among college students
- Lower than non-college students
- Anxiety disorders most prevalent followed by mood disorders, substance disorders and behavioral disorders

WHO World Mental Health Surveys (Auerbach et al)

Pre-matriculation vs. post-matriculation:

- 83.1% pre-matriculation
- Panic disorder and alcohol abuse-dependence more common post-matriculation
- History of one or more pre-matriculation disorders associated with attrition

WHO World Mental Health Surveys (Auerbach et al)

Percentage receiving treatment:

- ❑ 16.4% received minimally adequate treatment

Impact of mental health disorders

Retention and Attrition

- Stress results in symptoms that impair academic proficiency, the ability to do coursework and overall classroom performance
- Retention strategies: (Tinto)
 - Provide support for academic and social transition to college
 - Integrate academic support within daily learning
 - Assess and monitor academic risk factors
 - Engage students in communities that foster intellectual and social connection

Difficulties faced by students with mental health problems: (Markoulakis)

Internal Difficulties...

- Physical Domain: Exhaustion, poor overall health, mood, energy levels, lower concentration, decreased academic performance
- Psychological Domain: Difficulties with concentration, motivation and focus; decreased self-confidence; lowered self-esteem
- Social Domain: Feel vulnerable, distrustful, fearful of rejection; missed classes; avoiding participation in group work; missing campus social activities

Difficulties faced by students with mental health problems: (Markoulakis)

External Difficulties...

- Structural Domain: Perceived culture of the university related to mental illness; structure of the learning environment (stringent timelines for assignments, problems participating in classroom experience; complications of handling several courses at once)
- Stigma: Toward mental illness; lack of awareness and understanding of their difficulties

Difficulties faced by students with mental health problems: (Markoulakis)

With Disclosure:

- o Fear of stigmatization
- o Want to protect their privacy
- o Feel they don't deserve special consideration
- o Unaware their disability qualifies them for special academic considerations
- o May not see themselves as having a disability
- o Tend to wait too long to disclose (often after they have experience academic difficulties)

Difficulties faced by students with mental health problems: (Markoulakis)

Academic Impairment:

- o Trouble with concentration, memory, motivation, decision-making, stress and organizational skills
- o Difficulty... with class attendance, class participation, note-taking, completing assignments, taking examinations, engaging in group work and maintaining a satisfactory level of productivity
- o Typically earn grades lower than those of their peers particularly if condition is untreated

Impact on Brian...



Sleep

- Emotional stress and academic stress are linked to poorer sleep among college students (Lund)
- When students are most stressed, they report sleeping the fewest hours (Galambos et al)
- Reduced nighttime sleep duration and increased frequency of nighttime sleep disruptions associated with self-reported mental health problems (Milojevich)

Substance Abuse

Tembo et al:

- 44% of undergraduate students reported consuming alcohol at hazardous or harmful levels
- These students were 1.2 times more likely to report psychological distress
- Being late for class, missing classes, inability to concentrate in class and inability to complete assignments independently predicted for moderate or hazardous alcohol consumption

Why????

- Transition
- Stressors
- Generational differences/impact

Time of Transition

- Stress caused by transitioning into college life
- Creating a new social circle
- Managing academic responsibilities
- Overall decreased social support
- Homesickness

Stressors (Bland, McGrath, Eagan, Howe/Strauss, Pryor)

- Course requirements
- Excessive commitments and obligations
- Social expectations
- Development of new friendship networks
- Interpersonal conflicts
- Millennials have higher degree aspirations and more stringent academic standards
- Leaves them vulnerable to stress and burnout
- (Beiter): living in apartment/house vs on campus; transfer students; upperclassmen

Generational (impacted by the times they grew up in)

- Veterans (or Traditionalists or Matures or Silent): (1922-1943)
 - Great depression and WW II; value hard work; great team players
- Baby Boomers: (1944-1960)
 - Grew up during a time of great economic growth and prosperity; place a high value on youth, health, personal gratification, and material wealth; driven; competitive
- Generation X: (1961-1981)
 - Misunderstood generation; product of baby boomer parents; welcome diversity; motivated by money; work/life balance; place a premium on learning activities
- Generation Y (Millennials): (1981-2000)
 - Organized, confident, resilient and achievement oriented; excellent team players, like collaboration and use sophisticated technology with ease; want to work in an environment where differences are respected and valued, where people are judged by their contributions and where talent matters; less averse to change
- Generation Z: (2001-present)

Generational

- American culture has changed substantially over the last few decades and has resulted in generational differences in personality traits, attitudes and behaviors
- Increasing focus on extrinsic motivations (status, grades, money) along with impossibly high expectations for these goals contributing to increased mental health problems (Twenge)
- Helicopter parenting = a pattern of parenting that includes high levels of warmth and support, but also high levels of control and low autonomy granting (over-parenting)
 - During emerging adulthood and transition to college, interferes with ability to achieve developmentally appropriate goals that are critical for adjustment into adulthood (Arnett)
 - Is related to negative outcomes in college students (poor academic achievement, lower self-esteem, poor peer relationships and greater interpersonal dependency) (Kouros)
 - Has been linked to higher anxiety and depressive symptoms (Schiffman)

Generational (Twenge)

- o Four large "time lag" surveys examining like-aged samples at different points in time i.e. age held constant, time period and birth cohort vary)
 - o Silent
 - o Baby boomers
 - o Gen X
 - o Millennials
- o Compared to Gen X'ers, Millennials more likely to experience symptoms of depression and to seek treatment
- o Entering U.S. college students in the 2010s compared to the 1980s, were more likely to feel overwhelmed and to report their mental health as below average
- o Adults in 2000 reported more depressive symptoms than adults in 1988
- o Between 1991 and 2011, U.S. teens were increasingly less likely to say they considered suicide or made a plan to commit suicide

Help-Seeking

- Attitudes
- Stigma

Sontag-Padilla

- Online survey; all 10 University of CA campuses invited to participate
n = 33,943 students and 14,018 staff/faculty
- Serious psychological distress reported in 19% of students
 - 11% reported it negatively impacted academic performance
 - 10% reported use of campus mental health services
 - 10% reported use of off-campus mental health services
- More likely to utilize mental health services: women, graduate students, LGBTQ students, white students, older students, full time students
- Students who perceived their campus climate as supportive of mental health issues were more likely to use mental health services

Wyaden: (Students with mental health problems in a U.K. university)

- o Found that the majority of individuals with mental health issues in her study would not disclose to their employer
- o Positive correlation between stigma, discrimination and disclosure

Giamos: (students in 5 Canadian colleges/universities)

- o Participants in study generally rated campus culture surrounding mental health as positive and improving
- o Recognize positive initiatives on campus

Factors that can impact mental health

Role of...

- Coping Strategies
- Positive Emotions
- Resilience/Grit

Stress:

“A transaction between the person and the environment, whereby individuals appraise environmental demands as outweighing their abilities to meet those demands”

(Lazarus/Folkman)

Stressors



- Facilitate a fight-or-flight response, which in the short term can be a beneficial way to manage acute stress
- Long term or chronic exposure to stressors, however, can contribute to the development of anxiety and depression (in addition to other medical conditions)

Stressors

- Stressors perceived as controllable, elicit more proactive coping mechanisms
- Those perceived as uncontrollable, elicit more avoidance strategies

Coping Strategies



2 primary functions: (Lazarus/Folkman)

1. Managing the problem causing the stress
2. Governing emotions relating to those stressors

- A situation is evaluated as stressful when the individual perceives a lower ability to cope with it

Coping Strategies

- Task-oriented (proactive): Problem-focused; taking direct action to alter the situation to reduce the amount of stress it evokes

- Emotion-oriented (proactive): Efforts directed at altering emotional responses to stressors; attempt to reframe the problem in such a way that it no longer evokes a negative emotional response and elicits less stress

- Avoidance-oriented: (absence of attempts to alter the situation)
 - Strategies include avoiding the situation, denying its existence or losing hope
 - Includes indirect efforts to adjust to stressors by distancing oneself; evading the problem or engaging in unrelated activities to reduce feelings of stress

Impact of coping strategies... (Talebi)

- In Canadian college students, greater depressive symptoms were associated with lower perceptions of support and more unsupportive interactions with peers

- Perceptions of greater peer support were related to use of more problem-based coping strategies
 - This was then associated with lower stigma of help-seeking

- Those who experienced unsupportive responses from peers were more likely to engage in emotion-focused coping strategies
 - This was then associated with greater self- and other-stigma of help-seeking

Brian's support...



Positive Emotions

(Fredrickson)

- Joy
- Gratitude
- Serenity
- Interest
- Hope
- Pride
- Amusement
- Inspiration
- Awe
- Love



Resilience

“The process of adapting well in the face of adversity, trauma, tragedy, threats or even significant sources of stress”
(American Psychological Association)



Resilience

(Fergus/Zimmerman)

- The process of overcoming the negative effects of risk exposure, coping successfully with traumatic experiences, and avoiding the negative trajectories associated with risks
- Resilience theory supports that the presence of one or more protective factors can reduce the effects of exposure to adversity
- The more protective factors a person has available, the more resilient they are

Relationships Among Positive Emotions, Coping, Resilience and Mental Health

(Gloria)

- 200 postdoctoral research fellows
- Positive emotions may enhance resilience directly, as well as indirectly through the mediating role of coping strategies
- Resilience moderated the impact of stress on anxiety and depressive symptoms
- Supports the “Broaden-and-Build Theory” of positive emotions
- Suggests that programs designed to increase positive emotions, adaptive coping strategies and resilience may decrease the likelihood of anxiety and depression

Impact of higher resilience...

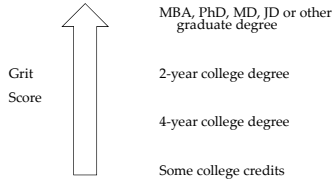
- In students with mental health disorders, higher intrapersonal resilience correlated with more academic achievement (Hartley)
- Resilience training is effective in... (Steinhardt)
 - Improving resilience and facilitating more effective coping strategies (higher problem-based and lower avoidance)
 - Increasing protective factors of self-esteem, self-leadership and positive affect
 - Decreased depressive symptoms, negative affect and perceived stress

Why are we sometimes seeing lower levels of resilience?

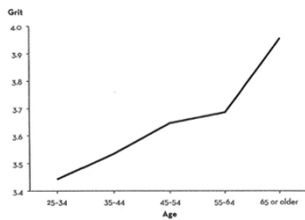
- Decreased opportunities to work to overcome adversity?
- Marked reductions in free play for kids (Ginsburg)
 - Play helps children develop new competencies that lead to enhanced confidence and the resiliency they need to face future challenges
- Allows children to learn how to work in group, to share, to negotiate to resolve conflicts and learn self-advocacy skills
- Decreased free play time in schools
- Parents exposing children to a wide variety of structured activities leading to overscheduling

Grit (Duckworth)

• Passion + Perseverance



Grit scores higher in older individuals



Duckworth, A. Grit: The power of passion and perseverance.

So we've identified the problem... what can we do to address it?



On campus...

- Screening
- Destigmatize mental illness
- Foster supportive attitudes
- Improved pastoral care
- Stress management programs
- Minimize barriers to campus and community mental health services
- Facilitate the process of requesting accommodations and granting approval
- Student training programs - to enhance coping strategies, resilience
- Peer support programs
- Enhance the faculty-student relationship
- Utilization of campus interdisciplinary "watch" programs (CUW Good Samaritan Team)

Brian's plan...



Faculty-Student Relationship

Faculty-Student Relationship Model (Kucirka)

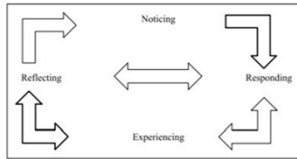


Figure 1. Kucirka's model of navigating the faculty-student relationship in the context of student mental health issues (Kucirka, 2013).

- Noticing – the presence of a student mental health problem
 - May be more likely to occur in the clinical setting; more stress
- Responding – deciding to intervene
- Experiencing – faculty member is impacted on multiple levels (affect, cognition and behavior)
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- Reflecting – trying to make sense of what happened; how they handled it (self-awareness) and change in practice

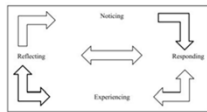


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Noticing:

- Mental health problems are often not identified until the student is in crisis
- **Triggering event**
 - Student disclosure; observation of student behavior that deviates from the norm; decline in performance; increased absenteeism; change in appearance
- **Communication** – most often student-initiated
- **Behaviors**
 - “outside the norm”; puts the student “on their radar”; intuitive sense
- **Setting**
 - Classroom setting makes it easier for the student to go unnoticed; faculty in classroom setting spend less time with the student than the clinician;
- **Familiarity with the student**
 - From previous encounters; smaller programs may notice sooner

Impact of the faculty relationship on Brian...



How is Brian doing now?



Need for a holistic/
interdisciplinary
approach...



Role of Student Health

Renee Gosselin, MSN, RN

Role of Counseling

Pamela F. Elgin MA, LPC

Symptoms of Depression

- Feeling sad, empty, hopeless most of the day nearly every day
- Weight loss or gain, changes in appetite
- Changes in sleep patterns
- More agitated movement or slowing down
- Feeling worthless or guilty, helplessness
- Difficulty concentrating or making decisions, remembering details
- Pessimism and hopelessness
- Recurrent thoughts of death or suicide plans or attempts

Symptoms of Depression

- Fatigue or loss of energy
- Irritability
- Restlessness
- Loss of interest in things once pleasurable, including sex
- Aches, pains, headaches, or cramps that won't go away
- Digestive problems that don't get better, even with treatment
- Significant impact/impairment on social, occupational or other functioning

Depression can be assessed based on three variables...

- Number of Symptoms
- Intensity of the Symptoms
- Duration of the Symptoms

Types of Depression

- **Dysthymic disorder** (a chronic, mild depression);
- **Major depressive disorder;**
- **Bipolar disorder** (also called manic depression);
- **SAD** (Seasonal Affective Disorder)

Risk Factors for Depression

- Medical risk factors
- Social risk factors
- Substance risk factors

Symptoms of Anxiety

- Feeling nervous, restless or tense
- Having a sense of impending danger, panic or doom
- Having an increased heart rate, Heart palpitations
- Breathing rapidly (hyperventilation), Shortness of breath
- Not being able to stay calm and still
- Cold, sweaty, numb or tingling hands or feet
- Trembling
- Tense muscles
- Nausea
- Dry mouth

Symptoms of Anxiety

- Feeling weak or tired
- Dizziness
- Irritability
- Trouble concentrating or thinking about anything other than the present worry, mind going blank
- Having trouble sleeping
- Experiencing gastrointestinal (GI) problems
- Having the urge to avoid things that trigger anxiety
- Significant distress/impairment on social, occupational or other functioning

Types of Anxiety

- **Agoraphobia** is a type of anxiety disorder in which you fear and often avoid places or situations that might cause you to panic and make you feel trapped, helpless or embarrassed.
- **Generalized anxiety disorder** includes persistent and excessive anxiety and worry about activities or events — even ordinary, routine issues. The worry is out of proportion to the actual circumstance, is difficult to control and affects how you feel physically. It often occurs along with other anxiety disorders or depression.
- **Panic disorder** involves repeated episodes of sudden feelings of intense anxiety and fear or terror that reach a peak within minutes (panic attacks). You may have feelings of impending doom, shortness of breath, chest pain, or a rapid, fluttering or pounding heart (heart palpitations). These panic attacks may lead to worrying about them happening again or avoiding situations in which they've occurred.

Types of Anxiety

- **Social anxiety disorder** involves high levels of anxiety, fear and avoidance of social situations due to feelings of embarrassment, self-consciousness and concern about being judged or viewed negatively by others.
- **Specific phobias** are characterized by major anxiety when you're exposed to a specific object or situation and a desire to avoid it. Phobias provoke panic attacks in some people.
- **Substance-induced anxiety disorder** is characterized by symptoms of intense anxiety or panic that are a direct result of abusing drugs, taking medications, being exposed to a toxic substance or withdrawal from drugs.
- **Anxiety disorder due to a medical condition** includes symptoms of intense anxiety or panic that are directly caused by a physical health problem.

Risk Factors for Anxiety

- Trauma
- Stress due to an illness
- Stress buildup
- Personality
- Other mental health disorders
- Having blood relatives with an anxiety disorder
- Drugs or alcohol
- Being unprepared for tests, quizzes, or labs

Treatments For Depression and Anxiety

- Counseling
- Medication
- Intensive Outpatient Program (IOP)
- Partial Hospitalization Program (PHP)

Barriers To Seeking Help

- Low perceived need
- Balancing Life and Treatment
- Social Stigma
- Family Support
- Mental Health Education and Awareness
- Geographic Barriers
- Finding the Right Treatment
- Lack of Mental Health Professionals
- Racial, ethnic, and religious barriers
- Financial Barriers

Campus and Community Resources

- Counseling Center with Psychiatric Nurse Practitioner
- Health Center with nurse practitioners
- Campus Ministry
- Good Samaritan Team
- Learning Resource Center
- Disabilities Office
- Advisor
- Comfort Dogs Zoey and Sage
- Local professionals and hospital programs

Confidentiality

- Counseling standards of practice
- HIPAA
- FERPA

How To Manage Disclosure of Suicidal Thoughts

- Be familiar with risk factors
 - Rational thought loss
 - Previous attempt
 - Organized plan
- Ask direct questions
- Assist the student in getting help
- Involve professionals

Professional Resources

On Campus:

- Counseling Center
- Campus Safety
- Resident Directors

Off Campus:

- Local hospital
- 911
- Local Police
- National toll-free 24/7 hotlines

Role of University Administrators

Elizabeth Polzin, M.A.

Maintaining Appropriate Boundaries

- Students unloading their emotional burden, how do you respond?

Generation Z

- Technology: often referred to as 'screenagers,' the internet has had an impact on their development and worldview.
- Worldview: highly inclusive and individualistic; open minded and sensitive to others' feelings and experiences; wary of asserting right and wrong.
- Identity: gender is how a person feels inside.
- Security: post 9/11, experienced 2008 recession, resulting in anxious feelings about the future; professional and financial security is sought; being happy is defined by financial success.
- Diversity: racially, religiously, and sexually diverse generation in American history; social inclusiveness is a priority.
- Parents: primary role model, but not core to identity.

Barna Research Group, 2018

Role of Pastoral Care

Steve Smith, M.Div., S.T.M.

Case Studies

As a clinician, how do you manage the situation where a student's mental health may be negatively impacting their clinical performance?

- Kucirka's model: Noticing, Responding, Experiencing, Reflecting
- Discuss with student
 - Utilize active listening
 - Maintaining healthy boundaries
- Other communication and resources:
 - DCE
 - Develop plan to address (collaborative) – student, CI, DCE, CCCE
 - Campus and community resources
- FERPA considerations
- ADA and accommodations

Faculty-Student Relationship Model (Kucirka)

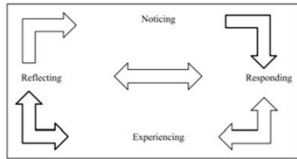


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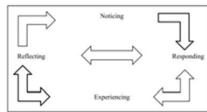


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FERPA considerations

- Family Educational Rights and Privacy Act (FERPA, 1974)
- Primary federal law that protects the privacy of students' education records
- Permits disclosure of students' personally identifiable information (PII) to campus officials who possess a "legitimate educational interest" to view them.
 - Two of the most common exceptions: health and safety emergency and "litigation exception" (request attached to a judicial order or lawfully issued subpoena)
- Applies to situations where program faculty are aware of a mental health disorder that the student has chosen not to disclose to the clinical site

ADA and Accommodations

- Americans with Disabilities Act (ADA, 1990)
- An individual with a disability is a person who:
 - Has a physical or mental impairment that substantially limits one or more major life activities;
 - Has a record of such an impairment; or
 - Is regarded as having such an impairment.
- A qualified employee or applicant with a disability is an individual who, with or without reasonable accommodation, can perform the essential functions of the job in question. Reasonable accommodation may include, but is not limited to:
 - Making existing facilities used by employees readily accessible to and usable by persons with disabilities.
 - Job restructuring, modifying work schedules, reassignment to a vacant position;
 - Acquiring or modifying equipment or devices, adjusting or modifying examinations, training materials, or policies, and providing qualified readers or interpreters.

ADA and Accommodations

- An employer is required to make a reasonable accommodation to the known disability of a qualified applicant or employee if it would not impose an "undue hardship" on the operation of the employer's business.
- Reasonable accommodations are adjustments or modifications provided by an employer to enable people with disabilities to enjoy equal employment opportunities.
- Accommodations vary depending upon the needs of the individual applicant or employee. **An employer does not have to provide a reasonable accommodation if it imposes an "undue hardship."** Undue hardship is defined as an action requiring significant difficulty or expense when considered in light of factors such as an employer's size, financial resources, and the nature and structure of its operation.

Data from WI PT/PTA Programs

Survey n=12 (3 PT, 9 PTA)

- Services/supports available on your campus; are they free?
– Majority are free or included in an annual student fee

1	Counseling Services. Are they free of charge for students (yes/no)?	16.67%	11
2	Student Health. Is this free of charge for students (yes/no)?	8.33%	7
3	Tutoring for students in your PT/PTA program. Is this free of charge for students (yes/no)?	16.67%	11
4	Spiritual support	7.54%	5
5	Administrator whose main responsibility is facilitating student success. Describe.	12.69%	9
6	Disability resource center	16.67%	12
7	Course or programming designed to facilitate student success. Describe.	12.27%	8
8	Peer based support program or peer mentoring program. Describe.	8.33%	7
9	Other	1.67%	1

Survey

- Is there an administrator who has responsibility to facilitate student success?
– Majority yes; in addition to faculty advisors and director actively involved with students
- Do you have courses or programming designed to facilitate student success?
– Tutoring; “Starting Strong” program; academic coaches; workshops available; embedded in a course
- Do you have a peer-based support program or peer mentoring program?
– Majority of those who responded indicated some sort of 2nd year to 1st year mentoring
- Are you aware of formal relationships/collaborations between your college/university and community organizations for mental health?
Yes = 4; No = 8

Survey

- Have you had an experience where a student's mental health impacted their performance in the classroom setting? Yes = 12
 - Was the student ultimately successful in obtaining their degree in your program? Majority yes
- Have you had an experience where a student's mental health impacted their performance in the clinical setting? Yes = 11
 - Was the student ultimately successful in obtaining their degree in your program? Majority yes
- Were you aware of the mental health issue prior to the student demonstrating lower than expected levels of performance in the classroom or in the clinical setting? Yes = 5 No = 7

Survey

- To your knowledge, had that student applied for and received any formal accommodations for their mental health condition?
Yes = 5 No = 7
- Was it classroom, clinical or both? All classroom
- Describe the accommodations
 - Extra time on tests (3)
 - Quiet environment for tests (2)
 - Ability to leave room if anxiety bad (1)
 - Additional notes from instructor's lectures (1)

Survey: Summary

- All universities have support services in place for students and some have peer-based supports/mentoring programs
- Fewer DCEs/ACCEs indicated familiarity with formal collaborations or relationships with community mental health services
- All had had an experience where mental health issues impacted classroom performance and most had an experience where they impacted clinical performance
- Less than half of the DCEs/ACCEs were aware there was a mental health issue prior to the student demonstrating performance difficulties
- Typical accommodations included extra time and quiet location
- None had had students request accommodations for the clinical setting

Final Questions?

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